

Department of Health Developmental Disabilities Supports Division Policy	Policy Number: Supersedes: Supporting People on the DD Waiver with Dysphagia/Risk for Aspiration Policy 11-1-04
Policy Title: Supporting People on the DD Waiver with Dysphagia/Risk for Aspiration Policy	
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I. PURPOSE

This policy clarifies expectations for all therapists/eating specialists, case managers, agency nurses and dietitians/nutritionists statewide serving individuals on the DD Waiver who have been identified as having dysphagia/risk for aspiration. This policy supplements the current DD Waiver Standards.

II. POLICY STATEMENT

It is the policy of Developmental Disabilities Supports Division to provide support for people on the Developmental Disability (DD) Waiver who have dysphagia/ risk of aspiration.

A. The Therapists/Eating Specialist will:

1. Design, train in person appropriate staff and implement an individualized Mealtime Procedures Packet (MPP) that includes standardized components as described on pages 3-4 of "Identifying Individuals at Risk of Aspiration and What To Do About It".
2. Complete a review/update of the MPP annually or more frequently if necessary, and forward updated copies to the case manager, residential provider agency/staff and day program agency/staff.
3. Provide monthly observation of direct care staff and individuals at risk in the home and/or day program, periodically alternating observations between the home and/or day program with no less than a quarterly visit for each site, to ensure proper implementation and to assess the ongoing appropriateness of the MPP, as well as the current status of these individuals.
4. Provide ongoing refresher training of all appropriate staff and family as needed and at least semi-annually.
5. Submit initial documentation related to activities defined in steps 1-4 of this policy to the individual's case manager during the first month following the completion of the MPP. After the initial documentation submission, this information will then be sent to the case

manager every six months or more frequently if determined necessary by the IDT, in addition to the required annual and six-month progress report. The documents will include dated training rosters, a brief dated summary of significant monthly observation findings regarding implementation of the MPP and the current dated MPP.

B. The Case Manager will:

1. Assure implementation of the timelines as described in the Aspiration Procedures document.
2. Complete quarterly review forms and send to designated staff at the DDS Regional Office.
3. Observe the individual's meal/snack a minimum of every six months.

C. The Agency Nurse will:

1. Develop and implement a Health Care Plan to address the individual's dysphagia/aspiration that will include: administering safe medication procedures (in collaboration with the therapist/Eating Specialist), consistent weight monitoring as deemed necessary by the physician and the IDT, and monitoring of pulmonary status.
2. Develop and implement an individualized Crisis Intervention Plan related to the individual's dysphagia/aspiration.
3. Develop a tube feeding protocol if the individual is tube fed (see page 4 of "Identifying Individuals at Risk of Aspiration and What To Do About It"), and send a copy of the protocol to the case manager in addition to having it available for use in the home/day program.
4. Train residential and day staff on the use of all appropriate plans, including the tube feeding protocol and/or positioning. Document on a dated training roster.
5. Submit items in # 1-4 to case manager when changes occur, at least semiannually.

D. The Dietician/Nutritionist will:

1. Complete and send a copy of the Nutritional Content Section of the MPP to the case manager within 30 days of the assessment (see page 4 of "Identifying Individuals at Risk of Aspiration and What To Do About It"), and update the assessment at least annually.
2. Train residential/day program staff and family on the nutritional component of the MPP as often as needed at least semiannually and document on a dated training roster.
3. Monitor the nutrition portion of the MPP at a minimum of four times a year, revise as necessary, document and submit to the case manager.
4. Submit to the case manager item # 1 annually, item # 2 semiannually and item # 3 when changes occur, at least semiannually.

III. APPLICABILITY

This policy applies to all therapists/eating specialists, case managers, agency nurses and dieticians/nutritionists statewide serving individuals on the DD waiver who have been identified as having dysphagia/risk for aspiration.

IV. DEFINITIONS

Aspiration: Means the act of food, saliva, liquids, phlegm or any other solid matter getting below the true vocal cords into the trachea. Aspiration is directly linked to dysphagia.

Dysphagia: Means difficulty swallowing and may involve one or more of the oral, pharyngeal or esophageal phases of swallowing.

Eating Specialist: Means an IDT member or professional who is knowledgeable and clinically competent in the area of evaluation and treatment of swallowing and feeding disorders and is able to take a leading role in supporting IDT team members through these processes with educational information, training, individualized written plans and referral sources. Most often an eating specialist is a speech-language pathologist, but an occupational therapist, physical therapist or nurse may also assume this role. There is no certification for this title, however the evaluation and management of individuals with swallowing and feeding disorders is within the role of and scope of practice for speech-language pathologists as identified by the American Speech-Language-Hearing Association (ASHA).

Mealtime Procedure Packet: Means instructions regarding how an individual at risk for dysphagia/aspiration is to be supported for eating as safely as possible. The packet will include a rationale clarifying why the procedures are important, as well as clear instructions regarding adaptive equipment, proper positioning, assisted eating techniques and nutritional content. Several different disciplines may be responsible for developing each element of the MPP.

V. REFERENCE

DD Waiver Standards, 3.1.2 Reporting Requirements.

DD Waiver Service Standards for Community Living 3.2, for Homebased Providers, Nurses, and Nutritionists, page 50.

“Identifying Individuals at Risk of Aspiration and What To Do About It”, Continuum of Care, March 2004, pages 3-4.