

# PEDIATRIC & ADOLESCENT PROGRAMS

## Scope of Service

### Program Purpose

- To provide evaluation, intervention, education and parent training to children from birth through 18 (up to age 21 if they are still in high school), who demonstrate rehabilitation need for a physical, cognitive or developmental disability.
- The program goal is to aid child and adolescents in achieving their highest level of function in self care activities, vision, motor development, cognition, communication, school activities, self-advocacy, emergency preparedness and social and emotional adjustment.
- The family/caregiver(s) are integral members of their child's rehabilitation team. Parental involvement in developing goals, carrying through home programs and preparing for school integration is encouraged and facilitated.

### Population(s) Served

Children referred for outpatient or day treatment services demonstrate a variety of rehabilitation needs on admission. They may include, but are not limited to, one or more of the following:

- Mobility impairments
- Fine and gross motor impairments
- Visual perceptual and/or visual motor impairments
- Communication and/or cognitive impairments
- Functional / iADL impairment
- Other impairments identified by the team

Children age 12 years and under will be admitted to the pediatric program and adolescents between the ages of 13 years and 18 (or 21) years of age will be admitted to the adolescent program.

Children who require a vent will not be admitted to the program unless they can benefit from program and have a caregiver who will be responsible for the vent management at all times.

Scope of services does not include children with a diagnosis of ASD or who demonstrate autism like impairments. Children who have an ASD diagnosis or demonstrate autism like impairments are better served in other community programs that specialize in this diagnosis. Consideration will be given to children who have an injury or illness that fits into the scope of service at Ability KC.

## Setting/Hours/Frequency of Service

- Services are offered at our Main Campus, 3011 Baltimore Ave, Kansas City, MO.
- Day treatment services are between 9 AM – 4 PM with drop off and pick-up 20 minutes before or after your scheduled start and end time. Day program services are offered Monday through Friday.
- Outpatient services are offered between 7:30 AM – 6 PM, Monday through Thursday and 7:30 – 4 PM on Friday.
- Services are determined based on medical need. Frequency of service is determined by evaluation, physician recommendation, and ability to access services. Frequency of services will be discussed after evaluation.

## Funding Sources

Services are funded by a variety of sources which may include but are not limited to:

- Commercial Insurance
- Medicaid/Medicare
- Self-pay – fees can be discussed, at time of referral, with business office
- Other funding sources (Cerner Charitable Foundation, Clay County Children’s Services Fund, Kansas City Regional Office, Charity) may be available and explored with responsible party.

## Program/Services Offered

The Pediatric & Adolescent team consists of the child/adolescent served, their family and professionals, as appropriate, from the specialties of:

- Assistive Technology
  - Aquatics
  - Case Management
  - Driver’s Evaluation and Training
  - Education Specialist
  - Employment Services
  - Neuropsychology/Psychology
  - Nursing
  - Occupational Therapy
  - Patient Representative
  - Peer Mentoring
  - Physiatry
  - Physical Therapy
  - Social Work
  - Speech and Language Pathology
  - Therapeutic Recreational Specialist
- Health and wellness promotion and prevention of secondary health conditions across the lifespan is encouraged throughout the rehabilitation process including education, therapy involvement and community education.



- If a wound is present prior to admission Ability KC's team, under the direction of an external wound care management team, will help monitor healing process, assist with dressing changes and provide education and prevention strategies.
- If a wound develops after admission Ability KC's team will monitor healing process and make appropriate referrals to external physician or wound care management as needed. Under direction of the external physician will continue to monitor healing process, assist with dressing changes and provide education and prevention strategies.

## Referral Procedures

- Referrals to the programs may be made directly by family members, physicians, school personnel, and others in the community.
- Referrals are initiated by contacting the program case manager or facility admissions department, community liaisons or case managers.
- A written prescription for treatment from the physician is required. This must come from a M.D. or D.O.
- Consulting services are available upon referral in the following areas:

Adolescent Medicine	Primary Care Physician
Audiology	Rehabilitation Engineering
Clinical Trials or Research Opportunities	Resources for Spiritual Needs
Dentistry	Respiratory Management
Durable Medical Equipment	Substance Abuse
Neurology	Swallow Assessments
Nutrition	Urology
Ophthalmology/Optometry	Wound care
Orthotics/Prosthetics	Other resources as identified by the treatment team
Pain management	

## Program Admission Criteria

For admission, the patient must:

- Have a disability, illness or injury resulting in a change in their previous functional daily activity status;
- Have a reasonable expectation for greater functional independence and the ability to achieve goals and show progress;
- Have the potential to comprehend and cooperate with the plan of care; and be medically stable.



- There are no restrictions placed on acceptance of children, and every attempt is made to meet the needs of the child and their family in relation to geographic location, sex, race, culture, sexual orientation, gender identity or financial status.
- For those who do not live in the greater metropolitan area, assistance to locate housing is available.
- Children diagnosed with childhood communicable diseases and/or tuberculosis are not admitted for rehabilitation services.
- Persons are not admitted for psychiatric care or for treatment of alcohol or drug dependency.
- Individuals with behavioral issues related to physical or neurological impairment will be admitted if it is determined the program can effectively manage in this environment. Ongoing assessment of behavior and persons served ability to benefit from program occurs formally and informally throughout length of stay.

## Discharge Planning & Criteria

Discharge planning begins upon admission to the program with child, family, staff and community agency participation as appropriate.

The case manager or social worker facilitates and coordinates discharge planning and the transfer of information to school, physician, other agencies, etc.

Family and school conferences and home visits are scheduled as necessary and may be an integral part of discharge planning.

Projected discharge dates are established with child/family/caregiver and the treatment team.

Referrals are made to other community agencies during program and upon completion of the program as appropriate.

Discharge planning and decisions consider the following:

- Child, family/caregivers and support system's preferences, needs and resources
- Child's ability to re-enter the home, school and/or community environment
- Progress toward achievement of program goals
- Child's potential to continue to progress
- Child or family/caregiver's desire to receive or obtain alternative services
- Compliance with organizational policies
- Need for further health-care intervention/services



## Intended Discharge Environment

- The Pediatric/Adolescent program prepares the child who is already living in a home setting with support to be more independent in the home, school and community.
- The program can support older adolescents in exploring transitional living environments.

## Follow-Up Services

- At discharge from the program, a follow-up evaluation is scheduled, if indicated, to determine if functional status has been maintained or improved upon.
- If follow-up is not indicated a phone follow-up will be completed at 90 days and one year post discharge.
- The timeframes for follow-ups are based on what is appropriate for the child.
- If concerns are identified at follow-up, recommendations are made to assist the child/family/caregivers to resolve or receive necessary support services.
- Families are encouraged to call case manager if there are questions prior to scheduled follow-up.

## Expected Program Outcome

The child/adolescent will transition to home, school and community and continue the recovery process toward maximum independence.

