

Proposed Therap Additions:

To support more coordinated use of Therap as the platform for healthcare records and information sharing about health care.

- Require Electronic MAR in Therap:
- Requirement to place documents in Therap including Assessments, Plans and Semi-Annuals: **take into consideration where the info should be within therap.**
- Requirement for residential providers to make a device available to all DSPs/FLP for access to Therap:
Do not have the ability to support FLPs with this technology. Requesting that DDS would increase funding for FLP technology. What would DSPs enter into Therap from a family home. Sub-care provider may need to utilize this. Are we phasing out paper? There are items that are not available in eMAR, Blood Sugar, etc. Can understand requiring for SL, but FL is more difficult. Some families may be reluctant to the allow access to the DSP (other than FLP). If we are referring to FLP, then we need to indicate that the FLP is required to have device access. Do we do away with home books? There are a lot of items that CMs do not have access to in Therap. HSD cannot access MARs in Therap. The MAR can only be seen day to day. Difficult to determine med errors across the month. Agencies cannot be IT support to FLPs, individuals receiving services. Discussion occurred during the meeting that funding has occurred for home devices (computers) dating back to 2012.

Discussion included Background on funding : Technology factor has been in rate build up for SL since 2012. Current rate increases were based on a rate buildup that included “Admin and Program Support Costs” to meet requirements. This factor in the new rate build up was based on providers reported costs and DDS decision to increase this factor before finalizing the rate increases. The rates are intended to support provider responsibility to operate in a way that supports DSP access to Therap. Please provide more detailed input on the funding concerns?

- Add COVID-19 requirements from DDS memos into Standards Appendix B (GER reporting)
- Add definitions for COVID events into our definition section in Appendix B (GER reporting)

Proposed Therap Changes Chapter 19

- The Nursing Report should be an electronic Healthcare Report that incorporates data from the electronic health tracking system.
- In Semi-Annual Reports, nurses must also include the person’s current health status, all significant changes to date, and all progress towards planned health-related goals.

Proposed Therap Changes Chapter 20:

- Require BSCs, Registered Dietitians and Therapists to use Therap for all secure communication via secured communication email feature (S-Comm).
- Add language: If appointments are used to track Therapy (PT, OT, SLP,

RD, BSC) activities; the results and follow-ups do not have to be noted in appointments, but rather will be found in their reporting and plans.:
What is the specific info that would be requested in the reporting and plans? So is it being suggested that appts would be set up through Therap? This seems to be more subjective. Seems counter to the process.

- The annual eCHAT may not be copy and paste; a new eCHAT form must be created annually. This can be a lengthy process. There is not always admin support. Is there a compromise?

Proposed changes Chapter 22:

- Added additional information describing that DDS will revise key performance indicators as the data allows
- Added information that DDS will be providing the required Annual Report Quality Improvement Template for use

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