Overview of the 2016 Director's Release related to Health and Healthcare in the Jackson Remedial Plan

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Presented via webinar

August 12, 2016

Housekeeping

- We appreciate your attendance at this session
- Contact UNM – CDD for any technical assistance
- We encourage people to watch together when possible to save bandwidth
- Use of the Chatbox:
  - Please sign in with your agency and names of those watching at your location
  - Use the Chat box for questions.
    - If questions cannot be answered during the presentation, a Q and A list will be posted
- This webinar is scheduled for 2 hours.

Overview

- This presentation is:
  - Based on the August 11 version of the Director's Release related to Health.
    - This version supersedes the June 14th version and contains clarifications.
    - Additional guidance may be forthcoming.
  - Will be posted on ACT NM as soon as possible after the session.
  - Intended to help providers operationalize the health elements in the Final Order and Director's Release.

Background

- On April 3, 2015, Honorable Judge Parker issued a final order on the Jackson Remedial Plan. New Mexico must demonstrate substantial compliance to ultimately end the court oversight in the Jackson litigation.

- The Plan consists of required activities in 3 focused areas for disengagement: Health, Safety and Supported Employment.

- These requirements are termed *Evaluative Components*, or "ECs."
  - Many ECs are already part of current services, but need to be documented and demonstrated to the Court in order to disengage from court oversight.
  - Some ECs are new or enhanced requirements for Providers.
  - Other ECs reflect work that will be done directly by NMDOH staff.

Background, continued

- There are new health related communication and reporting requirements for agencies who provide services to Jackson Class Members.

- DDSD needs the collaboration of service providers in implementing these requirements so that compliance with Judge Parker's order can be established.

- DDSD and DDW providers need to demonstrate compliance with the federal court order to achieve disengagement from *Jackson vs. Los Lunas et al.* lawsuit.

Background, continued

- The Director's Release:
  - establishes new health *Standards* for JCMs.
  - brings the Jackson Class Members (JCMs) into compliance with many Health sections in the 2015 standards
  - some elements may exceed 2015 Standards.
  - applies only to JCMs
- The JCMs are not fully transitioned into the 2015 Standards at this time
- All DDW Agencies are advised to review and update their internal policies and procedures in order to be in immediate compliance with these requirements as of ***August 15, 2016***.

Slide formatting notes:

- Objectives are numbered and titled. Ex: “H.1.2”
- *Italics* indicate text from the court order; **Bold** font shows the new corrected and/or clarified text, and ***italicized bold*** font contains explanations for the changes.
- “Specific Required Actions” are <u>new, required</u> actions from the court order and are in normal font.
- Some slides have added notes, reminders and supporting information attached as resources or references.

New Requirements:

The following are new health-related communication and reporting requirements that will be monitored by the DDSD to ensure compliance with the court order.

Accurate Health Records. (H.1.3)
Objective: Teams use accurate health records for Jackson Class Members.

Specific Required Actions:

- Nurses must monitor the accuracy of each JCM's health record, including the JCM's current healthcare plans, CARMPs and MERPs. Healthcare plans, DSP notes and other health records (e.g., weights, blood pressures) should be dated and reviewed at each required nursing visit and appropriate actions taken accordingly.
- To assure that all individuals' ISPs reflect their current health needs, the eCHAT must be completed no more than 45 days before the IDT meeting is held to develop the ISP.
- Individual-specific information on pain management may be included in the individual's HCP or MERP unless a specific plan is required by the eCHAT.

Health Record Reminders - 1

HCP/CARMP and MERP

- updated annually
  - Recommend creating new dates at the time of the annual assessment

- Be sure that plans are revised as needed to accurately reflect the needs of the individual, especially with change of condition.

Health Record Reminders- 2

- Complete the new initial sections at beginning of eCHAT
  - Note the IDT meeting date, annual ISP dates and the reason for the assessment

- Review the diagnoses and medication lists. Make updates as needed. Be accurate.

- Consider the diagnoses and medications when completing the sections of the eCHAT.
- ***Don't***: skip any questions or sections.
- ***Don't:*** Add narrative notes to the comment sections
- Goal - > Accurate and timely assessment -> accurate planning

Health Record Reminders- 3

- eCHAT must be completed within 3 business days
  - Upon admission to your agency
  - After discharge from the hospital
  - When significant change of condition occurs
    - Significant Change definition in Standards and the Directors Release
  - Annually, no more than 45 days before the IDT meeting is held to develop the ISP.

Comprehensive Health Assessment

Individual Name: Lizard, Reptar
Form ID: CHAT-DEMONM-EAB4PDXZBWD5K
Status: In Prep
Entered By: Iris Clevenger, Administrator on 08/09/2016 03:48 PM

Reason for Assessment

Annual Assessment/ISP

ISP Meeting Date:

Click arrow to see other dropdowns

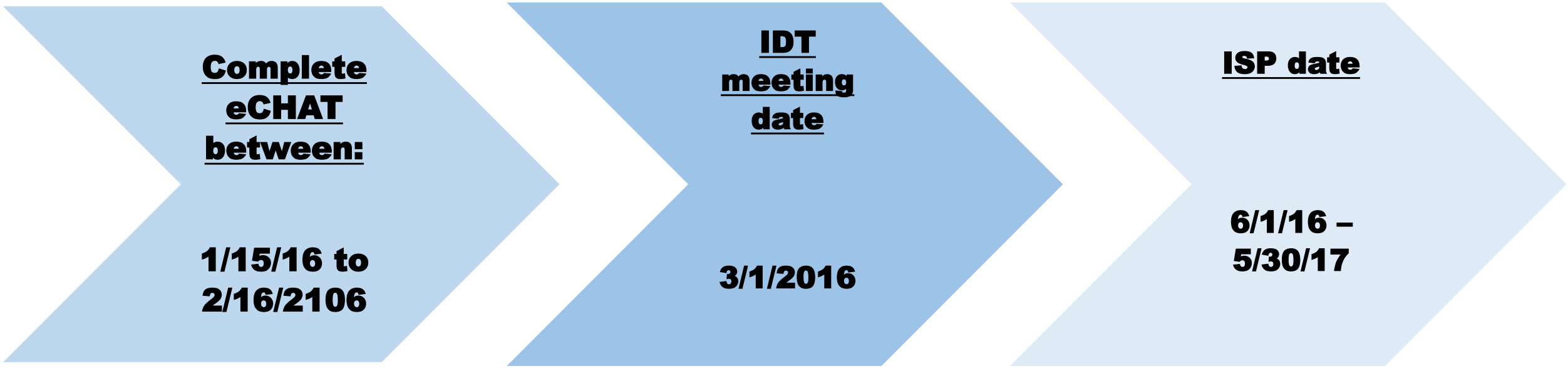
Guidance: Always complete the MAAT and ARST before the eCHAT. The MAAT is completed annually, upon transfer to a new agency and with significant condition change or medication change or that may impact the delivery of the medication. The ARST should be completed for all levels of risk annually, for change of condition or hospital discharge if this event has prompted a change in aspiration status (low to moderate or high). When select "Hospital Discharge" or "Pneumonia" Complete MAAT first if medication changes.

ISP Effective date

From: To:

Date of Assessment

Timing completion of the eCHAT



Complete the annual eCHAT at least 14 days and no more than 45 days before the IDT meeting is held to develop the ISP.

eCHAT Calculator

- CSB created an excel eCHAT calculator that will be posted on ACT NM
- Enter ISP meeting date and it will show the date range per the standards.
- You may use this for your caseload
- Alternate method:
  - Note date of the IDT meeting to develop ISP on calendar,
  - count back 6 weeks plus 3 days to get the earliest date to revise the eCHAT
  - Count back 2 weeks to get the latest date to update the eCHAT

Assuring a trained and competent workforce. H.4.1

- *Evaluative Component: Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory competency based training program.*

- **Specific Required Actions:**
    - All persons who are required to receive training must:
        - Satisfactorily complete all required trainings in a manner that meets criteria established by DDSD
        - Complete all new and additional required trainings within the timeframes defined by DDSD.

Training Reminders - 1

- All Staff must complete their discipline or role specific trainings as required in the DDW Standards
- All agencies need to review staff training reports from CDD and assure that staff have completed trainings in a timely manner.
- Added oversight of compliance for nursing; OT, PT, SLP and BSC
- Additional elements may be added to some trainings to enhance knowledge
  - ex: recognizing signs of illness and taking prompt action to seek medical care.

Training Reminders- 2

- An Alert regarding Subtle/Atypical Signs was issued in January 2016 and was reissued in August of 2016.

- These Alerts may be used as a reference during discussions; when developing plans or providing Individuals Specific Training

Monitoring and assuring that JCM's health needs are met: H.1.2

- *Objective*: *Nurses routinely monitor Jackson Class Members' individual health needs through:*
  - *(1) oversight,*
  - *(2) communication with DSP (Direct Support Professionals), and*
  - *(3) corrective actions in order to implement the Jackson Class Members' health plans,*

to ensure that the Jackson Class Members' health needs are being met, and to timely respond to changes in Jackson Class Members' health status.

Monitoring and assuring that JCM's health needs are met – Specific Actions 1

- **Direct Support Professionals (DSPs) and their supervisors must receive training by nurses in order to competently and correctly implement each JCM's healthcare plan.** (EC H1.2B)

- *Note: This action has been rewritten to restate Evaluative Component H1.2b, and reflects that the nurse is responsible for the training of DSP staff to assure that the direct care staff competently and correctly implement each JCM's healthcare plan. (This specifically refers to HCPs and MERPs, but also includes nursing aspects of CARMPs, etc.)*

Monitoring and assuring that JCM's health needs are met – Specific Actions 2

- **At minimum**, nurses must visit each JCM in accordance with JCM acuity requirements. These are based on assessment of the eCHAT Acuity level and the Aspiration Risk level. The required frequencies are:
  - *Semi Annual*: Low eCHAT Acuity AND Low Aspiration risk
  - *Quarterly*: Moderate eCHAT Acuity OR Moderate Aspiration risk
  - *Monthly*: High eCHAT Acuity OR High Aspiration risk

- ***Note: this wording change is to clarify that the number of nursing visits based on the JCM's acuity requirements represents the <u>minimum</u> number of visits. Additional visits may be needed based on prudent nursing practice, changes in the individual's condition and other factors.***

Monitoring and assuring that JCM's health needs are met – Specific Actions 3

- Nurses must meet with DSPs as needed to assure that DSPs are implementing health care plans and health monitoring in accordance with health care plans, the nurse's assessment of the JCM and changes in the JCM's health status.

Monitoring and assuring that JCM's health needs are met – Specific Actions 4

- **If there is a change in the JCM's health status, providers must ensure that the JCM's healthcare plans are updated and revised in order to ensure that the individual's new and continuing health needs are met. (Note: 2015 Standards require that the individual's eCHAT must be updated within three (3) days and relevant healthcare plans must be updated within five (5) business days of admission, readmission or change of medical condition.)**

Note: this section has been re-written to emphasize that the primary goal is to ensure that the individual's new and continuing health needs are being met whenever a change in health status occurs. Updated plans may be needed in a shorter time frame than the* Standards *require in order to accomplish this goal.

Determining frequency of nursing visits for JCMs

		eCHAT Acuity		
		Low	Moderate	High
Aspiration Risk	Low	Semi-annual	Quarterly	Monthly
	Moderate	Quarterly	Quarterly	Monthly
	High	Monthly	Monthly	Monthly

Notes on nursing visits and actions

- Use the grid to determine minimum frequency of visits
- Has there been a significant change in health status or condition?
- Make visits in the home and community
- See the individual
- Talk to DSP
- Teach and document to competency
- Document your actions, update eCHAT assessments & plans as needed

Situational Increased Nursing Services. H.3.1

Objective: Jackson Class Members receive increased intensity of services during acute episodes of illness. Providers must ensure that, whenever an individual has an acute illness or a significant health episode, that the individual's nurse take prompt and appropriate steps to monitor, assess and oversee the individual's care. This includes nursing assessments and oversight.

Specific Required Actions:

Assurance of nursing assessment and follow-up

- If an acute condition or other significant change of condition occurs, providers must ensure that the individual is promptly assessed in accordance with prudent nursing practice **and receives appropriate services based on that assessment**.

Note: this addition is to clarify that both assessment and services are needed when a significant change in condition occurs.

Specific Required Actions-2

- This assessment can be done by either:
  - Assuring that the nurse promptly conducts a face-to-face assessment.

  (This visit must include a nursing assessment, monitoring and management of the JCM's acute illness or episode)

  or by

- Assuring that the nurse directs, and the JCM receives, care from either:
  - A physician or other prescribing healthcare practitioner,
  - Urgent care services or emergency department services, **or**
  - **Hospital services**

Specific Required Actions - 3

- **The nurse must ensure that physician, other healthcare provider and/or discharge orders are implemented within twenty-four (24) hours and reflected via revision of the Healthcare Plan(s), PRN Psychotropic Medication Plan(s) and/or MERPs if needed, within five (5) business days following discharge. For urgent issues, Interim Healthcare Plans shall be put in place by the next business day while updating or creating Healthcare Plans, PRN Psychotropic Medication Plans and/or MERPs to reflect discharge orders.**

Specific Required Actions -4

- These actions, as all nursing assessments and other actions, should be documented in the individual's health records.

  - ***Note: Again, the important objective is to ensure that the individual's new and ongoing health needs are met. The timeframe for the actions and plan should be driven by the individual's health needs in conjunction with prudent nursing practice, and may be needed within a shorter timeframe.***

Specific Required Actions – 5

- Failures in compliance with DOH requirements regarding a JCM's significant health status change **that meet DHI reporting requirements for suspected abuse, neglect or exploitation** must be reported to IMB.

  - ***Note: this correction is to indicate that only those compliance failures that meet current IMB reporting requirements must be reported. Actions which do not meet* DDW Standards *but do not meet IMB reporting requirements should be corrected and appropriate actions taken.***

Definition: Significant Change in Condition

- The individual has experienced one or more of the following:
- a decline or improvement in physical, cognitive or functional ability;
- a new diagnosis or event that requires
  - a change in medication or treatment or
  - requires creation or revision to a health care plan, therapy, PBSP, Behavioral Crisis Intervention Plan, or MERP; or
- a change in medication or the medication route that would permanently alter the level of assistance with medication delivery.

Acuity Driven Nurse Monitoring and evidence of communication with DSP H.1.2.d

Evaluative Component: Nurses must meet with DSPs as needed based upon the JCM's eCHAT acuity level and any significant change in health status to monitor the individual.

Specific Required Actions – 1

- *Assurance:* Whenever there is a change in an individual's health status, whether by worsening of the individual's existing condition(s) or by a new condition, providers need to assure that effective communication occurs between the nurse and the individual's DSPs in order to:
    - assure that all orders and recommendations are documented
    - assure that all orders and recommendations are implemented, and
    - assure that appropriate monitoring and follow-up take place.

Notes on Acuity Driven Nurse Monitoring

- ***Use*** JCM Acuity Visit Grid to determine ***minimum*** frequency for visits
- ***Visit*** as often as needed
- ***DOCUMENT***

Recognizing and monitoring an individual's subtle signs of pain or illness H.3.2

- *Evaluative Component: Each JCM's healthcare plans and MERPs must contain individual-specific information on how provider agency staff can identify subtle signs of change or acute symptoms*

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Subtle Signs: Specific Required Actions:

1. *Training:* Providers must ensure that individual-specific training for DSPs and DSP supervisors include training so that:
   - the DSP and supervisor are competent to identify the JCM's subtle and/or individualized signs of pain or illness in a timely manner, and
   - the DSP or his/her supervisor is able to document, communicate and report these signs to the individual's nurse

Notes for subtle signs of pain or illness

- IDT/DSP often know unique signs of pain or illness and this should be included in planning.
- Include in HCP/CARMP and MERP
  - Individual Specific Trainings
- Document when this occurs
  - Note in eCHAT as appropriate
- Not sure what is going on with someone? Think of illness/injury!
- Two alerts have been issued to the field and added resources will be made available
- Current required trainings may be edited or new trainings on this issue may be added

Assuring communication and collaboration with healthcare providers and out-of-home providers H.1.6 and H.3.4

- *Evaluative Component: A JCM's provider must ensure a JCM's current healthcare information is provided to treating and evaluating healthcare professionals and the case manager must verify that through review of the Physician Consultation Form.*

Communication and Collaboration
Specific Required Actions - 1

1- Provider's policies, procedures and practices need to assure:

a) that the individual's Health Passport is current,
b) that staff deliver the documents to the healthcare practitioner, and
c) that internal review and documentation is maintained as explained below.

2-. The following documents should be stapled together and must accompany the individual whenever he or she is seen by a healthcare practitioner

a) Health Passport
b) Physician Consultation Form
c) Advance Healthcare Directives (If applicable)

Communication and Collaboration
Specific Required Actions - 2

3. The documents should be physically delivered either to the nurse or to the treating healthcare professional.
4. Providers must document that these forms were delivered to the treating healthcare professional by one of the following means:
    a) Document delivery using the ***Appointments Results*** section in *Therap Health Tracking Appointments*.
    b) Scan the signed *Physician Consultation Form* into Therap after the individual returns from the healthcare visit.
5. The *Physician Consultation Form* has been modified to include a place for the healthcare practitioners to affirm that they received the *Health Passport*.
    a) The agency nurse must review this form and implement any orders and recommendations contained therein.
    b) Case Managers must review this as part of their monthly visit to JCMs

Health Passport

*2) Evaluative Component: The out-of-home provider must receive a JCM's **Health Passport** from the residential provider, along with information concerning the JCM's **mobility, comfort, safety, and sensory** items within 24 hours of the JCM's placement with an out-of home provider.*

Health Passport
Specific Required Actions - 1

1) Providers must ensure that information on mobility, comfort, safety, and sensory items and/or any durable medical equipment is current in the Individual Data Form, the eCHAT, and medication history.
2) The provider must document that this information and the *Health Passport* were received by the out-of-home provider.
   a) Delivery and receipt of this information should be documented in the ***Event Detail*** section of the *Therap Out of Home Placement General Event Report* (GER).
   b) The DDW agency staff person who approves the GER must assure that this information has been entered into the GER ***Event Detail*** section.

Offer Adaptive Supports

3) *Evaluative Component: The necessary **adaptive supports*** already used *by a JCM must be **offered** to the out-of-home provider within 24 hours of the JCM's placement with an out-of-home provider.*

Offer Adaptive Supports – Specific Required Actions

1. Information on assistive technology devices and other adaptive supports that the individual uses must be current in the Individual Data Form and eCHAT.
2. The provider must document that the information was received by the out-of-home provider and that the supports have been offered to the out-of-home provider.
3. Delivery and receipt of this information should be documented in the ***Event Detail*** section of the Therap Out of Home Placement General Event Report (GER).
4. The DDW Agency staff person who approves the GER must assure that this information has been entered into the GER ***Event Detail*** section.

New healthcare and adaptive supports

4) ***Evaluative Component*****:** *The JCM's ECHAT and other healthcare records must be promptly updated by appropriate healthcare providers to indicate healthcare and adaptive supports that the JCM <u>received from</u> the out-of-home provider in order to ensure a safe and smooth transition back to the JCM's home.*

New healthcare and adaptive supports

Specific Required Actions:

1. When the Jackson Class Member returns from an out-of-home placement, the following must occur:
   a) The eCHAT must be updated per existing *2015 DDW Service Standards*
   b) If the individual received new healthcare or adaptive supports, then the health records must also be updated:
      i. *Individual Data Form* (IDF) in Therap: update the *Medical Information Section Adaptive Equipment* portion.
      ii. eCHAT: update appropriate sections.

Notes

- Review and revise policies, procedures and daily processes as needed

- Update Therap after discharge/deaths

Planning a smooth transition from an out-of-home setting back to the JCM's home. H3.5

Objective: When a JCM is receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to the JCM's home as soon as medically feasible.

Smooth OOH Transition – **Specific Required Actions - 1**

1) Providers must assure that the JCM's case manager(s), Agency Nurse(s) and, as appropriate, DDSD Regional Office staff will coordinate with appropriate staff at the hospital or other out-of-home setting to plan for a JCM's safe and smooth discharge.

2) Providers must assure that nurses and other appropriate healthcare providers update the JCM's e-CHAT and other health records in accordance with the 2015 *Standards*.

Smooth OOH Transition – **Specific Required Actions - 2**

3) Healthcare recommendations and adaptive supports that the JCM received from the out-of-home provider should be implemented in order to ensure a safe and smooth transition back to the JCM's home
   a) If the individual received new healthcare recommendations or adaptive supports, then the health records must also be updated:
      i. *Individual Data Form* (IDF) in Therap: update the *Medical Information Section Adaptive Equipment* portion.
      ii. eCHAT: update appropriate sections.

Assuring that health care recommendations are reviewed and are either implemented in a timely manner or are documented to have been declined 1.7

Objective: The team assures recommendations from healthcare professionals are reviewed with the individual and guardian in a manner that supports informed decision making and [are] either implemented, or documented in a Decision Consultation Form if recommendation is declined.

Implementing or declining health care recommendations
Specific Required Actions - 1

1. A JCM's IDT must ensure that a healthcare professional's recommendations and assessments:
   a) are ***promptly communicated*** to the nurse, guardian, DSP, and entire healthcare team, as needed, and
   b) are ***implemented***,
      a) unless the individual or their healthcare decision maker has declined the healthcare professional's recommendations by completing a Decision Consultation Form.

Implementing or declining health care recommendations

Specific Required Actions - 2

2) The JCM's nurse must assure that the JCM's healthcare records accurately identify and reflect all recommendations and assessments of the JCM's treating and evaluating healthcare professionals.
    a) Records should be reviewed and updated whenever new orders or recommendations are made by a healthcare professional.
    b) All healthcare recommendations must be implemented within the timeframe prescribed by the treating professional, unless the recommendation has been declined by the individual or his/her healthcare decision maker.
    c) If a healthcare professional's recommendation has been declined by the individual or his/her health decision maker, this must be documented by the JCM's case manager using the *DDSD Decision Consultation Form*, as appropriate, for use by the JCM's healthcare professionals.
        a) The signed *Decision Consultation Form* must be kept in the JCM's healthcare records.

Notes on Decision Consultation

- Team process to support informed decision making
- http://actnewmexico.org/case-managers.html
- Decision Consultation and Team Justification Process, Forms and memo from March 15, 2015
  - Decision Consultation for health related issues
  - Team Justification for non health realted issues

Pain management H 3.3

a) *Evaluative Component*: *The DDW agency nurse must implement effective pain management strategies for addressing a JCM's chronic and acute pain. The Nurse will note evidence of implementation of pain management strategies from HCPs in regular visit documentation.*

b) *Evaluative Component*: *The pertinent agency must communicate these effective pain management strategies to the JCM's treating healthcare professionals.*

[Note: The intention is that the effectiveness of the pain management strategies is evaluated and communicated to the healthcare provider so that any necessary adjustments can be made. This is especially important when pain management strategies are ***not*** effective so that changes can be made promptly.]

Pain management H 3.3

c) *Evaluative Component*: *The DDW Agency Nurse will evaluate the effectiveness of pain management strategies and record the effectiveness in nursing notes or on the Medication Administration Record.*

[Note: Pain management strategies include orders from health care Practitioners as well as non-prescription, but planned, measures that promote comfort such as positioning, ice or massage.]

Pain management
Specific Required Actions -1

1. Pain management strategies prescribed or recommended by a healthcare practitioner must be implemented and their effectiveness monitored.
2. **Individual-specific information on pain management may be included in the individual's HCP or MERP unless a specific plan is required by the eCHAT.**

   Note: this section duplicates language in Section A of the June 13 Director's Release but is also relevant here.
3. The MAR should indicate the individual's response to as-needed (*p.r.n*.) interventions whenever utilized.
4. DSP notes and Nurses notes may also be used to indicate the individual's response to both standing and as-needed (*p.r.n*.) interventions whenever appropriate.

Pain management
Specific Required Actions- 2

5) The Nursing quarterly report must reflect the individual's overall health status and progress to care planned goals including acute or chronic pain management strategies.
6) The nurse should communicate to the treating health care professional whenever interventions are not effective.
    a) The nurse should document this communication in a nursing note.
    b) Both the presence of pain and the response to pain management interventions should be recorded in the eCHAT, DSP notes and nursing notes.
7) Any new orders and/or revision of plans must be implemented promptly and in accordance with the new orders.
8) If needed, the JCM's healthcare record and medication records must be promptly updated.

Advanced care planning and palliative care 4.2

Evaluative Component: *The DOH must identify, and must document on an annual basis in the pertinent healthcare records, those JCMs who want advanced care planning, including palliative care, and those JCMs who decline advanced care planning.*

Advanced care planning and palliative care
Specific Required Actions

1. The questions about whether the JCM or guardian wants information about advanced directives can be found in the last few pages of the ISP.
2. If the JCM or the individual's guardian chooses advance care planning, the Case Manager should inform the individual or the individual's guardian that assistance is available from *UNM Continuum of Care*.
3. Discussions and follow-up about advance care planning and referrals to *UNM Continuum of Care* should be documented in the IDT meeting minutes. This documentation needs to include:
   a) Whether the discussion regarding advanced care planning/palliative care occurred; and
   b) Whether the JCM/guardian wanted advanced care planning, including palliative care.

How will compliance with be measured?

- Health Field Survey Tool
  - Pilot implemented and 15 reviews completed to date
  - Will eventually review all JCM records
  - Documents and provides non-punitive opportunities for improving quality of care
- General Events Report Data
- Therap data
  - Timeliness of eCHAT completion before ISP meeting date

What's Next?

- The Power Point be posted on ACT NM as soon as possible.
- Expect guidance on eCHAT acuity adjustment by October
- Developing "Clinical Community" – first call is August 24 at 10 am
  - 1-712-432-0111 Passcode is 311072#
- Communicate questions to RO staff or CSB
- Additional meetings on Health Care Coordination
- Anticipate JCM reviews at agencies using the Health Field Survey Tool

Questions?

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