

Policy and Quality Sub-committee

10-9-19

8am-10am

Attendees: Chris Futey (facilitator); Doreen Salazar; Virginia Lynch; Amira Rasheed; Angelique Tafoya; Richard Weigle; Shadee Brown; Jenny Bartos

Agenda Items:

1. DSP Certification discussion: The ACQ Policy and Quality Sub-Committee will provide assistance researching DSP certifications and alternatives to DSP certifications.

Positives:

- Quality of care could increase
- reduce DSP turnover
- Good background for new DSPs
- Would add a level of professionalism and responsibility
- Could build a support system for DSPs

Needs:

- Expectation increased pay?
- who pays for the time dedicated to the certification or is it independent?
- Overall lack of DSPs in the field
- What certification agencies/universities currently exist?
- DSP work is person centered, how is this incorporated into the program
- Will it really reduce turn-over?
- How does this impact ongoing training afterward because these are professional certifications?
- Would this be an optional certification?
- Would non-certified and certified DSPs lead to two different billing codes for DSPs
- On-line vs in person
- Will need to build money into the rate if training time or financial support needs to occur from the agency

Questions to answer about certification programs when identifying programs and other states that currently use certification programs:

1. On-line vs in person?
2. Amount of time to complete certification?
3. Which states have requirements for this?
4. Are there service specific certifications?
5. Cost of the certifications?
6. Is there a pay differential for certified DSPs?
7. Is there different work expectation for certified DSPs? Example: become a DSP lead?
8. Is this a requirement for all service types?

9. What are the results of having this requirement (positives and negatives)?
10. In other states, who paid for the certification?
11. Does this certification follow the person?
12. Does ENMU already have a certification program?
13. How often does the certification need to be updated or CEU? Two year renewal?

2. IMB data update:

- Backlog is clear
- There was consensus that IMB data by provider and of those a certain number/percentage where staff are directly substantiated on should be used
- It was discussed at P&Q that if there are a high level of staff substantiations at an agency, that is indicative of an issue at the agency.
- There were questions about the ability for IMB to notify agencies if there were issue with staff having multiple substantiations when they are hired at a new agency
- It was discussed if substantiations could be put into levels.

3. Abuse Neglect and Exploitation self-advocate training: Jenny discussed the documents provided.

4. Healthcare Key Performance Indicator Data:

- Can the nurses access general events section of Therap
- They may be going to the incident management section of Therap
- 1 day requirement is too short. (ex. if you have 42 people on your caseload and 10 went to hospital, you can't get this done in one day. This doesn't account for the IDTs that nurses may have going on in that 24 hrs)
- Storage capacity in Therap for scanned in docs are an issue.

Follow up:

1. We will obtain the change of condition list for review.
2. Kathy B will call Therap and ask about space.