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| THERAPY TRACK PROGRAM | | | | NO. | |
| Residents are placed into one of five therapy "tracks". Each therapy track is structured to provide therapies that will assist in moving the resident in the right direction through their continuum of care. Residents moving through the full care continuum would begin at Track One and progress through Track Four before transitioning to a less restrictive environment (e.g. Frontier Hollow). However, it is recognized that variances in individual residents' strengths and needs may indicate out of sequence placement in aspects of the care continuum or the need for re-motivation may result in temporary placement in Therapy Track Five. It is essential that persons served may access various components of the continuum at the appropriate times to best meet their needs. Following is a summary of each track:  \* Track One: The In-House Day Treatment Program provides the structure and programming for lower functioning clients that need the cognitive therapy that a structured day can offer, but may not be suitable to transport to a satellite facility location. The referral criterion for the clients in this program typically includes any of the cognitive, moods, and behavioral deficits in the following areas as indicated on the MDS:  B2 a - Short term memory problem  B2 b - Long term memory problem  B3 - Memory recall deficits  B4 (1,2, or 3) - Daily decision-making skills impaired  B5 - Indicators of disordered thinking / awareness  El b - Repetitive questions  El c - Repetitive verbalizations  El d - Persistent anger with self or others  El n - Repetitive physical movements  E4 a - Wandering  E4 b - Verbally abusive behavioral symptoms, not easily altered  E4 c - Physically abusive behavioral symptoms, not easily altered  E4 d - Socially inappropriate behavioral symptoms, not easily altered  E4 e - Resistive to care  F I g - Lack of initiative / involvement  F2 - Unsettled relationships  \*Track Two: The Off-Site Day Treatment Program serves our clients that have a developmental disability diagnosis and those whose disabilities constitute a substantial handicap which significantly interferes with normal activities of daily living. The focus of the program is to provide rehabilitative developmental services to assist clients in preparing for a less structured, more independent lifestyle. The referral criteria for the clients in this program typically include deficits in the following areas as indicated on the MDS:  Face Sheet, B IO - Conditions related to DD status  B2 a - Short term memory problem  B2 b - Long term memory problem  B4 (O or 1) - Independent or modified independence with decision-making  E4 b - Verbally abusive behavioral symptoms, easily redirected  E4 c - Physically abusive behavioral symptoms, easily redirected  E4 d - Socially inappropriate behavioral symptoms, easily redirected  E4 e - Resistive to care, easily redirected | | | | | |
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| \*Therapy Track Three: The Educational / Vocational Program consist of clients who are currently pursuing their education or are involved in our vocational training program. Their therapy schedule will focus on follow through with their classes, labs, homework, study groups, and vocational training groups in addition to their therapeutic recreation programming, physical and occupational therapies, speech therapy, and psychosocial group. There are two psychosocial / support groups that take place to specifically address the needs of our residents in Track Three and Track Four. The referral criteria for the clients in this program typically include specific issues in the following areas as indicated on the MDS:  El - Verbal expressions of distress; deteriorated mood indicators  E2 - Persistent sad mood  F I d - Establishes own goals  F3 a - Strong identification with past roles / life status  F3 b - Expresses sadness, anger, empty feeling over lost roles / status  \*Track Four: The Independent Program consists of clients who are either currently pursuing independent living or who do not fit into the other therapy tracks. The focus of this track will be for the residents to pursue programs that will assist them in living independently. They will be expected to take part in their physical and occupational therapies, speech therapy, recreational therapy programs, and psychosocial group. They will also be expected to take part in a discharge planning group that will meet monthly, homemaker skills training, and laundry training if applicable. The referral criteria for clients in this track would typically consist of issues that need to be addressed in the following areas on the MDS:  E I - Verbal expressions of distress; deteriorated mood indicators  E2 - Persistent sad mood  F3 a - Strong identification with past roles / life status  F3 b - Expresses sadness, anger, empty feeling over lost roles / status  Q I a - Resident indicates preference to return to the community  Q 1 b - Resident has a support person who is positive re: discharge  \*Therapy Track Five: The Re-motivational Program will consist of clients who lack follow through with their current recommended therapies due to a lack of motivation and/or interest. The focus of this track will be to attempt to spark these individuals' interest in therapy follow-through and goal setting. They will be expected to participate in an individualized therapy regimen, and will participate in behavioral / motivation contracts as deemed necessary by the Interdisciplinary Treatment Team. The referral criteria for clients appropriate for this track would typically include any deficits in the following areas as indicated on the MDS:  El - Verbal expressions of distress; deteriorated mood indicators in particular E I o - Withdrawal from activities of interest and E I p reduced social interaction.  E2 - Persistent sad mood  E4 e - Resistive to care  F I -Lack of involvement/ initiative  F2 - Unsettled relationships  F3 b - Sadness, anger, empty feeling over lost roles / status  N2 - Little or no involvement in activities of interest | | | | | |
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