

CARF Accreditation Report
for
Rehab Without Walls - Residential
Three-Year Accreditation



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Rehab Without Walls - Residential
1320 Wonder World Drive, Suite 104
San Marcos, TX 78666

Organizational Leadership

A. B. Green, Senior Program Director
Charles J. James, MS, Senior Program Director
Daniel Smith, CBIS, Quality Assurance Manager
Dee James, Quality Assurance Manager-THCS
Jane A. Stewart, Executive Director
Joseph Gammill, Senior Program Director
Tarah Katerndahl, LPC, Treatment Director

Survey Number

180976

Survey Date(s)

April 11, 2024–April 12, 2024

Surveyor(s)

Susan T. Fields, MHA, MA, CCC-SLP, Administrative
Sharlene Adams, MS, LSW, CBIST, Program
Janice White, CCC-SLP, PhD, CBIST, Program

Program(s)/Service(s) Surveyed

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

Previous Survey

March 29, 2021–March 30, 2021
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: April 30, 2027

Executive Summary

This report contains the findings of CARF's site survey of Rehab Without Walls - Residential conducted April 11, 2024–April 12, 2024. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Rehab Without Walls - Residential demonstrated substantial conformance to the standards. Rehab Without Walls has shown a deep commitment to the well-being of the participants of its programs, many of whom have been with the organization for over a decade. The program serves its participants, the community, and its staff through the provision of high-quality, person-centered services. A culture of community, defined by the terms "Caring, Connected, and Committed," is evident across the organization. Its dedicated, effective, tenured leadership team serves the organization well. The organization enjoys beautiful and peaceful properties that serve as healing environments for its participants. The organization takes the safety of all participants and staff members seriously, as demonstrated in its safety program. While Rehab Without Walls does have opportunities for improvement in the areas of competency development and subsequent assessment of team members, it is evident that the organization incorporates the CARF standards in its day-to-day service delivery practices and will work to align competency assessment practices with the accepted standards.

Rehab Without Walls - Residential appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Rehab Without Walls - Residential is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Rehab Without Walls - Residential has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Rehab Without Walls - Residential was conducted by the following CARF surveyor(s):

- Susan T. Fields, MHA, MA, CCC-SLP, Administrative
- Sharlene Adams, MS, LSW, CBIST, Program
- Janice White, CCC-SLP, PhD, CBIST, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Rehab Without Walls - Residential and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section I. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Rehab Without Walls - Residential demonstrated the following strengths:

- Members of leadership within the organization demonstrate longevity in their service to the organization and the participants within the community. Many in leadership roles have been promoted from direct care and support positions and are now successfully leading the organization.
- The safety program is thorough and well organized and promotes the safety of staff members and participants.
- Members of the leadership team, all the way up to the executive director of the program, are easily accessible to the organization and are available to the staff at all times.
- Rehab Without Walls has laid out steps for advancement within its direct care staff group. The organization has created direct care training opportunities so that future promotions are successful. One method to encourage advanced skills is through compensation to direct care staff members for acquiring additional skills valuable to the organization, such as educator skills, knowledge about kitchen operations, or medication management. Additionally, training and skills specifically required to advance to a senior status within the direct care team are laid out.

- The collection of key metrics is well organized and documented. The forms used for data definitions are well laid out and complete. The routine required reporting is well organized so that any deviation from expected performance can easily be identified. The foundation of a robust measurement and management program is in the data collection and display, which is well designed and well executed.
- The settings of the behavioral programs (Tangram Behavioral Program North and Hacienda Assisted Living - Cypress Hill) are beautiful, peaceful, and serene. They are a perfect backdrop for creating a calm environment for those with behavioral issues. The buildings are older but well maintained, pleasant, and functional.
- The residential managers/senior staff members were engaged and knew the participants well. They exhibited commitment to the participants they serve and joy in doing this difficult work. Leadership has an open-door policy and demonstrates support for the staff members and the participants.
- The safety information and equipment required for vehicles transporting program participants were well organized, functional, and practical. The backpack system used to safeguard protected private information while on an outing was handled creatively yet securely.
- In addition to required fire drills, additional fire drills are conducted in the residential settings when a new participant or new staff member is added to the schedule. The focus on participant safety is evident and recognized.
- Rehab Without Walls is commended for the longevity and tenure of its employees. From leadership to direct care staff, a deep-rooted historical perspective provides a unique opportunity to share with families, staff members, and external stakeholders.
- Rehab Without Walls is complimented on developing the Community (Caring, Connected, and Committed) Program. Employees are deeply appreciative of the opportunity to have a voice in determining the “three Cs” and feel strongly that they were able to add value in determining the Cs. The ongoing quarterly recognition for staff members demonstrates a commitment by leadership to the value of the Community Program.
- Participants expressed an appreciation for the commitment that employees make with helping them achieve their goals. Participants feel a sense of accomplishment and pride in their journey and share stories of how far they have come and gains they have made because of the employees that have supported them along the way.
- Rehab Without Walls is applauded for its strong collaboration and affiliation with the local college. There are numerous internships available in various disciplines that allow for candidates to experience all that the program has to offer. Interns often seek employment opportunities once their internship is completed.
- Rehab Without Walls is applauded for the amazing therapists and program leadership on staff. Therapists show a deep desire to help participants and do so with grace and inspiration. Regardless of the challenges, they will always find a way. Therapists speak and work from the heart with no limits on success. Program leadership is dedicated to the employees and provides a framework for everyone to succeed. The dedication by program leadership is recognized by frontline employees and often noted as the reason why staff members stay.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

There are no recommendations in this area.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.7.a.(1)

1.I.7.a.(2)

1.I.7.b.

1.I.7.c.

1.I.7.d.

1.I.7.e.

1.I.7.f.

Although Rehab Without Walls does identify the general skills required by a clinical staff member, those specific skills needed for the clinical team are not defined or assessed at the time of hire or any point following hiring. It is recommended that workforce development activities include documentation of competencies to support the organization in the accomplishment of its mission and goals and to meet the needs of the participants; documented assessment of competencies; documentation of timeframes/frequencies related to the competency assessment process; competency development, including the provision of resources; performance appraisal; and education and training. It is strongly suggested that the organization identify those skills that meet predetermined criteria (for example, high risk or low frequency) and select those clinical techniques or skills for a competency determination. Further, these skills could be included, along with more general skills, as an element of development plans and performance appraisals. Due to the single-position nature of many of these roles, it may be necessary to reach out to the broader corporate organization or regional universities and training programs to find clinicians capable of supporting this competency assessment process.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization collects data on the experience of the participants and other stakeholders, it reports a less-than-satisfactory return rate. The organization may be better able to get actionable data if it evaluates the survey tool and the methods used to collect the data. Rehab Without Walls is encouraged to assess the tool, as it is rather long with 35 questions. The organization might consider reducing the survey length to under ten questions and consider multiple modes to send out the survey, such as text messaging, email, or phone calls.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Consultation

- Although the program conducts performance improvement activities based on data collected, the organization is encouraged to embrace a performance improvement philosophy that incorporates staff members beyond those in leadership roles, as was done in developing the work surrounding the development of organizational culture. A key element of classic performance improvement is the inclusion of all critical stakeholders in performance improvement activities. Depending on the problem being addressed, it might include direct care staff members, families, and program participants. Additionally, formal training in performance improvement activities is available through multiple sources in both online and in-person training opportunities.

Section 2. The Rehabilitation and Service Process for the Persons Served

Description

The fundamental responsibilities of the organization are to effect positive change in functional ability and independence and self-reliance across environments, while protecting and promoting the rights of the persons served. The persons served should be treated with dignity and respect at all times. All personnel are able to demonstrate their awareness of the rights of the persons served as well as their own rights. The rehabilitation and service process is delivered by an integrated team that includes the person served. The process focuses on clarity of information, efficient use of resources, reduction of redundancy in service delivery, achievement of predicted outcomes, and reintegration of the person served into the person's community of choice.

2.A. Program/Service Structure for all Medical Rehabilitation Programs

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Scope of the program and services
- Admission and transition/exit criteria
- Team communication
- Provision of services to any persons who require ventilatory assistance
- Provision of services related to skin integrity and wound care, when applicable

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the date of the review and revision of the program scope of services be included in the document as a way to ensure that the review is completed annually.
- Rehab Without Walls is encouraged to review the current scope to capture the essence of defining all the program offers. Although the current scope is functional and includes all the required elements, it does so in a way that does not specifically detail the programs' offerings. It is also suggested that leadership define, in totality, the admission limits regarding medical acuity and functional status to allow for increased census and ease of understanding by referral sources.
- It is suggested that Rehab Without Walls' leadership expand upon the written analysis of denials to more deeply evaluate and better understand reasons for denials and further the understanding of these decisions' impact on the greater business model.

2.B. The Rehabilitation and Service Process for the Persons Served

Key Areas Addressed

- Scope of the program services
- Appropriate placement in and movement through the continuum of services
- Admission and ongoing assessments
- Information provided to persons served for decision making

- Team composition
- Team responsibilities and communication
- Medical director/physician providing medical input qualifications and responsibilities
- Discharge/transition planning and recommendations
- Family/support system involvement
- Education and training of persons served and families/support systems
- Sharing of outcomes information with the persons served
- Physical plant
- Behavior management
- Records of the persons served

Recommendations

There are no recommendations in this area.

Consultation

- The program has relatively restrictive admission criteria, admitting very few participants with medical issues. As the rehabilitation environment changes, more and more individuals are being discharged to the community with medical needs. It is suggested that training be provided to staff members on basic medical management, such as peg tubes and ostomy care, and on broadening the medical issues they are willing to care for. This could increase and stabilize the census.

2.D. The Rehabilitation and Service Process for Specific Diagnostic Categories

Key Areas Addressed

- Provision of services to any persons with limb loss, acquired brain injury, or spinal cord dysfunction
- Personnel demonstrate competency in limb loss, acquired brain injury, or spinal cord injury
- Provision or linkages with other entities for specialty services

Recommendations

There are no recommendations in this area.

Section 3. Program Standards

3.D. Residential Rehabilitation Program

Description

Residential Rehabilitation Programs are provided for persons who need services designed to achieve predicted outcomes focused on home and community integration and engagement in productive activities. Consistent with the needs of the persons served, services foster improvement or stability in functional and social performance and health. These programs occur in residential settings and may be transitional or long term in nature. The residences in which the services are provided may be owned or leased directly by the persons served or the organization.

Key Areas Addressed

- Personal space
- Adequate personnel 24 hours a day, 7 days a week
- Food services

- Community inclusion and participation
- Individual service plans
- End-of-life issues

Recommendations

There are no recommendations in this area.

Section 4. Specialty Program Designation Standards

4.C. Brain Injury Specialty Program

Description

A Brain Injury Specialty Program delivers services that focus on the unique medical, physical, cognitive, communication, psychosocial, behavioral, vocational, educational, accessibility, and leisure/recreational needs of persons with acquired brain injury. The program integrates services to:

- Minimize the impact of impairments and secondary complications.
- Reduce activity limitations.
- Maximize participation, including wellness, quality of life, and inclusion in the community.
- Decrease environmental barriers.
- Promote self-advocacy.

A Brain Injury Specialty Program recognizes the individuality, preferences, strengths, and needs of the persons served and their families/support systems. It provides access to information, services, and resources available to enhance the lives of the persons served within their families/support systems, communities, and life roles and supports their efforts to promote personal health and wellness and improve quality of life throughout their life span.

The program demonstrates the commitment, capabilities, and resources to maintain itself as a specialized program for persons with acquired brain injury. A Brain Injury Specialty Program utilizes current research and evidence to provide effective rehabilitation and supports future improvements by advocating for or participating in brain injury research.

A Brain Injury Specialty Program partners with the persons served, families/support systems, and providers from emergency through community-based services to foster an integrated system of services that optimizes recovery, adjustment, inclusion, participation, and prevention. A Brain Injury Specialty Program engages and partners with providers within and outside of rehabilitation to increase access to services by advocating for persons who have sustained a brain injury to regulators, legislators, educational institutions, research funding organizations, payers, and the community at large.

Key Areas Addressed

- Continuum of services
- Intervention services provided for persons served and their families/support systems
- Facilitation of advocacy for the persons served
- Personal preferences of persons served
- Initial and ongoing assessments of persons served
- Discharge/transition planning
- Prevention of complications and re-injury

Program(s)/Service(s) by Location

Rehab Without Walls - Residential

1320 Wonder World Drive, Suite 104
San Marcos, TX 78666

Administrative Location Only

Hacienda Assisted Living - Cypress Hill

3015 Old Lehmann Road
Seguin, TX 78155

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

Hutchison Place South

545-608 West Hutchison Street
San Marcos, TX 78666

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

Loma Linda

301 Tangram Ranch Road
Seguin, TX 78155

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

ResCare Premier - Town Program

612 West Hutchison Street
San Marcos, TX 78666

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

Roca Vista

320 Mill Road
Maxwell, TX 78656

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

Sierra Verde

2385 FM 1984
Maxwell, TX 78656

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)

Tangram Behavioral Program North

500 Tangram Ranch Road
Seguin, TX 78155

Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)