

## Joshua's Pet Treat Bakery

By: Peggy Cooper

Joshua Davis is 19 years old and lives in Crossville, Tennessee. He loves his dogs very much so he chose to start his own business baking cookies and cakes for them. He is planning on doing this for his career and plans to make this a big part of his life! Joshua hopes all the dogs love his treats as much as he and his family enjoy making them.

Joshua's sister Amy supports his idea to start a dog treat business. She is helping him in the kitchen making and packing the dog biscuits. She thinks working with him in the kitchen is a fun way to spend time with her brother.

Joshua's dad is a food scientist. Under his direction, only natural and healthy ingredients are used in their products. They do not use very rich or fatty foods, chocolate, raw or undercooked meat, onions, macadamia nuts, grapes or raisins, all of which have been thought to be detrimental to a dog's health.

Joshua's Pet Treat Bakery website is <http://joshua.pettreatbakery.googlepages.com/home>. The website is still under construction but will have a secured shopping cart soon. In the meantime, if you would like to have your pet pictured on Joshua's website, or would like to place an order, contact Joshua's mom Lois at [ladavis1234@aol.com](mailto:ladavis1234@aol.com). Joshua plans on opening the doors for business early August.



Joshua Davis rolls out the dough while hoping to roll in some "dough" from his new business!

## DMRS Protocols

By: Walter Rogers and Doria Panvini

### What are the Protocols?

The Protocols have been developed by the Division of Mental Retardation (DMRS) "to guide the determination of service requests." Each of the Protocols defines who is eligible for each service, how much service a person can receive and the right to appeal if a service is reduced or denied. Approval will be based on medical necessity. These protocols impact all services approved through the HCBS Medicaid waivers: the Arlington Waiver, the Statewide waiver and the Self Determination waiver.

### When will they be implemented?

The Protocols will be implemented effective August 1, 2008 as Individual Support Plans (ISPs) are renewed or amended. The protocols on physical therapy, occupational therapy, speech and language, nursing and nutrition services have already taken effect.

### Major changes

Approval of all requests for services will be based on "medical necessity." Medical Necessity questions are included in each Protocol. There must be sufficient information in the ISP or additional supplementary documentation to justify the approval of the services that are being requested.

The questions below are adapted from the medical necessity questions included in the Protocols.

- Is there sufficient evidence in the ISP that the service recipient requires or continues to need the identified service?
- Is there sufficient evidence in the ISP that the service recipient's needs cannot be met without the service?
- Is there sufficient information to demonstrate that progress can be made in terms of measurable functional gains?
- Are there clearly defined measurable goals based on the person's current age and health status?
- Is the requested service the least costly adequate option?

One-person homes will only be approved for individuals with significant psychiatric or behavioral challenges. Companion-model one-person homes will be approved if they are more cost-effective than serving the person in a two-person home.

All services for children 20 years of age and younger will be Transitioned to TennCare Managed Care Contractor (MCC)

the TennCare program for children.

There will be limits on amount of service approved. Services that are approved must be consistent with and not in excess of enrollee's needs.

**Appeal process:** If the requested service is denied or reduced, you can file an appeal within 40 days from the date of the notice (inclusive of mailing time.) If the appeal is received within 20 days (inclusive of mailing,) the service will be continued until the appeal is resolved. If no request to continue services is received by the 20th day, the services will be discontinued on the 21st day. If you lose your appeal, you will have to pay back the cost of the service you received that was disapproved.

**Protocols:** The Protocols are posted on the DMRS website at: [http://www.state.tn.us/dmrs/provider\\_agencies/Protocols.html](http://www.state.tn.us/dmrs/provider_agencies/Protocols.html). Following are the list of the protocols with a brief description of each one.

**Questions and Answers:** Included clarification on specific protocols.

**Behavior Services Protocol:** To the maximum extent possible and appropriate, Behavior Services by a Behavior Analyst or Behavior Specialist should be utilized to develop a behavior plan that can be implemented by caregivers.

**Behavioral Respite Services Protocol:** Limit of 60 days per year.

**Day Services Protocol:** Facility-based, Community-based, Supported Employment

- one to one available for Supported Employment, encourages reduction in staffing as person becomes more independent.
- two staff to one service recipient must be reviewed and approved by DMRS Central Office and probably will not be approved for community or supported employment services.

**Environmental Modifications Protocol:** \$15,000 per service recipient per two program year period.

**Family Model Residential Protocol:** Supports cannot be provided in family home and is more cost effective than other waiver services.

**Individual Transportation Services Protocol:** Does not include transportation to and from:

- Day services,
- Competitive or supported employment,
- School for school-age children,
- Medical services covered by TennCare, or
- Transportation of a service recipient receiving a residential service.

**Medical Residential Protocol:** Person requires skilled nursing

services "which cannot for practical purposes be provided through two or fewer daily skilled nursing visits;" and is more cost-effective than other options. One-person homes will only be approved for individuals who exhibit aggressive behavior or have documented history of significant psychiatric problems or behavioral problems.

**Nursing Services Protocol:** Must be for skilled nursing functions ordered by treating physician, physician assistant or nurse practitioner that must be performed by a registered nurse or licensed practical nurse. Does not include nursing assessment, nursing oversight and supervision,

**Nutrition Services Protocol:** Allows up to three Nutrition assessments per program year; includes education and counseling for caregivers – family members, residential staff, and paid personal assistants. Must achieve measurable improvements in service recipients medical condition or symptoms or quality of life; or prevent the imminent development of serious nutrition-related medical problems.

**Occupational Therapy Protocol:** Allows up to three Occupational Therapy assessments per program year; includes education and counseling for caregivers – family members, residential staff, and paid personal assistants. Services must be needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition.

**Orientation and Mobility Protocol:** For service recipients who are legally blind or severely visually impaired. Limit of 52 hours per program year. Services must have defined treatment goals in terms of measurable and sustained functional gains in the home and community environment. And does not include travel training.

**Personal Emergency Response Systems Protocol:** Approves a Personal Emergency Response System for a service recipient who lives alone for part of the day and needs PERS to secure help in an emergency.

**Personal Assistance Protocol:** Service recipient's need for direct assistance with activities of daily living and instrumental activities of daily living and/or supervision and intervention due to aggressive or inappropriate behavior would not be met in the home by family members. Except under exceptional circumstances two Personal Assistants may not be reimbursed at the same time, and Personal Assistance may not be reimbursed at the same times as Waiver Nursing Services, TennCare Private Duty Nursing, home Health Skilled Nursing Services, Home Health Aide or EPSDT Personal Care services. If medical conditions(s), diagnoses and and/or disabilities creates the need for such services, they will be billed at a special two-person rate.

**Physical Therapy Protocol:** To address service recipient's functional and/or treatment needs involving ambulation and mobility. Allows up to three Physical Therapy assessments

per program year; includes education and counseling for caregivers – family members, residential staff, and paid personal assistants. Services must be needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition. Services of children under 20 years of age to be transferred to the TennCare program for children.

*Residential Habilitation Protocol:* One-person home approved only with written approval from DMRS Central Office with documentation of exceptional circumstances involving severe behavioral conditions or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting. If number of housemates has decreased from three or more to two, approval for two-person home will be short term until other housemates can be arranged. If number of housemates decreased from four or more to three, approval for three-person home will be short term until other housemates can be arranged.

*Respite Protocol:* Limit of 30 days per program year and only for service recipients not receiving a residential service.

*Specialized Medical Equipment Protocol:* \$10,000 limit per two program-year period. Includes assistive devices to perform activities of daily living; increase ability to communicate with others, increase ability to perceive or control the environment within the home, stander, gait trainer, side-lyer, supplies and repair of specialized equipment.

*Speech, Language and Hearing Services (SLH) Protocol:* For treatment of a medical condition or functional deficit involving speech, language or chewing/swallowing. Allows up to three SLH assessments per program year; includes education and counseling for caregivers – family members, residential staff, and paid personal assistants. Services must be needed to (1) achieve measurable and sustained functional gains; (2) maintain current functional abilities; or (3) prevent or minimize the deterioration of a chronic condition. Services of children under 20 years of age will be transferred to TennCare program for children. If the service recipient is currently receiving waiver-funded SLH Services, the recipient can request continuation of SLH services to be provided through the waiver by the same provider.

*Supported Living Protocol:* A one-person companion-model type home may be approved if the cost of Supported Living service does not exceed the cost of Supported Living services in a two-person Supported Living home. One-person home will be approved only with written approval from DMRS Central Office with documentation of exceptional circumstances involving severe behavioral conditions or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting. Exceptional circumstances may also include the ownership of a home that cannot accommodate more than one service recipient.

- two-person homes will be approved for short term only.
- three-person homes will be approved.

*Transitional Case Management Protocol:* Limited to 60 days for persons in an institution more than 180 days and to 14 days for persons in an institution less than 180 days.

*Vehicle Modifications Protocol:* Limited to \$20,000 per five-program year period. Vehicle must be owned by service recipient or conservator or guardian.

Protocol Flowcharts -- The following flowcharts describe the decision-making process in the areas listed below. The flowcharts can be found on the DMRS website.

- ~Requests for One-person Companion Model Type Supported Living
- ~Initial Concurrent Review Assignment by the Plans Reviewer
- ~Establishing Concurrent Review Dates
- ~Review Process Using Medical Necessity Protocols
- ~Process for Transitioning Waiver Services for Children to the TennCare Managed Care Contractor (MCC) Role of the Plans Review Unit