



DDSD-Clinical Services Bureau Therapy Updates

DECEMBER 2008

VOLUME 1, NUMBER 1

DD Waiver Therapy Services Standards – Changes Update

The Therapy Services Standards have been updated and the revised standards should go into effect in the next few months. The updated standards and the date they will go into effect will be posted on the DDSD website (see Contacts below). In the meantime, here is a brief summary of some of the revisions that will most effect therapists:

- Therapy Support Plans are now called Therapy Training Plans. This is to prevent confusion over other plans that are also called “Support Plans” in the ISP.
- The “suggested contents” of many written therapy documents are now required. Many therapists have already been including the suggested contents in therapy documents. IE: Previously, including what “training has occurred since the last report” was part of the “suggested content” of the Annual Progress Report. The revised standards will say that the Annual Progress Report “shall contain” a training update.
- The Annual Therapy Report will need to state the location(s) that AT Items in the AT Summary should be available to the individual.
- The Therapy Intervention Plan will only need to be distributed to the case manager (not the whole team).
- Your Therapy Contact Notes will need to include the location of each contact (IE: home, day program, community site, etc).The Bi-Annual Report should include “how therapy goals are related to and support the ISP vision/desired outcomes/action plans.” This was moved from the Annual Progress Report to the Bi-Annual Progress Report.

Many therapists are doing a great job integrating the DD Waiver Therapy Standards into documentation and practice. We’ve heard from some therapists that the “paperwork burden” feels much less now that we have gone through at least a year under the “new” standards. Thanks so much for your input on the Standards. Don’t hesitate to contact the CSB or your therapy consultants (see contacts below) for more information.

Remember: Your Therapy Intervention Plan should outline what Therapy Training Plans have been developed, will be developed, or will be modified.

Don’t forget to include a list of AT items that you monitor in your Therapy Progress Report! You should also include where the item should be available (IE: home, day site, work?)

OT/OTA Guidelines Now Available



Guidelines for the utilization of Occupational Therapy Assistants under the DD Waiver are now available! The guidelines are meant as an adjunct to the NM OT Practice Act and the DD Waiver Standards. They help clarify questions we have received such as: What documentation can the OTA complete? How many hours should the OT have vs. the OTA? Can both the OT and the OTA bill for attending meetings? How many consultation hours with the OTA can the OT bill for? Curious? Download the Guidelines from the CSB Website (see Contacts below). Questions? Contact Julie Mehrl. MOTR/L at Julie.Mehrl@state.nm.us

Site-Based Age
Appropriate
Substitutions
might include:

"Jenga"; Connect Four; soft balls and Frisbees; "Tangle"; pillows; various items from places like www.enablingdevice.com such as Uno Spin, roll-up piano, game spinners; adapted art materials like large handles for stamps, using switch activated pouring cup for sand art, creating sculpture trees from colored PVC pipe; recycling centers at home and day site; white board activities; sports, exercise and movement activities; accessible environmental control ;cooking adaptations; animal/plant care; community and volunteer activity planning, etc, etc, etc.....

Age Appropriate Activities

We would like to ask your help in making sure that activities in homes and day activity sites are age-appropriate to the individual. Monitors have noticed that some sites are still using materials like blocks, coloring book pages with subjects for children, children's toys, children's TV shows, children's decorations, etc. that do not respect the age of the individual using the materials. This practice can be stigmatizing, promotes viewing adults as children, and can affect self-esteem, individual rights, as well as life opportunities. Although therapists can't be responsible for developing overall day site programming, therapists can help suggest appropriate materials and activities for individuals they serve. You can also help promote the practice of using age-appropriate activities and materials by explaining to support personnel why this is important to the individuals we work with. Thanks for your help!

AT Lists



Community Practice Review monitors and other monitors look to see that individuals have recommended Assistive Technology (AT) available in all locations that it needs to be used and that the AT is working and being used. These monitors will be looking in your Progress Reports for your list of AT that you monitor. The Annual Progress report should contain your "AT List" and the Bi-Annual Progress Report should contain any updates to that list. Remember to begin including the location that the AT should be available at. NM has come a long way towards providing appropriate AT for individuals with DD! Let's all make an effort to include those AT Lists in the Progress Reports and to continue to support individuals, staff and families regarding how it is used and maintained.

Aspiration Updates

- The Clinical Services Bureau (CSB) has been busy revising the Aspiration Policies and Procedures. There is a growing emphasis on doing whatever we can to help prevent aspiration and aspiration related illnesses as this is so prevalent in the population that we serve. Please see the end of this newsletter for the "Clinical Takes" section that focuses this issue on Aspiration and Dysphagia in the DD population.
- Thanks so much for your feedback on the first version of the revised Aspiration Policies and Procedures. We will be asking for your feedback again sometime in the near future. Please go to the "Initiatives" Tab at the Clinical Services Bureau Web Site to check if a new draft is posted for comments (See Contacts below). Your comments are greatly appreciated!
- The Clinical Services Bureau will be offering mandatory training on the new Aspiration Policies and Procedures beginning in the Spring of 2009. Look for training notices by e-mail and on the CSB Website.
- What are some of the new areas of emphasis for Aspiration Prevention?
 - Emphasis on an Interdisciplinary approach to the problem.
 - Forming an Aspiration Risk Management Sub-Committee (ARMS) as a sub-group of the ISP when needed.
 - Looking at 24 hour aspiration prevention needs in areas such as positioning, oral hygiene, behavioral issues as appropriate.
 - Providing better guidance to teams on what to do when the guardian or individual chooses not to follow recommendations, regarding end of life issues, etc.
 - Better training and coordination of teams.
 - More effective monitoring and planning activities.

**DDSD
Clinical Services
Bureau**
5301 Central Ave NE
Suite 1700
Albuquerque, NM
87108
Phone: 841.2948
Fax: 841-2987

We're on the Web!
[www.nmhealth.org/
ddsd](http://www.nmhealth.org/ddsd)

*Use Clinical Services
Bureau Link from
this page.*

**Aspiration
Pneumonia has
been the leading
or second most
common cause
of death for
persons with DD
in NM since
1998.**

**This Issue's
"Clinical Takes"
information is
reprinted from:**

American Speech-
Language-Hearing
Association. (2001).
*Roles of Speech-
Language
Pathologists in
Swallowing and
Feeding Disorders:
Technical Report*
[Technical Report].
Available from
www.asha.org/policy.

Clinical Exceptions News

Please use the new Clinical Exception Request Form attached to this e-mail from this point forward. The new form has been developed to make it easier to submit for Clinical Exception Units when the therapist is working with an individual who is on the Statewide Aspiration Risk List (SARL) and the therapist's Intervention Plan includes activities that address the individual's aspiration risk. You will no longer have to submit a justification or a Therapy Progress Report for these individual's!

The Clinical Exception Process has been going "exceptionally" well! We have really enjoyed seeing some the effective and creative therapy intervention approaches happening all around the state. Please remember that you can submit Clinical Exceptions at any time throughout the ISP budget year. You should submit Clinical Exceptions at least 8 weeks before you anticipate using the Clinical Exception hours.

Unique AT Solutions

The CSB Website has a newer addition called "Unique AT Solutions". This area was created to provide therapists and teams a means of sharing creative AT Solutions used by individuals with DD in NM. This site provides a way for you to see what other therapists and team members are doing in AT around the state. We also hope that you will take the time to submit unique AT Solutions that you have developed! We plan to present AT Solutions Awards to individuals and agencies who submit the most useful and creative AT Solutions. So take a picture of your solution with your camera or cell phone. Explore unique AT solutions submitted by others on the CSB Website. Above all, spread the word, win that award, and submit your solutions today! It's fast and easy to do. Get the submission form and all the info.at the website.



Clinical Takes – Developmental Disabilities and Dysphagia

Developmental disability (DD) refers to a cluster of lifelong, handicapping conditions with congenital or pediatric onset that are of sufficient severity to warrant extraordinary medical, therapeutic, and/or residential supports. The disability may include cognitive, psychiatric, neurological, gastrointestinal, cardiorespiratory, orthopedic, sensory (e.g., visual and otological) and maxillofacial disorders ([Rubin & Crocker, 1989](#)). Etiologies are varied and may result from genetic abnormalities, traumatic events, and disease.

The prevalence of dysphagia and feeding disorders is higher in developmental disability than in the normal population and varies widely by etiology, by the severity and multiplicity of involvements and by the age of the population ([Rogers et al., 1994](#); [Sheppard, Liou, Hochman, Laroia, & Langlois, 1988](#)). Individuals with DD are unique among those with dysphagia and feeding disorders in that their developmental, pediatric disorders are often retained into adulthood. These persisting problems may be complicated by adult-onset disorders that degrade swallowing, by the deleterious effects of aging on the physiological capabilities for feeding and swallowing, and by the side effects of the long-term and complex medical regimens that may be required to treat coincidental disorders.

**Clinical
Services
Bureau
Therapy
Consultants-
Contact
Information**

**Lourie Smith
Pohl, Ed.S, CCC-
SLP
Ph.
505.841.5254
Lourie.Pohl@state.nm.us
Contact Lourie
for: Technical
Assistance, AAC
Loan Bank, AAC
Evaluations.**

**Fran Dorman,
PT, MHS
Ph.
505.841.5224
Fran.Dorman@state.nm.us
Contact Fran for:
Technical
Assistance,
Seating and
Positioning
information.**

**Julie Mehrl, MOT,
OTR/L
Ph.
505.841.5341
Julie.Mehrl@state.nm.us
Contact Julie for:
Technical
Assistance, Env.
Access Loan
Bank, Env.
Access
Evaluations**

The progressive nature of oral-pharyngeal dysphagia in this population was demonstrated in retrospective data obtained from 75 individuals with developmental disabilities over a 15-year period (Sheppard, 1998). In this study, the proportion of individuals with evidence of oral pharyngeal dysphagia increased from 35% to 100% at the beginning and end of the study, respectively.

The dysphagia and feeding disorders that are seen in adults with developmental disability include poorly developed and absent feeding and oral preparation skills and competencies, physiological and anatomical impairments that degrade oral-pharyngeal and esophageal bolus motility, and disruptive or maladaptive mealtime behaviors. Nutrition, hydration, saliva management, ingestion of medications, and management of the oral hygiene bolus may be involved. Upper airway obstruction (choking), aspiration, malnutrition, and dehydration may result from the disorder (Rogers et al., 1994, Sheppard et al., 1988). Significant interactions have been noted between disordered feeding skills and survival in children and adults with severe DD (Eyman, Grossman, Tarjan, & Miller, 1987; Eyman, Grossman, Chaney & Call, 1990). Intervention may be warranted intermittently throughout life, as changes in the disorder occur.

Rubin, I. L., & Crocker, A. C. (Eds.). (1989). *Developmental disabilities, delivery of medical care for children and adults*. Philadelphia: Lea & Febiger.

Rogers, B., Stratton, P., Msall, M., Andres, M., Champlain, M. K., Koerner, P., & Piazza, J. (1994). Long-term morbidity and management strategies of tracheal aspiration in adults with severe developmental disabilities. *American Journal on Mental Retardation*, 98, 490-498.

Sheppard, J. J., Liou, J., Hochman, R., Laroia, S., & Langlois, M. (1988). Nutritional correlates of dysphagia in individuals institutionalized with mental retardation. *Dysphagia*, 3, 85-89.

Sheppard, J. J. The natural history of dysphagia in developmental disability. 1998. Paper presented at the Dysphagia Research Society. Seventh Annual International Meeting. New Orleans, LA.

Eyman, R. K., Grossman, H. J., Tarjan, G., & Miller, C. R. (1987). Life expectancy and mental retardation, A longitudinal study in a state residential facility. *Monographs of the American Association on Mental Deficiency*, 7.

Eyman, R. K., Grossman, H. J., Chaney, R. H., & Call, T. L. (1990). The life expectancy of profoundly handicapped people with mental retardation. *New England Journal of Medicine*, 323, 584-589.