

Provider Therap Work Group – Phase II

December 22, 2010

Attendees: Don Nelson, Alpha Opportunities; Monica Haugen, Fraser; Lisa Graves, Red River HS Foundation; Jay Klabunda, Rehab services; Joan Hance, REM/The Mentor Network; Tim Huseth, HAV-IT; Sue Forster, SDC; Mary Simonson, Open Door; Roland and Sherry from MVAW; Eric Monson, Anne Carlson; Wanda Carlson, SEHSC; Justin from Therap; Vicci Pederson, Tina Bay and Wendy Schumacher from the DD Division.

Tina opened the meeting to talk about the changes that Therap has brought to the State system. She talked about the overview of Phase I and how that was implemented on November 1, 2010 with Therap migrating all the information over from Lotus Notes and ASSIST into the Therap database. Providers have been able to get onto Therap prior to this time, mainly using it as a place to report their incidents (GER). Tina mentioned that we would like to see that the incident reporting system and the State system start “talking” to each other. Vicci Pederson mentioned that she has heard good comments from the field in response to what the system has been able to do this far.

Vicci stated that the purpose of this work group is to be able to develop a State-wide web-based application (Therap) to be able to deliver quality services to North Dakotans with intellectual and developmental disabilities. We have visited with NDACP on how this will affect the services that we provide. Vicci gave the group the overall picture of the information that is being put into each providers systems as well as the State site, and these currently don't talk to each other. Areas included are things like:

- Client demographics
- Eligibility
- Level of care
- Assessments
 - PAR
 - Risk assessment
 - Health Assessments and information
 - IADL's and ADL's
 - Medication Administration (MAR's)
 - Others
- Person Centered Service Plans (PCSP)
- Authorizations
- ISP (current ones with signatures)
- Monitoring of activities (how is the plan implemented/reviewed)

It is the desire of the State to be able to integrate all of these systems so that there is less replication on either the DDPM or the providers' sides. Vicci also mentioned that the providers should be able to see some of this material to determine service lines. The group tended to agree on this.

A discussion was held regarding health assessments being completed and who should be doing these, which ones are important and who can review this information. Typically the DDPM has to call the providers to get the updates in this area, and if it was all in the system, they could just pull it up.

If these systems were integrated, it would eliminate paper from being sent back and forth and the service authorizations and the ISP's would be able to be viewed by the provider any time. When a DDPM completes a QER, the provider and teams would not have to wait for the mailed copy, but would receive this via e-mail. Vicci also talked about Therap having the possibility to have the State and providers policies and procedures on the website. It would be more efficient, would decrease the amount of paper that gets sent between the agencies and would allow this to be an all-inclusive site.

The one area brought up would be security issues in Therap – who sees what?? There will be an opportunity to sort through these roles and responsibilities between all parties involved to develop this joint system.

Q: Don from Alpha asked about objectives on Therap from the PCSP.

A: We want a consistent format for the PCSP. Right now the information is scattered throughout the various providers and the teams need to search through it to find the information that may be placed in a different area of their PCSP. We would like to look at various providers' PCSP now to see if there is a couple that we can combine to create a template, one which takes into account CMS and accreditation guidelines and is conducive to everyone across the State.

Q: Monica from Fraser asked about the Risk Assessment in its current format (it's tricky and long)

A: We realize that it is long and not user-friendly now. We would like to look at having those online as well, one that's more user-friendly and is compliant with our various entities. We would like to see this condensed and refine this to be better suited to our needs and our services.

Q: Wanda wants the database to be more functional for authorizations first before we make changes. This could be difficult to track if the providers start getting in there before this fix is implemented by Therap.

A: We hope to get this done first as the design team from Therap is aware of this problem (they were in town last week)

Q: Mary already does assessments that "talk" to each other from software they purchased that synthesizes the info. Will this system be able to put this all together in one system? What assessments will be included? What formats?

A: We are moving towards this, and we want to see it work and find out what assessments are "must-haves".

Q: Mary mentioned that she is able to pull these reports from the menu and this is able to be printed into a final plan (somehow it's included in the final report). If this group develops the plans, what will be spit out from the items that were inputted?

A: Justin-the QER is in the system now and this is generated by including date ranges that pulls other information the DDPM's have input previously (i.e. contacts, meetings, and notes).

A: Vicci-what is to be emphasized in the PCSP and we need to see what people use now. We need to find out what the components are of the plan.

Someone mentioned that this might be a "canned" PCSP and Justin assured them that this is not our goal. The team's need to see what's in the plans and that our plans should look similar, but the goals will be different. It's just easier to find the information if you are working from one generic PCSP. This will help when looking at the plans also to assure that all the critical information is included in it. Mary

also commented that they have some “canned” goals, but refine them to meet the needs of the customers that they serve.

Vicci commented on the fact that Barb Murry from NDACP had once talked about having someone come in to train on a Person Centered Plan (Catherine Hayes). She will see if this is still a possibility. Don stated that there were 3 board members on the call and that they would be able to take the information back to NDACP to discuss this.

Q: What are our timelines to do this?

A: Tina discussed Therap’s contract with the State. The initial intent was to sole-source this service and there was only one provider (Therap) that was able to provide us this service in the timeline that we wanted. Due to the procurement process, the timelines are really critical. Phase I was to be out by November 1st, which was met and the timeline for Phase II is June 30th, 2011. The wish list for this work group would be to have all the information completed by April 1, 2011. This was we can work on areas of improvement with Therap over the next couple of months. The other component was billing. We would like to see that MMIS and Therap would be connected, but the new MMIS won’t be in place until 2012.

Q: Tim H. asked about what the list looks like for the items that will be used in Therap.

A: Vicci talked about from the list of items, which would be responsible for what forms, what the content would be and that we would build each phase of the documents included. The only concerns would be on what we would be able to see at all levels of the organizations.

Q: Tim mentioned that the providers currently do these things on their own and that when there are changes, they have their own company policies and bureaucracy to deal with. What happens when the whole system would need to change?

A: We would work with Health Facilities, keep Title XIX and CQL involved throughout the process on how it’s laid out. We realize that there are 26+ providers that need to make the change and would want the plans to be all inclusive.

Time is of the essence in ICF surveys. How quickly would corrections be made, and essentially this could happen state wide, not just the one location. Justin asked if it’s how you use Therap or how it works for you. There are some items that could be handled at the administrator level in Therap that might not require a fix in Therap.

Monica commented on rolling it out: when we own our access, would they be able to start using the MAR by picking up additional modules. The State is currently paying for the MAR service and that this will be mandated to use. If functionality is needed on the provider side, Therap will give you access (like the MAR).

Justin at Therap can be contacted at justin.brockie@TherapServices.net .

Q: Monica talked about having the MAR’s available online being a wonderful option, however she feels that we can’t rely on this system for all items, especially if the power goes out, how will we know what meds to give and is there the potential of paper back-up system. The other item that we discussed at this point is how providers will be able to use this method if they only have one computer for the staff to go and get information entered, and this computer happens to be at a client’s apartment. What would

the cost be to the clients or the company for internet access and having a computer more readily available to the staff in the sites?

A: These are really good points, ones that we haven't totally worked out, but will be looking into for better tracking and data entry management, including having a back-up system for the MAR's. We as a team will need to look at how we will do MAR and medication mgmt now and in the future.

In conclusion, there were a few other items that we needed to discuss before time ran out. How often will this group meet after this to assure that we are on track with Phase II efforts to be in place by July 2011? It was recommended that we would like to meet at least 2X/mo via polycom or phone, depending on access. The areas that we would like to take a look at would be reviewing the PCSP checklist as it was mentioned that the assessments are not on there and that the DDPM's are asking about the amounts of the benefits from the customers, appointments and such. We realize that the DDPM's need to know this information so that they know what services each person is receiving (and amounts) but we need to also assure that the checklist is being used by all parties. Vicci and Wendy will gather this information from the checklist and bring it to the next meeting.

Lisa commented on the comprehensive RMAP that a few people had implemented last year. She also noted that there is one on Therap that she is able to see (after giving herself administrative privileges) and noted that it is very involved and covers a few things that ours does not (i.e. customers being around water, are they safe or is it a risk). Justin commented that they pulled this RMP from the State of Minnesota. It was recommended that we organize a work group to be able to see the RMAP that is on Therap and be able to compare that with the one that we are currently implementing in the State. Tim Huseh and Mary Simonson said that they would help Lisa to look at these documents. Right now Tim and Mary cannot see the one on Therap, but Justin said that he would set up a webinar to be able to show them how the one on our site looks and works. Sue Forster also said she would like to sit in on that. Tim also asked about the people who had put our current working RMAP together and would they be upset that we are already looking at something new. Wanda was on the call and was part of the initial group along with Martha Tollefson and Julie from Support Systems. Wanda stated that they can call her if they have any questions on the process. Justin will set up a webinar on Jan. 5, 2011 at 10am Central time for all who wish to be involved. Once this is set up, we will notify the group. Also as part of the webinar, Justin will walk through all the other assessments and the ISP template library so that people are more aware of how to use Therap to their benefit. Right now, as far as the RMAP that is on there, providers can print this out by going to the PDF version at the bottom of the page so that they may peruse the documents at their leisure.

Q: Tina asked the group when we go live, should we start out in a region doing pilot projects or do we put it out there to those that want to jump on board and get started right away, do we go this route? How best do we bring other providers on board and get them up to speed on all of the things that are now going to be used in one catch all system?

A: Monica commented that she realizes that there are some providers out there that are not doing anything on here and that we will need to get them on 1st.

When we started working with Therap on the serious incidents, there were a lot of bumps. As we complete the processes/modules, it was felt that we need to bring all providers on at the same time. The group agreed. Tim talked about doing things in a chronological order – do the assessments 1st and move up from there. Mary commented that they use different assessments for certain people due to their ability levels. We understand that this might be an issue, but would be willing to put those out there as one from this area needs to be completed so it targets the abilities of those clients.

So, the first things that we need to look at are:

- Having paper backup in place for the MAR's
- Authorizations need to be fixed before the providers get on (they are working on this)
- Other templates for the assessments
- MAR's
- Bringing up all providers to get their information on Therap
- PCSP checklist – how is it utilized

Assignments:

1. Lisa, Tim, Mary, Sue and Wendy will walk through the assessments with Therap
2. Justin will set up a webinar for those listed above (and more if others are interested in joining)
3. Vicci and Wendy will get a list of assessments required prior to the PCSP. They may also obtain copies of these to peruse.

Future meetings:

The group discussed Fridays as being a good day from 9a-12p. If someone cannot make it, let Vicci or Wendy know, especially if you had a task to present. The dates are as follows:

January 14th and 28th

February 11th and 25th

March 11th and 25th

These will be done using the Polycom and team members are asked to go to the HSC in their area or go to another provider to join the group. If this does not suit those in outlying areas, you can still call in to the meeting.

Minutes Submitted By:

Wendy Schumacher

12/22/10

Follow-up to the meeting:

**WEBINAR - I have attached the information to this meeting on the last page of the document for you all to be able to join us on Jan. 5th

**I have also attached the Therap Work Group contacts grid to the email for you to be able to contact your work groups. I have added a couple of people to the list who will be joining us in future meetings.

From: Justin Brockie [mailto:justin.brockie@therapservices.net]
Sent: Wednesday, December 22, 2010 12:01 PM
To: Bay, Tina M.
Subject: Assessments Webinar

Tina

Here you go:

1. Please join my meeting, Wednesday, January 5 at 10:00 AM Central Standard Time.
<https://www2.gotomeeting.com/join/547040090>

2. Join the conference call:

Dial +1 (630) 869-1012
Access Code: 547-040-090
Audio PIN: Shown after joining the meeting

Meeting ID: 547-040-090

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