

**NOTICE:** All provider agencies that receive this publication are required to distribute this update in a timely manner to all therapists and/or case managers contracted or employed by your agency. You are encouraged to distribute to others that may benefit from this information as well. Thank you!

## WDSI Wisdom

- As you know WDSI stands for Written Direct Support Instructions. Therapists are required to gradually develop WDSI for areas in which staff or family need guidance to incorporate therapy strategies and/or AT into the person's daily life routines and targeted activities. WDSI are the heart of the Collaborative – Consultative Model and the basis for training sessions with DSP. WDSI are prioritized and developed gradually based on therapy assessment, the person's needs and preferences, as well as interactive trials of various strategies with the person, the therapist, and DSP to determine their effectiveness.
- The CSB has seen a variety of WDSI created by therapists that do a fantastic job outlining user-friendly instructions for therapy strategies incorporating creative means such as bullet-lists, diagrams and photos. WDSI should have a distinct title that identifies individual areas of instruction such as: "PT WDSI - Helping Molly with Safe Mobility", "SLP WDSI - How to Assist Brian with use of his VOCA", or "OT WDSI – Cueing Joe for Work Tasks".
- It is important to remember that per DD Waiver Standards "*WDSI shall be reviewed annually and revised as needed*". This means that even if you are not going to revise an ongoing WDSI, the top of the WDSI near the title should have the "Reviewed Date" clearly indicated and that date should be changed annually. Most therapists do this by reviewing ongoing WDSIs at the time of completing the Therapy Documentation Form and distributing ongoing WDSI with the new date around the same time as they complete the annual WDSI training or at least 3 weeks prior to the new ISP budget date.
- WDSI can be revised as needed throughout the year. The "Revised Date" would be indicated on the WDSI at that time. The revised WDSI is distributed at the time that DSP are trained.
- The CSB is receiving many questions from CMs and Reviewers about when WDSIs are due. Note the following from the current DD Waiver standards:
  - New WDSIs are due, following strategy development and before DSP implementation.
  - Ongoing, continued or maintenance WDSIs should be reviewed and revised as needed and re-distributed (at least) 3-weeks prior to the ISP effective date for a new ISP cycle. These WDSIs may be revised and re-distributed as needed within the ISP annual cycle.
  - All WDSIs shall be distributed to the CM, to IDT members responsible for developing TSS and to all agencies where the instructions will be implemented.
- Keep in mind that WDSI are often used by authors of Teaching and Support Strategies (TSS) for ISP Action Steps. Therapists should consider revising WDSI to include more specific strategies that reflect new action steps if needed. Often the general strategies already reflected in the WDSI will suffice. Therapists are NOT REQUIRED to develop a new WDSI for every new Action Plan. Sometimes time to trial specific new strategies or AT is needed for TSS. This would be indicated in the TSS. Then the therapist and author would coordinate to include these new strategies in the TSS as they become available.

### Therapy Agency Responsibilities to Train Employees and Contractors

- When a Therapy Agency adds a new therapist as an employee or a contractor it often takes months before the therapist can attend the Participatory Approach/Standards (PA), Aspiration Risk Management (ARM), and other required trainings. The Therapy Agency, no doubt, has an orientation process that they complete with new therapists working for the agency. That orientation should include (among many other topics): a basic orientation to Therapy Standards (including documentation requirements) and related areas of the DDW Standards; an orientation to ARM procedures; and an initial introduction to what the therapist does if he/she suspects abuse, neglect, or exploitation (ANE).
- Therapy Agencies have signed a Provider Agreement that includes the provider agency's plan to – *“ensure that all agency therapists are familiar with and are correctly implementing the following key elements for the provision of therapy on the DD Waiver: i. Aspiration Risk Management Policies and Procedures; ii. Integration of the Participatory Approach; and iii. The current DD Waiver Therapy Service Standards.”*  
This includes a responsibility to orient new therapists to the DD Waiver Standards and monitoring that therapists are following standards via the Therapy Agency's QA plan and other means as established by the agency.
- The Clinical Services Bureau and the Clinical Consultants complete frequent technical assistance and consultation with therapists new to providing services to individuals on the DD Waiver. After providing consultation and information we often refer individuals back to their Therapy Agency for that agency's reinforcement and continued training on basic topics related to providing quality therapy services for the individuals they serve.
- Most of our Therapy Agencies do a fantastic job orienting new therapists! This allows new therapists to become familiar with a multi-faceted system that serves a variety of individuals with I/DD with widely divergent needs. We truly enjoy providing resources, training and consultation to therapists and consider this function a partnership with the Therapy Agencies that we work with. Thanks for all you do to help new DD Waiver therapists provide essential, quality services to the individual's we work with!

### Some Observations on Writing Therapy Objectives

- Consider the following therapy objective. “Josie will participate in cooking club 2 times per month for 2 consecutive months by her next annual ISP meeting.” Do you see any issues with this particular objective? Is it measurable and attainable? Seems to be. Does it describe an observable behavior? Well, we can observe if Josie participates in the activity. Can we establish a baseline? I suppose we can say that Josie currently does not participate or only participates an average of one time per month. So ... on the surface it might appear that this is a perfectly adequate therapy objective! Right? However, it is generally *not appropriate* to have Therapy Objectives that are focused primarily on participation in specific therapy activities.
- Participating in swimming, cooking, or specific activities is no doubt great for the individual but it does not describe the particular function or system that therapy intervention is focused on. Participation in activities in and of itself does not usually require skilled therapy strategies or intervention. Therapists should ask themselves - *Why am I asking the*

*individual to participate in that particular activity?* If the individual is participating in a cooking group, a particular skill or function should be targeted. IE: “Given set-up and materials, Josie will demonstrate the ability to follow simple picture recipes to independently make a sack lunch, in 4 of 4 OT observations or staff reports, by her next Annual ISP meeting” OR – “Josie will spontaneously use her QuickTalker 12, five times to interact with peers in 4 of 5 SLP observations or staff reports, by the end of the ISP year”. If Mark is participating in swimming activities - *why is he participating in that activity?* Some possibilities: “Mark will increase his general endurance to allow him to complete his volunteer task of weeding the local median for at least 15 minutes before requesting a break, in 3 of 4 PT observations or staff reports, by September 1 of this year”. OR – “The OT will trial a variety of strategies to assist Mark to participate safely in swimming activities and complete a related WDSI and DSP training by his next Annual ISP meeting”.

- It is not mandatory that therapy objectives be changed every year, but they should be thoroughly reviewed. If you have had an objective for over a year and there has been little progress, it may appropriate to discontinue or modify it at that time. Areas of need should be prioritized and support the achievement of the individual’s ISP Visions and Outcomes. Objectives should be specific to a particular individual and his or her needs. They should not be stock objectives used for all individuals.

### Miscellaneous Notices

- Rate Study- Thanks to all the Therapy Agencies that participated in the Rate Studies. Look for more information in the future about this project.
- Therapists – *Please get your documentation to the CM on time!* The Therapy Documentation Table is a “cheat sheet” that outlines what documentation is due, when it is due, and to whom it is to be distributed. The table may be found on the Therapy Services website. Both therapists and CMs have found this table to be a helpful reference.
- The COTA-PTA Calculator has been updated to incorporate the 2% rate increase that took effect 1/1/2019. This updated calculator is available for distribution to therapy agencies. If you need a copy of the new COTA-PTA Calculator please contact the OT or PT CSB Consultant.
- The Clinical Exception process still applies to JCMs. *For ongoing JCM budgets, the CM cannot approve more than 58 therapy hours per ISP budget!* If more than 58 hours are needed for the therapist to implement the Therapy Intervention Plan, the therapist must submit an “*Application for JCM Clinical Exception Form*”- available on the Therapy Services website.
- Please use the updated versions of the *Application for JCM Clinical Exception Form* and the *Therapy Need Identification Form*. Both of these forms are available on the Therapy Services website. If a “fillable PDF” is not available on the website for a form, please contact the CSB Therapy Consultant for your discipline for the newest “Word” version.
- Therapy Service Provider Agencies are responsible for entering all information regarding current therapist employees/contractors into the *Statewide Training Database*. Remember also to remove the names of any employees/contractors who are no longer working for your agency! Therapy Service Provider Agencies must make sure that all therapists are

current on required therapy trainings. Entering required information into the Statewide Training Database will help ensure that compliance reports for completion of required training reflects correct information about your agency. If you are having trouble adding or removing a subcontractor from the Statewide Training Database contact [ACahill@salud.unm.edu](mailto:ACahill@salud.unm.edu).

- Contact [Hernando.Martinez@state.nm.us](mailto:Hernando.Martinez@state.nm.us) to add or remove any subcontractors from Therap SCOMM.
- There are still General AT Funds available. Please SCOMM or fax your requests to Felicia Vidro. Also, please remember to turn in proof of purchase/receipts for the General AT Fund by June 30, 2019.
- Any adult with I/DD who is experiencing challenges related to oral eating and/or tube feeding can be referred to the *SAFE Clinic* for expert assessment and recommendations regarding eating/feeding, nutrition, positioning, and associated medical needs to support health, safety and independence. Referrals can be called to Jacoba (Kotie) Viljoen PhD, MSN-Ed, RN, CCRN, CSB ARM Coordinator, SAFE Clinic Coordinator, & Nurse Consultant. Office Phone: (505) 841-6188 / Fax# (505) 841-2987 or Email: [Jacoba.Viljoen@state.nm.us](mailto:Jacoba.Viljoen@state.nm.us)
- Referrals to the *Specialty Seating Clinic* for wheelchair, positioning, and adaptive equipment evaluations and consultations can be initiated at any time. Contact Scott Gifford, Clinic Manager, at 505-232-5726 or [scott.gifford@state.nm.us](mailto:scott.gifford@state.nm.us)
- ANE Reminder for Therapists – It is your responsibility to report any suspected Abuse, Neglect, Exploitation (ANE) events by phone at 1-800-445-6242 to the Incident Management Bureau. Make sure you complete the required training for ANE and that you have easy access to the ANE Reminder card. The ANE card is also available at CSB offices and all CSB trainings.
- Therapy agencies regularly receive e-mails from Tammy Barth with updates pertinent to provision of therapy services in the NM DDW. Please be sure to pass those e-mails on to your employees/contractors so they are kept up-to-date. Recently, information about the Rate Study, Personal Protective Equipment (PPE) and infection control policies, Waiver Renewal processes, and the Supports Waiver has been distributed, among others. This information is also posted on the DDSD web-site to help keep you informed.

### CSB Training Opportunities

- *Aspiration Risk Management (ARM) and Participatory Approach (PA)/ Standards Training* is required within the first year of service for all DD Waiver therapy providers and are geared toward those who are new to providing services through the NM DD Waiver. The trainings are also open to therapists who would like a “refresher” on these topics. PA trainings will address the current DD Waiver Standards and any associated updates to therapy service models and processes. Changes can occur to training venues or due to low registration numbers. **Please register at least 2 weeks in advance**, especially for Albuquerque trainings which tend to fill up quickly.

**Upcoming PA/Standards and ARM trainings**

Location	Training	Date
Santa Fe	PA/Standards	Thursday, May 9, 2019
Santa Fe	ARM	Friday, May 10, 2019
Roswell	PA/Standards	Thursday, July 11, 2019
Roswell	ARM	Friday, July 12, 2019
Farmington	PA/Standards	Thursday, September 12, 2019
Farmington	ARM	Friday, September 13, 2019

**Pre - Registration is required for these trainings!** You must register at <http://trainnewmexico.com>  
**Please contact Kincie Byrd if you have registered and you must cancel** or if you have specific questions related to ARM and PA training opportunities. Also contact Kincie if the class is full and you would like to be placed on a waiting list. [Kincie.Byrd@state.nm.us](mailto:Kincie.Byrd@state.nm.us) 505-841-2948  
 Please see the "Training Requirements for Therapists" chart (available on the CSB Website) for information on additional training requirements and registration for therapy providers as offered through DDSD and the CDD.

**DDSD/CSB Websites and Contacts**

- You may access the DDSD/CSB website at the following web address:  
<https://nmhealth.org/about/ddsd/pgsv/ddw/>
  - Click on the Link for "Services and Supports". The current DD Waiver Standards can be found as well as a large variety of other DDSD publications and resources.
  - To find a variety of Therapy Services resources and publications, including therapy report templates, please explore the following link trail:  
 Select "Developmental Disabilities Waiver" → "Services and Supports" → "Professional and Clinical Services" → "Clinical Services" → "Therapy Services", etc.
  - We are aware that there are still many issues with finding resources on the DDSD Website and with forms that are no longer fillable. The "Search Tool" can be helpful. Please contact your clinical consultant if you need resources that you can't find on-line or you need a fillable version of a form. We can point you in the right direction or send the resource directly to you.

CSB Bureau Chief: Elizabeth Finley, [Elizabeth.Finley@state.nm.us](mailto:Elizabeth.Finley@state.nm.us)

CSB AT/Therapy Coordinator: Felicia Vidro, [Felicia.Vidro@state.nm.us](mailto:Felicia.Vidro@state.nm.us)

Contacts for the clinical consultant representing your discipline:

- Julie Mehrl, Occupational Therapy [Julie.Mehrl@state.nm.us](mailto:Julie.Mehrl@state.nm.us)
- Mary Beth Schubauer, Physical Therapy [MaryBeth.Schubauer@state.nm.us](mailto:MaryBeth.Schubauer@state.nm.us)
- Demarre Sanchez, Speech Therapy [Demarre.Sanchez@state.nm.us](mailto:Demarre.Sanchez@state.nm.us)

**HAVE A HAPPY EASTER! THANKS FOR ALL YOU DO!**