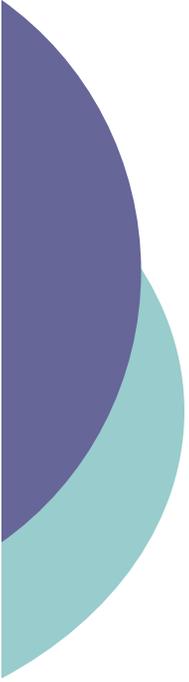


Qualified Mental Retardation Professional (QMRP) Training



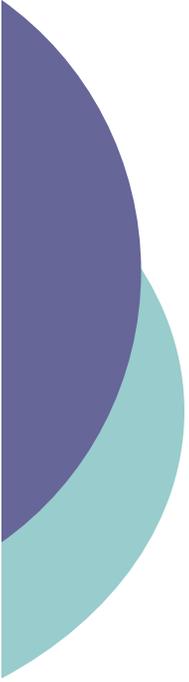
Who can be a QMRP?

- DR -- Doctor of medicine or osteopathy
- RN -- Registered nurse
- Master's level psychologist



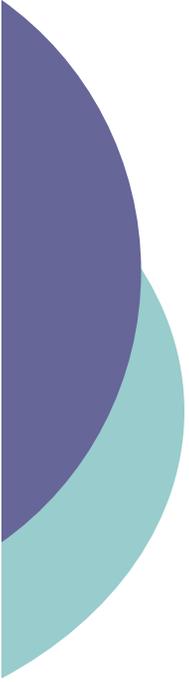
Who can be a QMRP?

- Bachelor's level
 - OT or OT assistant
 - PT or PT assistant
 - Social worker
 - Speech and language pathologist
 - Recreational therapist
 - Dietitian



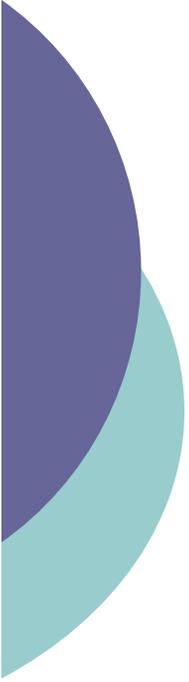
Who can be a QMRP?

- HR professional with bachelor's degree in human services field:
 - Sociology
 - Special ED
 - Rehab counseling
 - Psychology



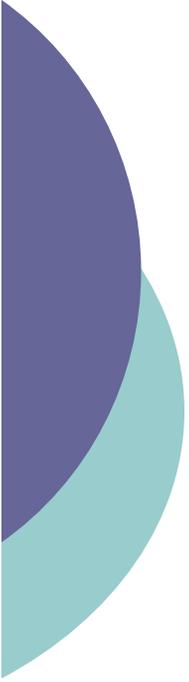
What other criteria must be met?

A QMRP must have at least one year of experience working directly with persons with mental retardation or other developmental disabilities



What is the role of the QMRP?

The QMRP is the key person responsible for drawing caregivers and therapists together to discuss what goals need to be met in order to enhance independence and/or improve the child's quality of life

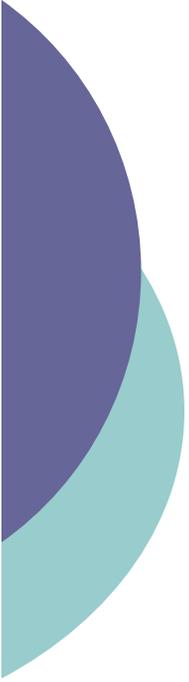


What is the role of the QMRP?

- Develops an active training plan for the PCS aide to follow
- Provides updating to the plan as necessary and/or as ordered by RMS
- Trains and supervises PCS aide to implement the plan and document appropriately

What are Personal Care Services (PCS) for Children?





What are PCS for Children?

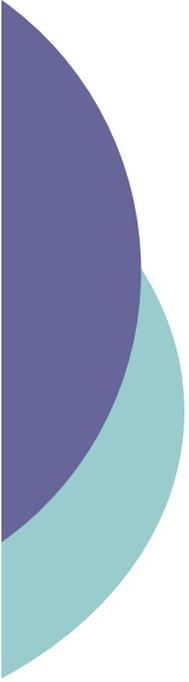
- Child must be eligible for Medicaid funding
 - Early Periodic Screening, Diagnosis, & Treatment (EPSDT)
 - Home Care for Certain Disabled Children (Katie Beckett)



What are PCS for Children?

EPSDT

- Qualify for Medicaid because of parent's income
- Alternate care home (formerly PCS home)



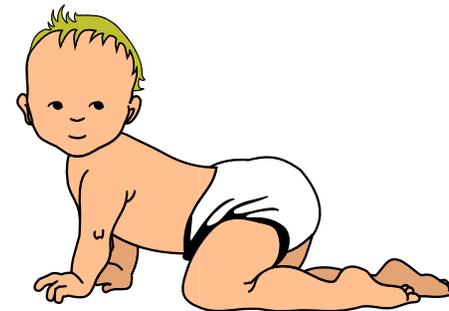
What are PCS for Children?

Katie Beckett

- Parent's assets & income not counted for eligibility
- Meet SSI disability criteria
- Meet an institutional level of care
 - Hospital
 - Nursing facility
 - Intermediate care facility for the mentally retarded (ICF/MR)

What are PCS for Children?

- For 1:1 training and personal care
- An aide is not to provide supervision only for a child that should not be left alone
- Babysitting other children in the home while working with a child is not allowed

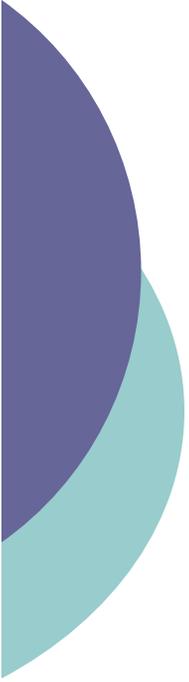


What are PCS for Children?

PCS is **not** meant to replace or duplicate other services such as:

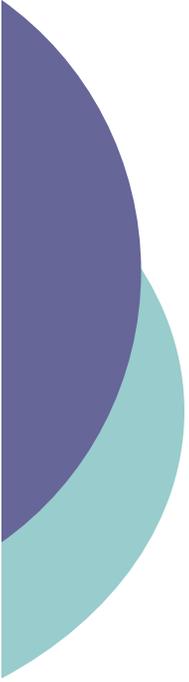
- School
- Therapists
- Developmental programs





What other services are available?

- PCS is not the only choice for children
- Services should be provided by the **most appropriate, effective, and cost effective** provider available



What other services are available?

- Child Development Center - CDC – may provide some respite
- School
- Developmental & Behavioral Programs
 - DDA
 - IBI
 - PT
 - OT
 - ST



Who may be eligible for PCS?

- Children who:

- Have mental retardation
- Are in the Autism Spectrum
- Have cerebral palsy
- Have a seizure disorder
- Have other physical impairments

Note: The child must be authorized by RMS



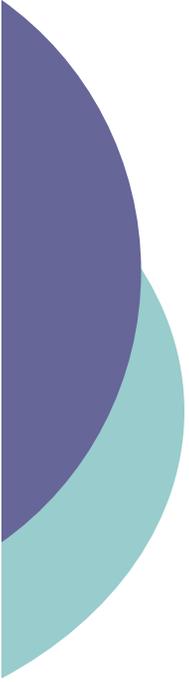
Who may be eligible for a QMRP plan through PCS?

- Children with cognitive impairments who need active treatment programs to maintain current functioning or to progress
- RMS must initiate services

Who prepares the plan?

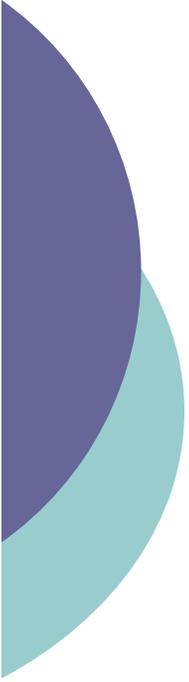


The **RN** and the **QMRP** should work together to formulate the plan



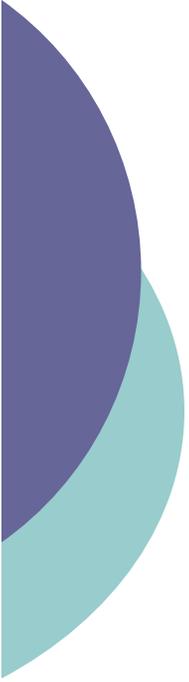
What is a child assessed for?

- Age
- Disability level
 - Mental
 - Physical
- Priority needs
- Other services in place
- Other services available
- Family supports



What are the child's needs?

- What does the child specifically need help with that other children of the same age are able to do independently?
- Are these needs being met already? By whom?



What are the child's needs?

Physical

- Is the child able to perform fine and gross motor skills on a par with others the same age?
- Does the child require physical assistance to perform these skills?
- Does the child require continued therapy to maintain or improve motor skills?
- Does the child require therapy to improve use of assistive devices?

What are the child's needs?



Developmental

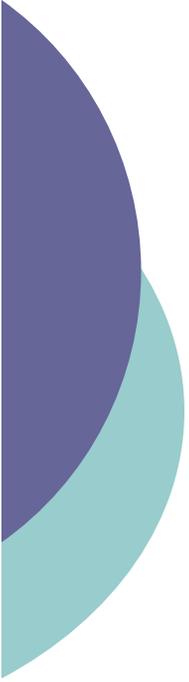
- Speech
 - Receptive and expressive
- Cognitive function
- Social skills
- Behaviors

How does the QMRP ensure PCS meets a child's needs?

- Must be a continuation of active treatment initiated elsewhere
 - School
 - CDC
 - Skilled Therapy - PT, OT, ST, DT
 - DDA

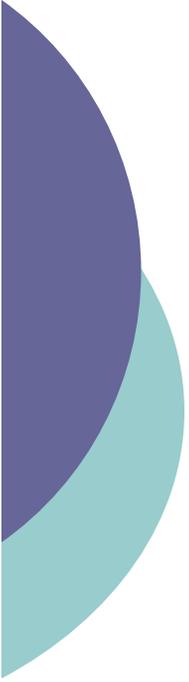
- Must require more follow-up than already provided
 - Cannot be a duplication of services





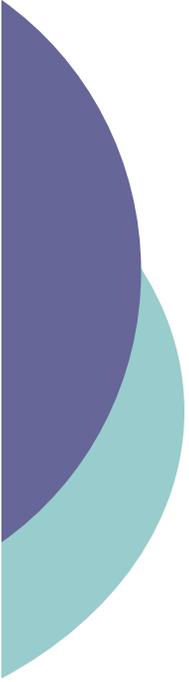
How does the QMRP assess progress?

- Make sure training plans are appropriate to the child's abilities
- Monitor child's progress and make changes as needed
- Report to RMS as necessary



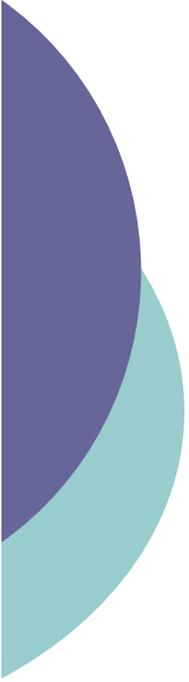
How is the PCS Care Plan prepared?

- RMS RN assesses child
- RMS sends assessment to PCS agency with maximum number of hours child may receive and prior authorizes PCS and/or QMRP plans
- Agency RN:
 - Reviews assessment
 - Consults with the parents
 - Consults with the QMRP
 - Prepares PCS Care Plan
 - Fills in the Week-at-a-Glance



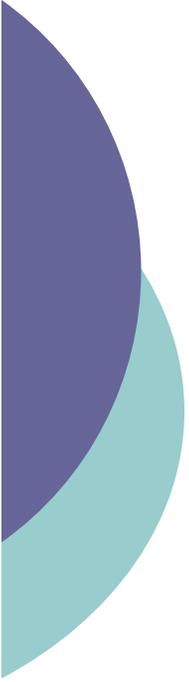
How is the PCS Care Plan prepared?

- Review RMS RN assessment and see what QMRP areas are recommended
- Review the IEP or other training programs
- Assess the effectiveness of previous approaches
- Determine what goals have already been met



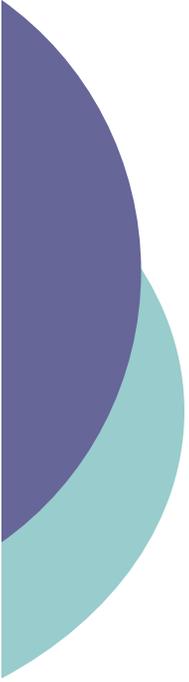
How is the QMRP Plan prepared?

- Consider amount of time spent in other programs besides PCS
 - How much more time is reasonable?
- Consider age of child
 - Older teens can be approved for training programs that younger children would not
- Consider time of day for PCS
 - Are the planned activities appropriate?



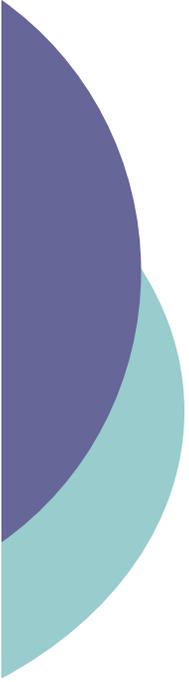
How is the QMRP Plan prepared?

- Consult with the child's parents
- Set priority needs and goals
- Develop training programs at appropriate level
- Incorporate PT, OT, and ST plans if needed
 - **These must be written by the professional therapist**



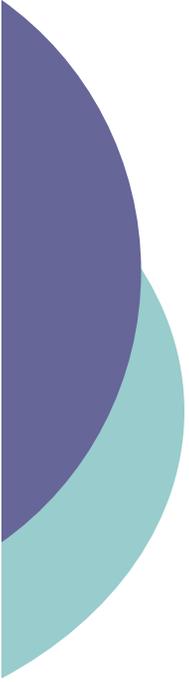
What are the components for objectives?

- Behavior
 - The behavior that needs to be learned is stated
- Goal
 - The goal will be measured by actions
- Modify
 - When goal is met, modify the plan and move on to the next step
 - If child is not progressing as anticipated, modify goals and/or plan as needed



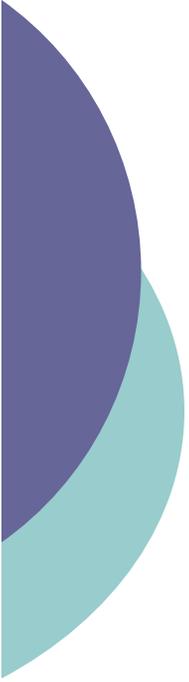
What are the components for objectives?

- Age
 - The tasks must be age appropriate
- Convenience
 - The plan can not be for the convenience of anyone but the child



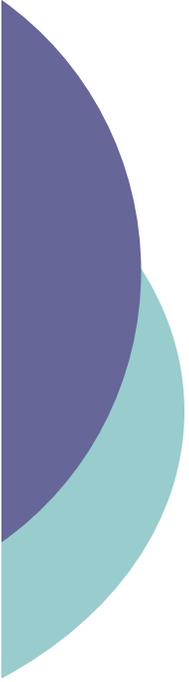
How is the QMRP Plan prepared?

- Write step by step instructions
 - Must be clear and detailed enough for the aide to follow
- Review plan with supervising RN
- Review plan with parents
- Submit the plan to the RMS for approval
 - Include professional therapist's plans
- Instruct the aide



What documents get submitted to RMS?

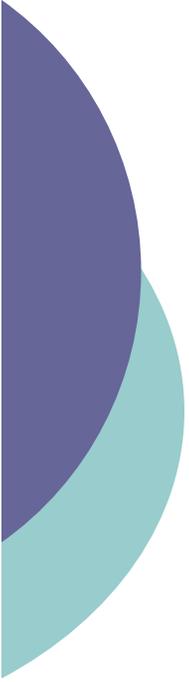
- PCS care plan, if authorized
- QMRP care plan, if authorized
- EPSDT paperwork
- Remember plans need to be approved and signed by child's physician



Who's responsible for supervision?

Registered Nurse

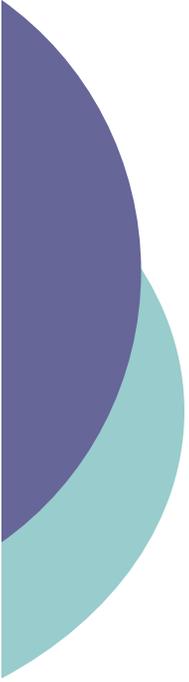
When delegating nursing care acts, the licensed nurse retains responsibility for the delegated acts and the consequences of the delegation



Who's responsible for supervision?

RN and QMRP

- The aide must have completed a board-approved training program
- The licensed nurse must give both written and oral instructions for the delegated task

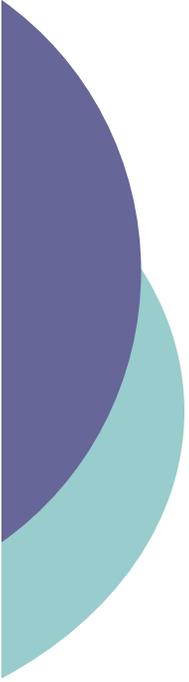


Who's responsible for supervision?

Registered Nurse

Some nursing acts cannot be delegated for minor children:

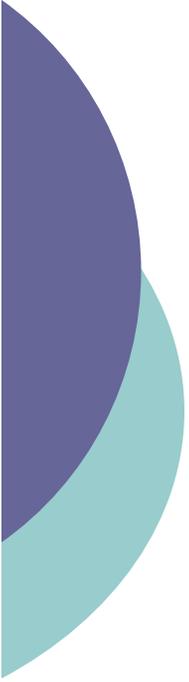
- Catheterization
- Medication administration



Who's responsible for supervision?

QMRP

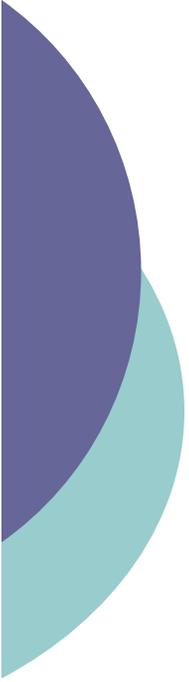
- Observe the aide working with the child
- Evaluate effectiveness of programs
- Discuss progress and needs with parents
- Modify plan, as needed



Who's responsible for supervision?

RN and QMRP

- Supervising RN & QMRP discuss any changes needed
- Send request for modification of hours to RMS
 - Revised WAG if needed
 - Give justification for any increase in hours using significant change form



Who's responsible for supervision?

RN and QMRP

- PCS and/or QMRP supervisory visits if ordered by RMS
- Send report to RMS, if requested
 - Forms HW 0620 & HW 0621



Regional Quality Assurance Contacts

Region 1 & 2 ~ Kim Hickey RN (208) 799-4435

Region 3 & 4 ~ _____ (208) 455-7150

Region 5, 6, & 7 ~ Michelle Finck RN (208) 782-2618