

Introduction

Nevada Community Enrichment Program (NCEP), a program of Accessible Space, Inc. (ASI), is a leader in the field of brain injury rehabilitation. We are the only non-profit, CARF accredited, post-acute brain injury rehabilitation in Nevada, serving individuals with Acquired Brain Injury, Traumatic Brain Injury and neurological impairments. NCEP has earned and maintained CARF accreditation for Outpatient Brain Injury Rehabilitation for adults, adolescents and children and Residential Brain Injury Rehabilitation for adults. Residential rehabilitation is provided 24 hours a day 7 days a week. NCEP utilizes an interdisciplinary team approach with each member of the management and clinical team responsible for performance measurement.

Our Mission: NCEP is dedicated to providing a therapeutic environment that encourages evidence-based, person centered and outcomes oriented rehabilitation in a community based setting, while promoting training and education.

Our Goal: To ensure that all rehabilitation is person centered and driven, so that each individual may reach their highest level of independence.

NCEP outcomes and quality indicators and measurement included:

I. Overall Short Term Goal Attainment

Based on Short Term Goals Met at D/C (overall and per discipline) for day program only persons served

II. Quality of Life

A. Based on Mayo Portland (MPAI-4)

1. Admission
2. Discharge
3. 6-month post Discharge
4. 12-month post Discharge

III. Independence

A. Based on the Supervision Rating Scale (SRS)

1. Admission
2. Discharge
3. 6 months post Discharge
4. 12 months post Discharge

B. Based on Discharge Site /Level of Independence

1. Home Independent or with Family Support
2. Community Based Living
3. Skilled Facility/Long Term Care
4. Acute/Medical
5. Other (unknown)

IV. Activity Level (Discharge, 6 months post Discharge, 12 months post Discharge)

- A. Employed at time of admission (returned to previous, leave, new job)
- B. Unemployed
- C. Retired
- D. Homemaker

- E. Post HS Student (college/trade/professional school)
- F. Pediatric Student (K-12th)
- G. Productive Activity
- H. Other

V. Satisfaction (Discharge)

- A. Satisfaction of Persons Served: Universal Stakeholder Participation and Experience Questionnaire (USPEQ)
- B. Family Satisfaction: NCEP's tool
- C. Payer Satisfaction: NCEP's tool

VI. Additional indicators and information tracked included:

- A. # of Admissions, Discharges and Persons Served
- B. Gender
- C. Ethnicity
- D. Length of Stay/Treatment Days
- E. Diagnosis
- F. Age
- G. Employment Status
- H. Funding Source
- I. Location of Person at time of Referral
- J. Discharge Site/Outcome
- K. Trends in Referrals, Denials, Admissions & Discharges
- L. Pediatric and Adolescent Outcomes

Demographic Data

# OF ADMISSIONS, DISCHARGES, AND PERSONS SERVED			
# of Persons Served	258		
# of Admissions*	228		
# of Discharges*	206		
Male	157		
Female	100		
Non-binary or Other	1		
THREE YEAR TREND	2022	2023	2024
# of Persons Served	127	194	258
# of Admissions*	97	171	226
# of Discharges*	96	154	206
Male	73	101	157
Female	54	93	100
Non-binary Other	0	0	1

*Based on totals — accounts for multiple admits/discharges, if applicable

DIAGNOSIS AT ADMISSION			
ACQUIRED BRAIN INJURY	Etiology	# of Persons	%
	CVA	137	53%
	Anoxia	5	2%
	AVM	0	0%
	Brain Tumor	13	5%
	Other*	18	7%
	TOTAL ABI	173	67%
TRAUMATIC BRAIN INJURY	MVA	29	11%
	Fall	12	5%
	Assault	4	2%
	Motorcycle/Bicycle	5	2%
	Pedestrian	1	0%
	Gunshot/Self Inflicted	5	2%
	Other	0	0%
	TOTAL TBI	56	22%
OTHER DIAGNOSIS*	SCI	8	3%
	ORTHO	19	7%
	Other	1	0%
	TOTAL OTHER	29	11%
3 Year Trend	2022	2023	2024
ABI	90 (71%)	143 (74%)	173 (67%)
TBI	23 (17%)	25 (13%)	56 (22%)
OTHER	214(11%)	26 (13%)	29 (11%)

*Other could include multiple sclerosis, infections and other neurological issues

AGE AT ADMISSION			
Age Range	# of Persons		%
02-05 years	2		1%
06-17 years	13		5%
18-40 years	49		19%
41-65 years	181		70%
66-85 years	13		5%
86+	0		0%
THREE YEAR TREND	2022	2023	2024
02-05 years	0%	2%	1%
06-17 years	2%	2%	5%
18-40 years	25%	18%	19%
41-65 years	62%	66%	70%
66-85 years	11%	12%	5%
86+	0%	0%	0%

ETHNICITY			
White		95	
Black American		65	
Spanish, Hispanic, Latino		65	
Asian		29	
Native Hawaiian or other Pacific Islander		4	
Other*		0	
THREE YEAR TREND	2022	2023	2024
White	44%	36%	37%
Black American	18%	20%	25%
Spanish, Hispanic, Latino	22%	29%	25%
Asian	11%	11%	11%
Native Hawaiian, Pacific Islander	2%	3%	2%
Other	3%	1%	0%

*Other includes Native American and Native African

AVERAGE LENGTH OF STAY (Treatment Days)			
Program Type	# Of Discharged Persons Served		Avg. # of Treatment Days
Comprehensive Day Rehab	206		38*
THREE YEAR TREND	2022	2023	2024
Average Number of Treatment Days	50	40	38

*average treatment days rounded to whole number

FUNDING SOURCE UPON ADMISSION			
Funding	# of Persons Served		%
Private Insurance	165		64%
Medicaid	0		0%
Medicaid-MCO	88		34%
Workers Compensation	1		0%
Other	4		2%
3 YEAR TREND	2022	2023	2024
Private Insurance & Private Pay	72%	73%	64%
Medicaid	0%	0%	0%
Medicaid MCO	23%	24%	34%
Workers Compensation	4%	1.5%	0%
Other*	1%	1.5%	2%

*Other includes all other funding sources, Lien, pending insurance, pro bono, private pay

LOCATION UPON REFERRAL			
Setting	# of Persons		%
Home	67		26%
Acute Hospital	28		11%
Acute Rehabilitation	54		21%
Skilled Facility	104		40%
Other*	5		2%
3 Year Trend	2022	2023	2024
Home	65%	49%	26%
Acute Hospital	8%	11%	11%
Acute Rehabilitation	24%	17%	21%
Skilled Facility	1%	22%	40%
Other*	3%	1%	2%

*Other includes group homes, assisted living, shelter or homeless

Outcome Measurements

DISCHARGE LOCATION (Goal = 90% to Discharge Home Independent or Community Based)			
Status	# of Persons		%
Home	195		95%
Other Community Based Living	5		2.5%
Acute / Medical	6		2.5%
Skilled Facility / Long Term Care	0		0%
Other (unknown)	0		0%
3 YEAR TREND	2022	2023	2024
Home	91%	97%	95%
Other Community Based Living	2%	0.5%	2.5%
Acute / Medical	4%	2%	2.5%
Skilled Facility / Long Term Care	3%	0.5%	0%
Other (unknown)	0%	0%	0%

SHORT TERM GOAL ATTAINMENT BY DISCIPLINE*			
Discipline	Percentage of Goals Met		Overall Goal Attainment Benchmark=90%
Case Management	97%		
Nursing	98%		
Occupational Therapy	90%		
Physical Therapy	92%		
Speech Pathology	92%		
Overall Goal Attainment	94%		
3 YEAR TREND	2022	2023	2024
Case Management	98%	95%	97%
Nursing	94%	98%	98%
Occupational Therapy	87%	86%	90%
Physical Therapy	91%	87%	92%
Speech Pathology	86%	88%	92%
Overall Goal Attainment	91%	91%	94%

*Excludes those discharged prior to program completion

2024 ACTIVITY LEVEL Admission to Discharge						
Admission			Discharge			TARGET FOR DISCHARGE
Activity Level at Admission	# Of Persons Served	%	Activity Level at Discharge	# Of Persons Served	%	
Employed at time of admission	109	43%	Employed at Discharge	64	32%	30%
Unemployed	111	44%	Unemployed	30	15%	
Retired	20	8%	Retired	14	6%	
Homemaker	0	0%	Returned to Homemaker Duties	0	0%	5%
Student	14	5%	Student	11	5%	10%
			Productive Activity	87	42%	20%
Other	0	0%	Other	0	0%	
			Target Activity Levels for Employed and Productive Activity at Discharge			50%
Trend for Discharge	2022		2023		2024	
Employed	30%		30%		32%	
Unemployed	37%		16%		15%	
Retired	16%		22%		6%	
Returned to Homemaker Duties	.05%		0%		0%	
Student	.05%		15%		5%	
Productive Activity	16%		17%		42%	
Other	0%		0%		0%	

*Note: This table represents both adult and pediatric/adolescent data

QUALITY OF LIFE Admit to Discharge*			
MPAI PARTICIPATION INDEX Admit to D/C	GOAL=80% of persons served to decrease MPAI score	# Of Discharged Persons served	Percentage of Persons served
Decrease		173	84%
No Change		19	9%
Increase		14	7%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	73%	84%	84%
No Change	16%	9%	9%
Increase	11%	7%	7%

*Note: This table represents both adult and pediatric/adolescent data

INDEPENDENCE Admit to Discharge*			
Independence Measures SRS Admit to D/C	GOAL=75% of persons served to decrease SRS score	# Of Discharged Persons served	Percentage of Persons served
Decrease		144	70%
No Change		59	29%
Increase		3	1%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	68%	70%	70%
No Change	31%	23%	29%
Increase	1%	7%	1%

*Note: This table represents both adult and pediatric/adolescent data

QUALITY OF LIFE Admit to Discharge*			
MPAI TOTAL SCORE Admit to D/C	GOAL=80% of persons served to decrease MPAI score	# Of Discharged Persons served	Percentage of Persons served
Decrease		183	89%
No Change		14	7%
Increase		9	4%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	87%	89%	89%
No Change	9%	7%	7%
Increase	4%	4%	4%

*Note: This table represents both adult and pediatric/adolescent data

Trends for Referrals, Admissions, Discharges & Denials

2024 REFERRALS/ADMISSIONS/DISCHARGES *Based on total admissions—accounts for multiple admits/discharges, if applicable								
Month	Referrals	# of *Admits	Admit to Referral Ratio %	# of *D/C's	# of D/C's prior to program completi on	Billable Days	Non- Billable Days Unsched uled Absences	Non-Billable Days Scheduled Absences
January	70	36	44%	20	5	670	61	42
February	35	31	46%	9	0	946	98	40
March	42	15	36%	22	5	891	83	65
April	27	8	30%	17	7	894	64	63
May	27	0	0%	23	8	866	80	49
June	24	17	71%	14	1	740	79	74
July	46	12	26%	15	5	905	90	91
August	50	21	42%	18	1	807	90	71
September	34	12	35%	20	10	844	92	65
October	39	22	56%	22	5	924	93	88
November	31	14	45%	11	1	724	96	83
December	57	22	39%	15	4	744	121	82
Monthly Average	42	19	39%	17	4	830	87	68
Annual Total	508	226		206	52	9955	1047	813

*The number of billable days, non-billable unscheduled absences, and non-billable scheduled absences include transition persons served after they transitioned from residential treatment to day treatment

REFERRAL RATIOS					
	# of Referrals	# of Denials	Denial to Referral Ratio %	# of *Admits	Admit to Referral Ratio %
Monthly Average	42	23	55%	19	45%
Annual Total	508	282	55%	226	45%
3 YEAR TREND	2022	2023	2024		
Denial to Referral Ratio	72%	47%	55%		
Admit to Referral Ratio	38%	53%	55%		

* Refers to # of admits, not actual # of people, (i.e. multiple admits per person)

REASONS FOR DENIALS		
Reason for Denial of Admission	% Denials	# of Persons Denied
Lack of discharge plan/Family Support	3%	8
Unfunded or underfunded	25%	70
Guarded Rehab Potential	2%	5
Behavioral LOC	6%	17
Client Refusal	4%	11
Acute Care Needs	16%	45
Choose or referred to other treatment options	18%	50
Other	21%	59
Lack of contact / referral information	6%	17
TOTAL	100%	282

DISCHARGES PRIOR TO PROGRAM COMPLETION			
Reason	# of Persons		%
Unaware of Deficits	4		8%
Left Against Clinical Advice	8		15%
Lack of Funding	9		17%
Medical Acuity	12		23%
Deceased	0		0%
Non Voluntary Discharge	8		15%
Other	11		22%
3 YEAR TREND	2022	2023	2024
Unaware of Deficits	0%	19%	8%
Left Against Clinical Advice	50%	11%	15%
Medical Acuity	50%	26%	17%
Deceased	0%	0%	23%
Non Voluntary Discharge	0%	18%	0%
Other	0%	26%	15%

Pediatric and Adolescent Data

# OF ADMISSIONS, DISCHARGES, AND PERSONS SERVED			
# of Persons Served		15	
# of Admissions*		15	
# of Discharges*		13	
Male		9	
Female		6	
THREE YEAR TREND OF NUMBER OF PEDIATRIC PERSONS SERVED	2022	2023	2024
# of Persons Served	1	16	15
# of Admissions*	1	15	15
# of Discharges*	1	16	13
Male	0	7	9
Female	1	9	6

DIAGNOSIS AT ADMISSION			
ACQUIRED BRAIN INJURY	Etiology	# of Persons	%
	CVA	3	20%
	Anoxia	1	7%
	AVM	0	0%
	Brain Tumor	0	0%
	Other*	4	27%
	TOTAL ABI	8	54%
TRAUMATIC BRAIN INJURY	MVA	4	27%
	Fall	0	0%
	Assault	0	0%
	Motorcycle/Bicycle	1	7%
	Pedestrian	1	6%
	Gunshot/Self Inflicted	1	6%
	Other	0	0%
	TOTAL TBI	7	46%
OTHER DIAGNOSIS	SCI	0	0%
	ORTHO	0	0%
	Other	0	0%
	TOTAL OTHER	0	0%
3 Year Trend	2022	2023	2024
ABI	0 (0%)	11 (69%)	8 (54%)
TBI	0 (0%)	3 (19%)	7 (46%)
OTHER	1 (100%)	2 (12%)	0 (0%)

PEDIATRIC AGE AT ADMISSION			
Age Range	# of Persons		%
0-2 years	1		6%
3-4 years	1		6%
5-8 years	3		23%
9-12 years	2		12%
13-17 years	8		53%
Total Pediatric/Adolescent	15		100%
THREE YEAR TREND	2022	2023	2024
0-2 years	0%	0%	6%
3-4 years	0%	0%	6%
5-8 years	0%	6%	23%
9-12 years	0%	25%	12%
13-17 years	100%	69%	53%

PEDIATRIC LOCATION UPON REFERRAL			
Setting	# of Persons		%
Home	4		27%
Acute Hospital	5		32%
Acute Rehabilitation	4		27%
Skilled Facility	2		14%
Other	0		0%
Total Pediatric/Adolescent	16		100%
3 Year Trend	2022	2023	2024
Home	100%	25%	27%
Acute Hospital	0%	50%	32%
Acute Rehabilitation	0%	12.5%	27%
Skilled Facility	0%	12.5%	14%
Other*	0%	0%	0%

PEDIATRIC REPORTED ETHNICITY			
	# of Persons		%
White	4		27%
Black American	4		27%
Spanish, Hispanic, Latino	5		32%
Asian	1		7%
Native Hawaiian or Pacific Islander	0		0%
Other	1		7%
Total Pediatric/Adolescent	15		100%
THREE YEAR TREND	2022	2023	2024
White	0%	35%	27%
Black American	0%	24%	27%
Spanish, Hispanic, Latino	100%	28%	32%
Asian	0%	10%	7%
Native Hawaiian, Pacific Islander	0%	0%	0%
Other	0%	3%	7%

AVERAGE LENGTH OF STAY (Treatment Days)			
Program Type	# Of Discharged Persons Served	Avg. # of Treatment Days	
Pediatric/Adolescent	13	33	
THREE YEAR TREND	2022	2023	2024
	50	56	33

2024 SHORT TERM GOAL ATTAINMENT BY DISCIPLINE Pediatric/Adolescent			
Discipline	Percentage of Goals Met	Overall Goal Attainment Benchmark=85%	
Case Management	99%		
Nursing	97%		
Occupational Therapy	86%		
Physical Therapy	80%		
Speech Pathology	86%		
Overall Goal Attainment	90%		
3 YEAR TREND	2022	2023	2024
Case Management	83%	100%	99%
Nursing	100%	99%	97%
Occupational Therapy	100%	84%	86%
Physical Therapy	97%	92%	80%
Speech Pathology	100%	83%	86%
Overall Goal Attainment	96%	92%	90%

2024 PEDIATRIC ACTIVITY LEVEL Admission to Discharge						
Admission			Discharge			TARG ET FOR DISCH ARGE
Activity Level at Admission	# Of Persons Served	%	Activity Level at Discharge	# Of Persons Served	%	
Employed at time of admission	0	0%	Employed at Discharge	0	0%	30%
Student	15	100%	Student	13	100%	10%
Productive Activity	0	0%	Productive Activity	0	0%	20%
Other	0	0%	Other	0	0%	0%
			Target Activity Levels for Employed and Productive Activity at Discharge	0	0	50%
Trend for Discharge	2022		2023		2024	
Employed	0%		0%		0%	
Student	100%		100%		100%	
Productive Activity	0%		0%		0%	
Other	0%		0%		0%	

Pediatric QUALITY OF LIFE Admit to Discharge			
MPAI TOTAL SCORE Admit to D/C	GOAL=80% of Persons served to decrease MPAI score	# Of Discharged Persons served	Percentage of Persons served
Decrease		12	92%
No Change		0	0%
Increase		1	8%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	100%	81%	92%
No Change	0%	19%	0%
Increase	0%	0%	8%

Pediatric INDEPENDENCE Admit to Discharge			
Independence Measures SRS Admit to D/C	GOAL=75% of persons served to decrease SRS score	# Of Discharged Persons served	Percentage of Persons served
Decrease		8	62%
No Change		5	38%
Increase		0	0%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	100%	50%	62%
No Change	0%	50%	38%
Increase	0%	0%	0%

Family Satisfaction

Standard	Strongly Disagree	Disagree	Agree	Strongly Agree
Treated with Dignity and Respect	0%	0%	7%	93%
Knowledgeable Clinical Staff	0%	0%	14%	86%
Realistic Goals	0%	0%	7%	93%
Team Listened to Me	0%	0%	11%	89%
Felt Part of the Team	0%	0%	22%	78%
Discharge Planning	0%	0%	18%	82%
Understood Grievance Process	0%	0%	6%	94%
Reports were Understandable	0%	0%	4%	96%
Overall Program Satisfaction	0%	0%	7%	93%
TOTAL % AVERAGE SATISFACTION RATING				100%
3 YEAR TREND	2022	2023	2024	
TOTAL % AVERAGE SATISFACTION RATING	96%	100%	100%	

Family Satisfaction Survey Comments

"I would like to express my gratitude to all of your staff members who shared and assisted my husband in this part of his life. I've witnessed the growth and a more positive person that he has become. Thank you to all who helped. Keep up the good work!"

"Phenomenal community program"

“Thanks to everyone for all the hard work and cheerful attitudes. You all are amazing.”

“Everyone was kind and very helpful. Thank you so much!”

Payer Satisfaction

PAYER SATISFACTION*				
Standard	Strongly Disagree	Disagree	Agree	Strongly Agree
All Reports were Sent in a Timely Manner	0%	0%	0%	100%
The appropriate staff members responded to requests/communication in a timely manner	0%	0%	0%	100%
Reports were Understandable, Comprehensive, Objective & Functional	0%	0%	0%	100%
Overall Program Satisfaction	0%	0%	0%	100%
TOTAL % AVERAGE SATISFACTION RATING				
3 YEAR TREND	2022	2023	2024	
TOTAL % AVERAGE SATISFACTION RATING	100%	100%	100%	

*It should be noted that payer satisfaction surveys include all NCEP programs including residential, transition and day.

Post Discharge Data

ACTIVITY LEVEL Post Discharge				
Activity Level Post Discharge	6 MONTHS POST DISCHARGE (3Q 2023- 2Q 2024)		12 MONTHS POST DISCHARGE (1Q 2023- 4Q 2023)	
	# Of persons served	Percentage	# Of Persons served	Percentage
Paid Employment	8	22%	9	50%
Unemployed	3	8%	1	6%
Retired	4	12%	3	17%
Homemaker	0	0%	0	0%
Attending School	3	8%	2	10%
Volunteer	0	0%	0	0%
Productive Activity	18	50%	3	17%
Other	0	0%	0	0%
3 YEAR TREND (6 Months Post Discharge)	2022 3Q 2021 – 2Q 2022	2023 3Q 2022-2Q 2023	2024 3Q 2023-2Q 2024	
Paid Employment	22%	29%	22%	
Unemployed	24%	3%	8%	
Retired	37%	9%	12%	
Homemaker	0%	3%	0%	
Attending School	4%	9%	8%	
Volunteer	0%	18%	0%	
Productive Activity	13%	29%	50%	
Other	0%	0%	0%	
3 YEAR TREND (12 Months Post Discharge)	2022 1Q 2021 – 4Q 2022	2023 3Q 2022-2Q 2023	2024 1Q 2023-4Q 2024	
Paid Employment	32%	26%	50%	
Unemployed	14%	6%	6%	
Retired	43%	9%	17%	
Homemaker	0%	3%	0%	
Attending School	4%	9%	10%	
Volunteer	0%	21%	0%	
Productive Activity	7%	26%	17%	
Other	0%	0%	0%	

*Number of post discharge calls is equal to a representative sample of at least 20% of all persons discharged

Post Discharge Data

QUALITY OF LIFE 6 Months Post Discharge (3Q 2023 - 2Q 2024) *			
MPAI PARTICIPATION INDEX 6-month post discharge	GOAL = 80% of persons served to decrease MPAI score	# Of Persons Surveyed = 36	Percentage of Persons served
Decrease		28	78%
No Change		3	8%
Increase		5	14%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	79%	85%	78%
No Change	16%	12%	8%
Increase	5%	3%	14%

*Note: This table represents both adult and pediatric/adolescent data

QUALITY OF LIFE 12 Months Post Discharge (1Q 2023- 4Q 2023) *			
MPAI PARTICIPATION INDEX 12-month post discharge	GOAL = 85% of persons served to decrease MPAI score	# Of Persons Surveyed = 18	Percentage of Persons Served
Decrease		15	83%
No Change		1	6%
Increase		2	11%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	85%	82%	83%
No Change	13%	12%	6%
Increase	2%	6%	11%

*Note: This table represents both adult and pediatric/adolescent data

INDEPENDENCE 6 Months Post Discharge (3Q 2023 - 2Q 2024)			
Independence Measures SRS 6 Month Post Discharge	GOAL= 70% of persons served to decrease SRS score	# Of Persons Surveyed = 36	Percentage of Persons Served
Decrease		27	76%
No Change		6	16%
Increase		3	8%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	84%	79%	76%
No Change	9%	12%	16%
Increase	7%	9%	8%

*Note: This table represents both adult and pediatric/adolescent data

INDEPENDENCE 12 Months Post Discharge (1 st Q 2023- 1 st Q 2024)			
Independence Measures SRS 12 Month Post Discharge	GOAL = 70% of persons served to decrease SRS score	# Of Persons Surveyed = 18	Percentage of Persons Served
Decrease		15	83%
No Change		3	17%
Increase		0	0%
*Note: A decrease in score is a positive change and indicates improvement			
THREE YEAR TREND	2022	2023	2024
Decrease	74%	76%	83%
No Change	18%	18%	17%
Increase	8%	6%	0%

*Note: This table represents both adult and pediatric/adolescent data

DAY PROGRAM PERSONS SERVED 2024

Summary

NCEP's day program served 258 persons in 2024 (this includes persons admitted in 2023 who were still in the program in 2024). There were 228 admits and 206 discharges. The majority of persons served were between the ages of 41-65. 67% of persons served were diagnosed with an acquired brain injury; a large majority of them experienced a Cerebral Vascular Accident (CVA). 22% of persons served were diagnosed with a Traumatic Brain Injury. The average number of treatment days decreased from 40 to 38, which shows that NCEP has been able to treat persons in a shorter number of days. This allowed for NCEP to provide care to 64 more persons in 2024 than in 2023.

The ethnicity of persons served remained consistent between 2023 and 2024, with a slight increase in Black American persons served. 40% of referrals for the day program in 2024 were from skilled facilities. NCEP observed large increases in the number of referrals from Skilled Nursing Facilities over the last two years, which was also reflected in NCEP's residential outcomes. Previously, NCEP received the majority of referrals from Acute Rehabilitation clinics. 64% of individuals used private insurance as their primary payment source, while 34% were covered by Medicaid Managed Care Organizations (MCOs). NCEP admitted an average of 19 persons per month. Family satisfaction was at 100% and payer satisfaction was at 100%.

ANALYSIS – DAY PERSONS SERVED 2024

Demographic Data

The number of persons served in our day program has increased dramatically over the past year with a 25% increase in persons served. This is due to organic growth of the program, as well as increased referrals and visibility within the community. This can be explained by NCEP's reputation, which is known to be exceptional among other healthcare organizations as well as skilled professionals throughout the valley. NCEP decreased the average number of treatment days per person from 40 in 2023 to 38 in 2024, which showed more efficient therapy. Persons served progressed at an increased rate due to consistency of staff, increased advanced clinical training as well as team cohesiveness and collaboration. This also allowed for more persons to be admitted to the program in 2024. It was significant that goal attainment improved across every discipline, even though NCEP served more persons with shorter stays. These results are indicative of NCEP's high quality of care.

The trends in diagnosis have changed slightly with a moderate uptick in TBIs and a small decrease in ABIs. NCEP has seen an increase in persons served which traumatic brain injuries who have been involved in motor vehicle accidents which mimics the trend in Clark County. The majority of persons served continued to be admitted with an acquired brain injury. We can continue to expect the bulk of persons served in 2025 to have acquired brain injuries.

NCEP has noticed a decreased ratio of females to males over the last 3 years. NCEP has seen a significant increase in the pediatric population and a decrease in the older adult population. The increase in the pediatric population can be accounted for by the outreach that NCEP has done with our insurance case managers, and the relationship building with payer source administrators and physicians who oversee

pediatric populations. Trends have remained consistent throughout the last three years with ethnicity, which also mirror the population demographics within Clark County.

In 2024, the landscape of funding sources upon admission has begun to change. NCEP has seen a 9% decrease in commercial insurance pay sources and 11% increase in Medicaid-MCO pay sources. Persons served who have Nevada Medicaid are still no longer offered comprehensive rehab and continue to be directed towards habilitation programs through state Medicaid in lieu of rehab services, which accounts for the consistent lack of Medicaid numbers. Nevada Medicaid no longer funds comprehensive rehabilitation, therefore, there has been a three-year trend of 0% straight Medicaid persons served in the program. NCEP continues to document this category to advocate for change in Nevada legislature to get these persons served again in the future. NCEP continues to be involved with the BIAA leadership team and in advocating for brain injury as a chronic condition which should be covered under comprehensive services. Referrals from Acute Hospitals and Acute Rehab remain steady. Referrals from Skilled Facilities continue to increase and from Home continue to decrease. This is a result of an increasing trend of persons served going to a skilled nursing facility before admitting to comprehensive outpatient rehab. The previous trend of persons served with brain injuries going directly home from Acute Hospital and Acute Rehab with Home Health services is decreasing in Nevada. This is likely due to Insurance case managers making referrals to skilled facilities before persons served are discharged home to better avoid hospital readmissions.

Outcome Measurements

Discharge Location (Goal = 90% to home or community-based living)

NCEP had a 97.5% return to home or community-based living upon discharge and 2.5% return to acute. This continues to be one of our key performance indicators, and is a hallmark of our program. It should be noted that half of the persons served who returned to acute care returned due to new CVAs.

NCEP served 15 pediatric persons in 2024. 35% of pediatric population were referred from acute hospitals. 24% were referred from Acute Rehab, an additional 24% were referred from home and the remainder of referrals came from Skilled Facilities. In 2024, NCEP saw a decrease from Acute Hospitals and an increase in referrals from Acute Rehab.

Overall Short Term Goal Attainment (Goal = 90%)

Our average goal attainment was 94%, which met and exceeded our 90% benchmark goal. While goal attainment for Nursing remained at 98%, goal attainment in every other discipline increased. The overall pediatric goal attainment was at 90% which was consistent with the trend from 2023. Pediatrics did exceptionally well in Case Management and Nursing goals.

Activity Levels (Goal = 50% of persons served to engage in employment and productive activity at discharge)

For activity level at discharge, we achieved our goal of 50% of persons served to discharge to employment or productive activity and exceeded it by 24%. The percentage of persons served who were involved in productive activity at discharge has increased significantly over the last three years.

Quality of Life Participation Index Gains (Goal = 80% of persons served to decrease MPAI Participation Index)

84% of persons served decreased their MPAI Participation Index from admission to discharge. This has remained remarkably consistent with 2023. We exceeded our goal of 80% of persons served to decrease their score, which also resulted in an increased quality of life. The quality of life total scores nearly mirrored the participation indexes exactly.

Independence Gains (Goal = 75% of persons served to decrease SRS scores)

70% of persons served decreased their SRS score, which demonstrates a decrease in supervision received. NCEP fell short of our goal of 75%, which could be largely due to pediatrics accounting for 6% of our total population, and the SRS instrument not effectively capturing supervision and/or independence gains in this population.

Quality of Life Total Score (Goal = 80% of persons served to decrease MPAI Participation Index)

NCEP met our goal for an overall 80% decrease in MPAI scores. This trend has remained consistent over the last three years.

Trends for Referrals, Admissions, Discharges & Denials

Referral Trends

NCEP received 508 referrals for our day treatment program in 2024. A total of 44% of all day treatment referrals were admitted to the day program. The most common reason of denial into the program was due to lack of funding. This has remained consistent over the last several years.

Discharge Prior to Completion

A total of 52 persons served were discharged prior to completing the program in 2024. The majority of these persons were discharged due to medical acuity. 22% of persons served were discharged for “other” reasons, which can include lack of transportation or lack of contact. The Quality team has agreed to add more specific reasons for discharges prior to completion in 2025.

Satisfaction of persons served (at discharge)

Satisfaction of persons served is measured through the USPEQ. This is a standardized, reliable and valid method of data collection and measurement with customized reports. USPEQ is a third party, and no data collection or analysis is done by NCEP. **See accompanying 2024 USPEQ report.**

Family satisfaction:

Family satisfaction was measured by an NCEP developed tool based on USPEQ Questions. The total average family satisfaction rating for the day program in 2024 was 100%. The overall family satisfaction was also 100%. Family satisfaction data reflects overwhelmingly positive results, with 100% of respondents either strongly agreeing or agreeing with 9 out of 9 satisfaction standards. These exceptional outcomes highlight the program's success in fostering positive experiences for families across multiple domains. Maintaining such high levels of satisfaction demonstrates the strength of NCEP's clinical operations, effective communication, and commitment to family involvement in care.

The program's three-year trend shows consistent satisfaction, with scores of 96% and 100% in 2022 and 2023 respectively. Maintaining a 100% rating over two years reflects the program's ability to provide consistently excellent service. This stability suggests that efforts to meet the needs of families have been effective, and quality assurance processes successfully support continuous improvement. Sustaining such high satisfaction scores year-over-year indicates strong leadership, engaged staff, and a focus on quality of care.

Payer Satisfaction

The payer satisfaction survey is measured by a questionnaire developed by NCEP and provided to payer sources. Overall satisfaction was 100%. The number of payers who "strongly agree" with satisfaction of the program has increased from the previous 2 years. NCEP has continued to form positive relationships with our payers, who report they are satisfied with NCEP for reasonable response time, effective case management and medication management, and improvement of persons served from admit to discharge. This level of satisfaction has remained consistent throughout the years.

Post Discharge Data

Activity Level

6-month post discharge:

Activity level for previous persons served is measured via phone interview six months after the person completed treatment. 30% of persons served were either engaged in paid employment or attending school six months' post discharge. 50% were engaged in productive activity and 12% were retired.

NCEP has improved the percentage of persons served who are involved in productive activity six months after discharge. In 2023, 29% were engaged in productive activity. In 2024, the percentage increased to 50%.

12-month post discharge:

Our one-year post discharge trend demonstrates that 67% of persons served previous were employed or involved in productive activity, which is a notable increase from 2023. In 2025, NCEP will combine "productive activity" and "volunteer" into one category.

Quality of Life (MPAI-4 Participation Index)

6-month post discharge:

78% of persons served improved their scores. This number suggests that after treatment, persons served continued to utilize the skills they learned in therapy in order to improve different areas of their life to increase the quality. 8% of persons served had no change in their quality of life scores after treatment. To continue to improve in this area, we have increased our case management staff to provide additional resources for persons to utilize after discharge.

12-month post discharge:

One year after discharge, 83% of persons served demonstrated a decrease in MPAl participation index scores indicating an improvement in quality of life. 6% had no change. We fell just short of our goal of 85% of persons served to demonstrate a decrease in MPAl score. After discharge, persons served often experience diminished socialization with peers. In response, NCEP has significantly increased attendance in our peer support group with previous and current persons served.

Independence (SRS)**6-month post discharge:**

76% of those surveyed had a decrease in score, 16% had no change, and 8% of persons served had an increase in score. NCEP's significantly increased pediatric population accounted for a large proportion of persons who had no change and increased scores.

12-month post discharge:

One-year post discharge, 83% of those surveyed had a decrease in score and 17% had no change. This was well above our target of 70% of those surveyed to demonstrate a decrease in SRS scores. The trend over the last three years has improved from 74% of persons served decreasing their scores in 2022 to 83% in 2024.

PEDIATRIC AND ADOLESCENT DATA 2024

Summary

NCEP's day program served 15 pediatric persons in 2024. This includes persons admitted in 2023 who were still in the program in 2024. There were 15 admits and 13 discharges. The majority of persons served (53%) were between the ages of 13 and 17 years old. 54% of persons served were also diagnosed with an acquired brain injury, which is a significant decrease from the previous year. 46% of pediatrics were diagnosed with a Traumatic Brain Injury. On average, the pediatric population was in treatment for 33 days, as opposed to 56 days in 2023.

A large bulk (32%) of pediatrics were Spanish, Hispanic or Latino. The location upon referral for 32% of the pediatric population was from an acute hospital. 27% was from home, and 41% was from either acute rehabilitation or skilled facilities. NCEP noticed a shift in referrals coming from acute hospitals and skilled facilities.

Outcome Measurements

Short Term Goal Attainment

Overall, the pediatric population goal attainment was 90%, which exceeded our goal of 85%. Pediatric persons served made exceptional gains in the areas of Nursing and Case Management.

Activity Levels

100% of pediatric persons served were in school upon admission, and 100% remained in school at discharge. Even more importantly, all pediatric persons served received significant educational support while at NCEP and returned to the expected grade level.

Quality of Life Total Score

NCEP met our goal of 80% of persons served to decrease MPAI Total Scores. 92% of the pediatric population decreased their MPAI scores from admission to discharge and 8% increased their score.

Independence (SRS)

62% of all pediatrics decreased their score on the SRS from admission to discharge, and 38% showed no change in score. Because it is impossible for a pediatric person served to become fully independent according to the SRS descriptive categories, the 62% decrease in score may not adequately show changes in supervision levels optimally for the pediatric population. This also affected NCEP's overall Independence score in the total population served.