

## ACQ Renewal Steering Committee Presentation

### Overview of Therapy and Nursing edits and topics for input

3/102021

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#### **Delivering therapy services:**

Therapy services, including training and monitoring may be delivered in person (face to face), via telehealth (remote), or through a combination of both methods, based on the task to be completed, the condition of the individual and the clinician's assessment of the situation.

Unless there is a public health emergency, the clinician may not rely on providing only remote services during the ISP year.

1. Visits may not occur exclusively in only one setting or using one modality.
2. Therapy services involves training of those who work directly with the individual, **across all settings**, to follow through with recommended activities and strategies.
3. Therapists may use their expertise with a specific modality to deliver therapy services (e.g., pool, horses, dogs, gymnasium, etc) however, that one modality or site may not be exclusive to other sites and delivery of services in all life settings including in the home, day program, or community-based sites.

#### **Discussion Points:**

- Should there be a set limit on telehealth vs in person visits?
  - Every other visit
  - Once a quarter (every third visit in person?)
  - Any pattern for someone serving in remote areas?
    - Eval/Initial in person only
    - Every other
- How do we structure the need for LCAs and Families to support telehealth services?
  - Planning and keeping appointments
  - Other ideas?
- How best to assure services in all sites if someone really likes pool. dogs, horses, gym, etc.

## **Fading of Therapy Services**

1. On an annual basis, therapists are required to consider whether therapy services should be faded.
2. Fading should be considered if:
  - a) life circumstances are stable, there have not been any recent moves or life changes
  - b) WDSIs are being consistently implemented across settings and only require minimal training and monitoring (by therapist or designated trainers)
  - c) therapy services across settings are primarily focused on monitoring, observing, and assessing progress
  - d) Individual is likely to maintain current level with existing DSP supports if the therapist eliminates or decreases frequency of visits.

### **Discussion Points:**

- Other ideas to
  - support fading and
  - maintain the integration of WDSIs into the person's daily life routines and targeted activities
  - how do we know if therapy needs to be resumed?

## **CSB QA/ QI**

Therapy Provider Agencies may be selected for an in person or remote CSB- Therapy Quality Review. The Provider Agency will receive a written report regarding their compliance with Standards. The Agency Director will sign acknowledging receipt of the report and feedback.

### **Discussion Points:**

- Any input from therapy providers?

## 5.5 – ARM /CARMP

- **New ARST must be done each time**
  - Had issues with not being updated and ARST was inaccurate.
  - Ideas for improving the ARST interface in Therap or visual trigger for new ARST?
- **CARMP in Therap**
  - Any other ideas to support getting this fully implemented?
  - Has sped up entire process. Any recommendations for due dates to get CARMP finalized before 60 days?
- **Ch 3 & 5.5 Decision Consultation and Team Justification Process**
  - Considering combining DCP (medical) and justification (non- medical) into one form
  - Should decisions made using the Decision Consultation Process be reviewed at least annually?
- **LCA and RD services**
  - How best to provide RD services to those who need more than the “average of 5 hours”
  - Identify those who need RD time for quarterly follow-up?
    - Tube feedings/CARMP
    - Wt loss/gain “failure to thrive”
    - Diabetes/endocrine or metabolic disorders
    - GI issues GERD, Celiac, constipation,
    - Kidney, Dialysis
    - Medical – cancer, cardiac, liver
    - Eating disorders, rumination
  - RD invitation to IDTs: CM invites RD to the IDT instead of house lead?
- **MRC Recommendations to DDSQI**
  - Ideas to have guardians communicate medical information to teams?

## Chapter 13 – Nursing

- **Requirement for Prescriptions to be available in LCAs : written vs electronic in consultation with Board of Pharmacy.**
- **Requests to clarify all nursing tasks into 13.A ( general section) and shorten the ANS section to minimize confusion**
- **Requests to clean up conflicting directions related to report frequency & content**
- **Clarify Semi -annual/annual reports vs 2 semi annual ( basically the same)**

### **Discussion Point/Need your input on:**

- Nursing Review of med orders /MAR transcription to assure accuracy
- Sort out the due dates before IDT meeting. 10- 45 days before is confusing
- Nursing - staffing seems to vary greatly; turnover and continual concerns about excessive on call
  - Received this recommendation and request input: *A Nurse, should not work more than 16 hours in a 24 hour period including office, visits, meetings or on call.*
  - How do LCAs calculate the # of nursing hours needed to meet the **acuity needs of their individuals**
- **How can we improve Guardians and related Families communicating medical information to the FL Agency?**
- **Is there a need for health passports in related Family Living when family is totally in charge of medical care ?**

### **Questions and Feedback from Committee 3-10-21:**

1) Question from Angelique Tafoya:

I understand the need to keep our ARST/CARMP updated. Again, its my understanding that these forms are very detailed and time consuming to complete. I would like to discuss the possibility of a middle ground that still allows for cutting and pasting. Not every provider has the luxury of having a nurse admin and most already carry a fairly high caseload - can we find a better way to support them when they are the sole responsible party for these documents?

2) Questions from Lisa:

Is there a plan for CSB to meet with therapists to review these items? Response: if therapist would like to meet CSB is amenable to meeting.

Is there a plan to add revision control to the CARMP. I complete my part and then others complete there. It states that I have completed but I don't know if any parts I added were revised. There is no revision control so as a professional when I enter recommendations those recommendations are not locked or tracked as to who wrote what. Response: No one should be crossing lanes. Betsy will review with Kotie.

At the last meeting it was discussed that all reports will be required to be uploaded to Therap. Can you elaborate Response: CSB will have to get back to you on this. Still meeting

3) Question from Diana Frances:

Nursing paperwork changed from 10 days or is it still 14-45 days? Response: Betsy will have to double check. However, if there is a better procedure of when paperwork should be submitted ideas and feedback are welcome. Diana mentioned that it is sometimes difficult to keep track as CM's are often changing ISP meeting dates.

4) Question from Diana Frances:

CARMP- Have some CARMPs from Sept and Oct that are still in prep and needs follow-up. CM uploads CARMP but cannot delete duplicates. Response: Betsy will follow-up with Kotie and recommends a RORA is filed.

5) Question:

Is the RD services listed in document a new list? Is the LCA agency responsible for ensuring the RD attends IDT meetings? LCA responsible for cost? Response: There are 2 ways to access RD services. LCA (FL, SL, IMLS) bundled service and agency pre-paid. Agencies should be adjusting hours based on individual need. Everyone needs 2 hours of annual assessment. If person has CIHS or has no LCA service they can go to budget based RD services. The list is a proposed list and are issues CSB are seeing that need the most dietary services.

6) Question from Diana Frances:

Problem: Nutritional mandate to attend meetings. They have one meeting every 2-3 weeks for one individual and hours for RD are astronomical. How does this balance? Response: Betsy feels it would be helpful for DDS to know these issues. Please provide ideas for options. What are some ideas for resolution?