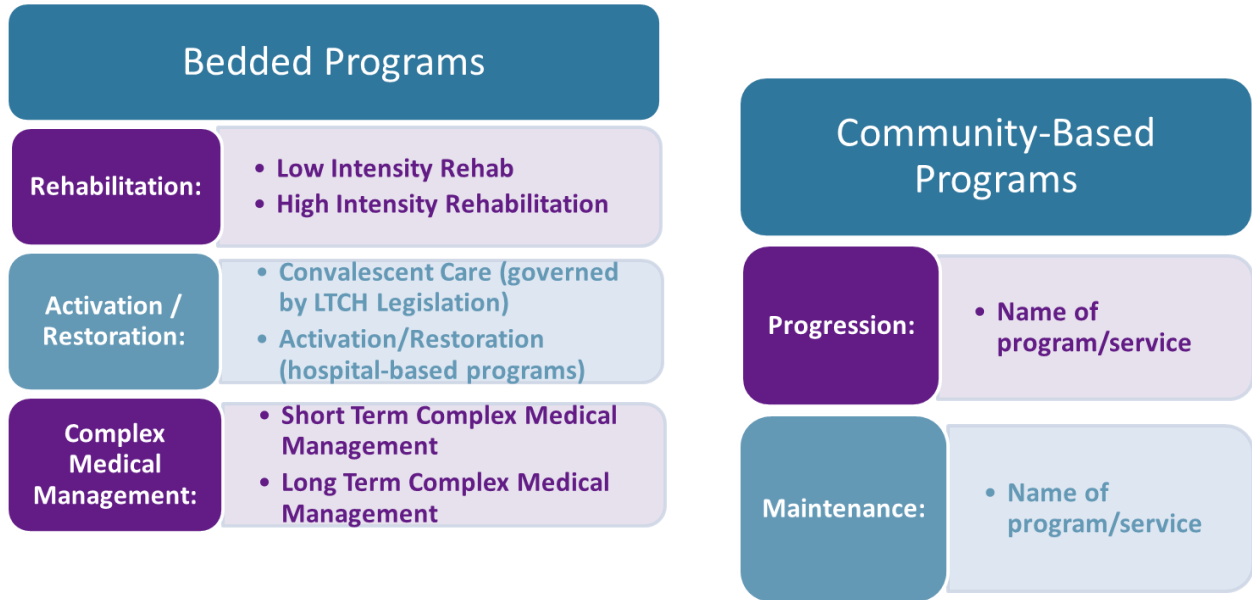




The RCA has developed a standardized naming convention that minimizes variation in descriptors and provides a shared understanding of rehabilitative care.

- ▲ This standardized naming convention will be used for reporting and navigation purposes in future (e.g., Access to Care Wait Time Information System-ALC reporting; in navigation tools such as Rehab Finder; Resource Matching & Referral systems).
- ▲ The naming convention is applied at the front end of existing program names. As such, organizations can continue to use current names with patients/families.



### Steps for Applying the Standardized RCA Naming Convention

#### BEDDED REHABILITATIVE CARE

All bedded programs will be named according to the following steps:

1. Name the level of Rehabilitative Care
2. For the Rehabilitation Level:
  - a. Indicate high or low intensity (as applicable)
  - b. Indicate rehab population (if applicable).
3. For the Activation Level:
  - a. Indicate Convalescent Care or Hospital-based program
4. For the Short Term and Long Term Complex Medical Management levels, only step 1 is required.

EXAMPLE:

Current Name

Renamed:

MSK Rehabilitative Care -----> Rehabilitation: High Intensity – MSK

Restorative Care Program -----> Activation/Restoration: Restorative Care Program

#### COMMUNITY-BASED REHABILITATIVE CARE

Categorize the program under its level of rehabilitative care (i.e., progression, maintenance or both progression and maintenance).

No need to change the descriptive program name.

EXAMPLE:

Current Name

Renamed:

Day Treatment -----> Progression: Day Treatment Program