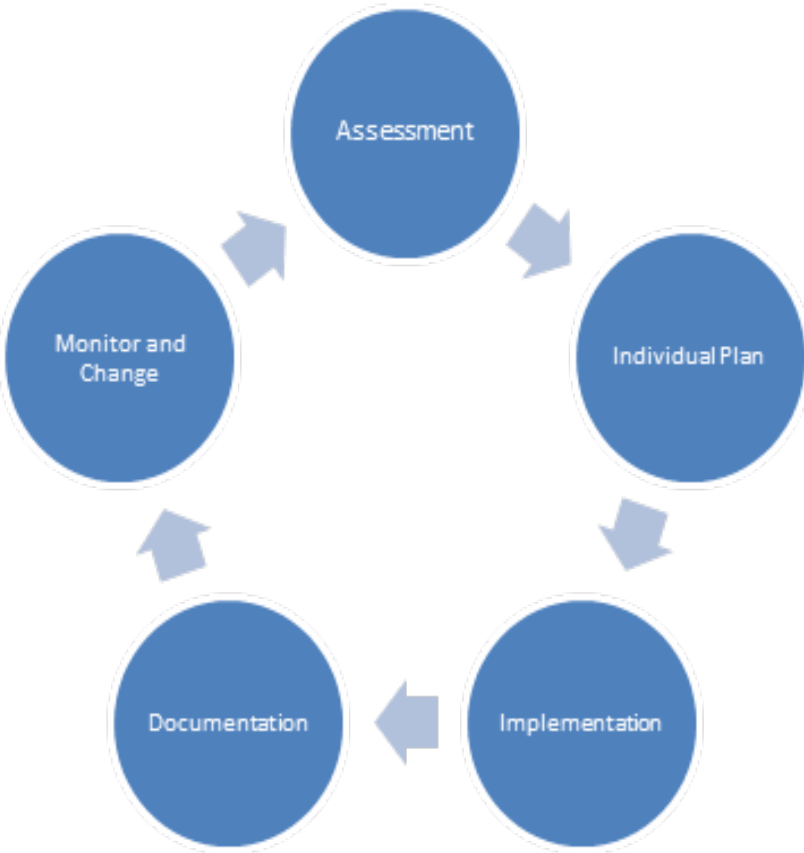


# ACTIVE TREATMENT

*The Focus is on client life and living experiences that lead to the development and expression of functional skills and adaptive behaviors necessary for optimal independence and the promotion of purposeful “self expression”*

# Active Treatment is The Survey Focus



# Active Treatment is Important!

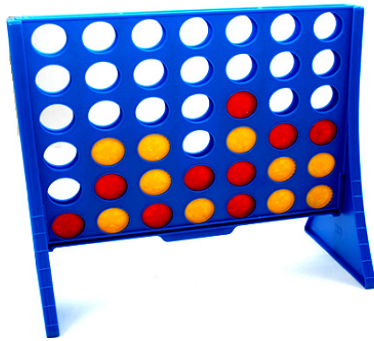
- Everyone can learn and develop
- Active Treatment forms the basis of everyday life
- Need to incorporate disabilities, not be limited by them
- Survey process revolves around Active Treatment in the ICF/IID

# The Compliance Principles

- .

# Avoiding the “Darryl Scenario”

- Darryl is 18 years old
- Darryl has learned to a lot of things!

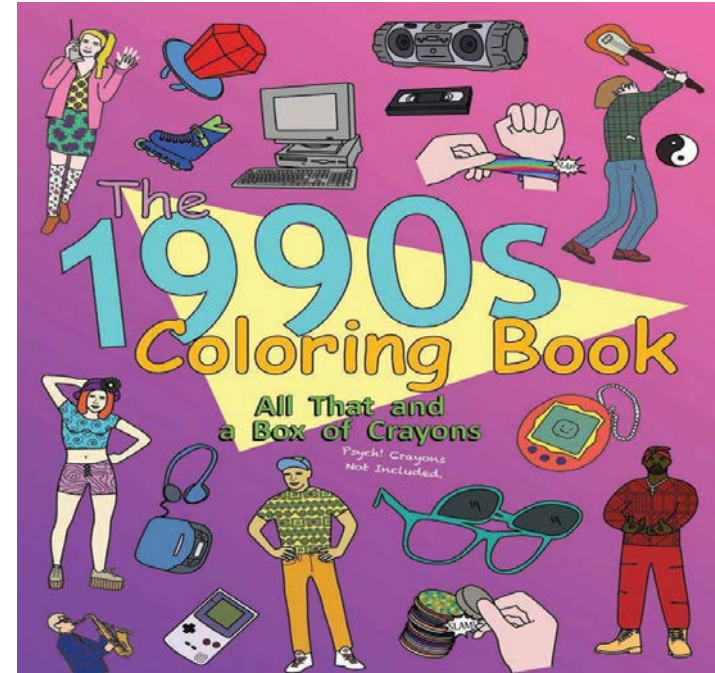


Darryl can play “Connect Four” for hours!

He can put 100 pegs in a board in less than ten minutes with 100% accuracy

But he cannot put quarters in a vending machine.

He can touch nose, shoulder, leg, foot, hair, ear. But- he cannot blow his nose when needed



He can color and stay inside the lines  
He can sit and watch TV for hours  
*BUT, he prefers music, but was never taught to use an ipod or radio*  
He can fold primary paper in halves and even quarters  
*BUT, he cannot fold his clothes.*  
He can sort blocks by color  
*BUT he cannot sort whites from colors for washing*



He can count to 100 by rote memory!

*But, he doesn't know how many dollars to pay the waitress at McDonalds for a \$3.95 meal*

He can put the cube in the box, under the box, beside the box, and behind the box!

*But, he cannot find the trash bin in McDonalds and empty his trash into it.*



Assessment





## Prior to Admission to the Facility



### **W200**

- Conducts a Pre-Admission Evaluation
- Determine if the facility is able to provide for the client's needs and if the client will benefit from the placement
- Need to document this in record!

# Discharge and Post-Discharge

- W 201- W 205

These tags outline discharge planning requirements.

New guidance at **W 201** outlines criteria for discharge and defines “transfer”

**W 202** – Outlines what constitutes an orderly, planned transfer

# Comprehensive Functional Assessment (CFA)

## **W211 – W225**

- Sensorimotor development
- Affective development
- Speech and language development
- Auditory functioning
- Cognitive development
- Social development
- Adaptive behaviors/independent skills
- Vocational skills as applicable

# Comprehensive Functional Assessment (CFA)

## **W211 – W225**

- Assessments at each domain must Take Into Consideration:
  - Age
  - Problems/disabilities and underlying causes
  - Developmental strengths
  - Need for services
  - Physical development and health assessment
  - Nutritional status
  - How the environment could be changed to support the person

# The Key is Accuracy

W 210 contains a new definition of CFA accuracy....

- ✓ Current
- ✓ Relevant/valid
- ✓ Skills, abilities and training needs identified correspond to actual observed status
- ✓ Are assessments administered with appropriate adaptations???
  - specialized communication equipment, visual/hearing augmentation?

# Assessment Take-Aways

- CFA focus should be based primarily on strengths
- Should identify what are the **effects of the disabilities?**
- What is **important to the person?** What does the person like to do???
- Review functional abilities...what **can the person and not do?**
- Gather **input** from those who know the person best

# W 214 The CFA must address...

- **Skill deficits that:**
  - may be amenable to training;
  - treated by therapy and/or assistive technology
  - require adapting the environment
- **Behavior Management** needs include:
  - behaviors that interfere with progress
  - prevent assimilation into the community
  - decrease freedom
  - increase need for restriction of activities

# Resources Surveyors Have...

- **Author unspecified. *SMART Moves Number 2: Technology, Removing the Shroud of***
- **Mystery. (July, 1990)**
- **Author unspecified. *Key Notes: What is assistive technology and what can it do for me or my***
- ***family?* (1998) Atlanta, GA: The Access Group.**
- ***Gizmo House: Celebrating the Tenth Anniversary of Its Opening.* (February, 2009)**
- **Available at: <http://www.annstorckcenter.org>.**



# CFA Continued

- Each of the W tags listing the contents of the CFA ( W 211-225) has new, more specific guidance about what surveyors should look for. As an example:
- W 216- PHYSICAL DEVELOPMENT AND HEALTH
  - A review/summary of all lab reports since last comprehensive evaluation
  - All required medical interventions since last CFA
  - Does the IDT review any advance directive/ POLST?

# What About People With Significant Intellectual/Developmental Challenges?



# When significant disabilities are present....

- May have excessive drooling
- May lack noticeable interpersonal and personal skills
- Require a lot of staff support and time
- May have uncontrolled non productive movements or none at all

# What Does Increased Independence Look Like?



- Increased Control
- **Fewer people or different hands have to touch**
- Less needy

# Areas of Focus

- Communication
- Therapeutic Positioning
- Mobility
- Eating
- Hygiene

# Planning

The second component of the Active Treatment Loop

# The Interdisciplinary Team

# Interdisciplinary Team Meetings

- Are always done 30 days after admission
- Annually within the anniversary date of admission
- As needed
- Key team members should attend and participate



# Interdisciplinary Team

- **W207**
  - Appropriate facility staff
- **W170-W180**
  - Defines professional designations
- **W208**
  - Participation by other agencies serving the client is encouraged
- **W209**
  - Participation by the client, his or her parent (if a minor), or legal guardian is **required** unless unobtainable or inappropriate

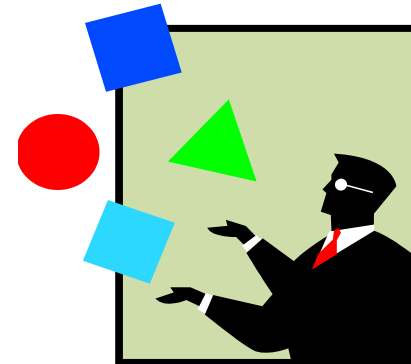
# Individual Program Plan

**W226/W227....The structure and process tags are now highlighted**

- Completed within 30 days of admission
- Completed by the interdisciplinary team
- Completed for each client
- States the specific objectives necessary to meet the clients needs as identified by the comprehensive assessment

# Individual Program Plan

- Objectives:
- **W229**
  - Separately, single behavioral outcome
- **W230**
  - Be assigned a projected completion date
- **W231**
  - Expressed in behavioral terms that are measurable
- **W232**
  - Reflect a developmental progression
- **W233**
  - Assigned Priorities



# Written Training Programs

Each objective needs a written training program that describes:

- **W234**
  - Methods to be used
- **W235**
  - Schedule for use of the method
- **W236**
  - Staff responsible for the program
- **W 237**
  - Type and frequency of data collection

# The IPP and Revisions/Reviews

- W 260 requires the IPP be reviewed as appropriate...

Language in the EXHIBIT at W 260 now directs:

- In reviewing the IPP, verify that the IDT considers new objectives, revisions to objectives based on performance data...do the objectives chosen “make sense” based on the individual’s progress or lack of same?

# Implementation

Is the plan implemented by all relevant staff in all settings? Is the implementation consistent? Are staff trained/knowledgeable....do they know what to do???

# Implementation

- **W159**
  - Each Client's Active Treatment Program is to be integrated, coordinated and monitored by a QIDP

# Implementation and Professional Staff

- **W165**

- Professional staff work directly with clients and direct care staff in implementation of objectives.

How does facility determine professional staff have knowledge of contemporary care practices?

How are these staff included in on-going monitoring of the effectiveness of the IPP?

Do these staff provide on-going technical support to staff implementing the IPP?



# IMPLEMENTATION


- **W189 -W192**
- The facility must provide adequate training to staff to improve skills and competencies
  - Staff must demonstrate skills and techniques necessary to:
- **W193**
  - Administer interventions to manage inappropriate behavior
- **W194**
  - Implement the program plan for each client for whom they are responsible

# The IPP and Implementation

W 240- The IPP describes supports and services- including materials and adaptations to equipment/environment to promote the training program

- Examples: built-up toilet seats, adaptive eating utensils, extended reach devices, modifications to accommodate wheelchair access

# W 242 Objectives are Functional and Meaningful

- W 242 is a fundamental requirement and is the  of Active Treatment
- Is there a clear link between the specific objectives and the CFA?
- Activities of daily living are the focus...the ID Team must prioritize these objectives.
- **What ADLs are most critical for privacy, dignity, independence???**
- Opportunities ( formal/informal) for Money management and medication self administration must be discussed

# Movement and Mechanical Supports

- W 242- continues and has added discussion of what may be considered a mechanical support in lieu of therapy. For example:
  - A bolster positions client in sitting position with no assessment of need for muscle re-training
- W 246- Now includes guidance that persons who use specialized wheelchairs should be given opportunity to use other devices ( wagon/scooter/walker)

# Choice and Self Management

- W 247- how are opportunities for choice incorporated into daily life?
  - Choosing roommates;
  - Choosing clothing to purchase or wear;
  - Choosing what, where and how to eat ( family dining? Access to condiments, second helpings)

W 436 ( fundamental tag)..clients are taught to use **and make informed choices about adaptive equipment ( dentures, eyeglasses, hearing and communication aids)**

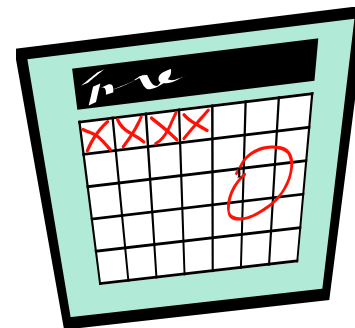
# Supports and Services

- Each Client must receive:
  - **W249 (fundamental tag)**
    - Needed interventions and services in sufficient number and frequency to support achievement of objectives
    - A plan **implemented by all staff** who work directly with the client
  - **W250**
    - An Active Treatment schedule that outlines the program and is available to all staff



# Implementation: Individual Program Plan

- Each client needs an Active Treatment schedule that outlines program and is available to staff. (42 CFR 483.440(d)(2) – W250)
- Plan should be implemented by **all staff** who work directly with client. (42 CFR 483.440(d)(3) – W251)





# Monitoring and Change

The last link in the Active Treatment Loop

# Active Treatment Documentation

- What Should be documented?
- **W251-W254**
  - Data for individual program plan objectives must be documented in measurable terms
  - Significant Events
  - Related to individual program plan and assessments
  - Contribute to understanding of client's level and quality of functioning

# Active Treatment Monitoring and Change

- The individual program plan must be reviewed by the QIDP and revised when the client:
- **W255-W260**
  - Has successfully completed an objective or objectives
  - Regressing or losing skills already gained
  - Failing to progress
  - New training being considered
  - Annually or as needed



# QIDP Reviews

- Purpose: To ensure continued progress
  - Analyze data- Watch for copy-cat documentation, pre-completion....
  - Summarize information gathered
  - Explain progress or lack there of
  - Make recommendations
  - Point out the need of an interdisciplinary team meeting
  - Discuss significant events that may be impacting level and qualify of functioning

# Assessing for Active Treatment: Observation

- Document- What can you tell about each person's needs by looking?
- Are people bored?
- Are there a variety of options? OR Is everything a group event?
- Are preferences honored?
- Does the environment support accessibility?
- **Red Flag:** Staff are "maids" and "concierges"

# Observation...

- **Work or Day:** Is there consistency, do staff know what to do, is it functional and meaningful?
- **Meals:** Are preferences and choices offered, adaptive equipment used?
- **Leisure:** Are activities based on client choice, are materials available?
- **Overall:** Are clients actively involved or observed sitting and being taken care of?

*Note: Webinar on W249 - Active Treatment available at <https://webinar.cms.hhs.gov/w249-archive>*

# Communication

- How does the person make wants/needs known?
- How does the person let people know they are hurt or in pain?
- Do all the staff communicate the same way with the person?
- Do people communicate with the person about everyday things?

# Therapeutic Positioning

- For people who use wheelchairs is their body in symmetrical alignment?
- Do people with musculo-skeletal deformities stay two hours or less in any one position? What other mobility devices are offered?
- Is the therapeutic positioning program based on OT or other professional evaluation?



# As The QIDP- What Observations Should You Make?

- The person uses a wheelchair and is unable to re-position or transfer self
- Person has some or limited mobility
- Eating/Dining when limited skills/co-existing deficits are present
- Person relies on enteral feedings for nutrition

# Be Ready For....

## Active Treatment: Interviews



- Clients
- Family/SO
- Direct Care Staff
- Qualified Intellectual Disabilities Professional
- Other Professional Staff

# Surveying for Active Treatment: Record Review

- Current IPP
- Goals/objectives
- Revisions to the IPP
- Assessments
- QIDP documentation
- Confirmation of Observation or Interview