

**THE MICHAEL DUNN CENTER  
STAFF BULLETIN**

**NOW YOU KNOW**

Volume 2 Issue 2

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edited by Roger Richmond

**FROM THE DIRECTOR'S DESK...**

**Kyle Hauth**

**Time's fun when you're having flies**

They say time flies when you're having fun. Kermit the frog always said "time's fun when you're having flies". I guess we could all agree that time is better spent on something you enjoy. I certainly enjoy Michael Dunn and must admit that as each day draws closer to June 30<sup>th</sup>, I find myself wishing for just a little more time. I have loved my time with Michael Dunn and will miss my daily interactions with each of you. There is much I wanted to do dur-



ing my tenure and I am troubled that there are some things I will not have the privilege of seeing through to fruition. However, I am pleased with the direction our agency is going and proud to be a part of the ongoing objectives.

During the most recent board retreat we identified

numerous issues which our agency could consider, and work toward, for Fiscal Year 2005-2006. We also narrowed many of the issues and formulated our most crucial objectives. I was pleased to see our Board identify

staff wages as a number one issue which must be addressed immediately. This item was listed as the top priority of the agency. Our board developed a compensation committee which has been meeting tirelessly and will soon be presenting a proposal to our board of directors. I am excited with this chain

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**Did you know? ...**

DMRS has new definitions for Abuse, Neglect, Exploitation (see page 8). Some incidents fall into the category now called Investigatable Staff Misconduct.

All Investigations of Abuse, Neglect, or Exploitation will be conducted by DMRS Investigators.

Agency Management Staff will conduct investigations of reported Staff Misconduct.

Disciplinary action may result from Abuse, Neglect, Mistreatment, or Staff Misconduct, including reprimand, suspension, termination, or other, depending upon the nature of the incident.

**TRAINER'S MOMENT**

**Roger Richmond**

**Expect Change**

"Know what's weird? Day by day, nothing seems to change, but pretty soon, everything's different."

--Calvin  
(from *Calvin and Hobbes*)

Change happens. Some times change beats you over the head, other times you barely notice; it often happens when you least expect it. But one thing is always the same... you can expect change. Change occurs to

anyone, anywhere, anytime; whether expected or not, whether wanted or not, sooner or later it just happens. John Lennon said, "life is what happens to you while you're busy making other plans".

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## DMRS PROVIDER MANUAL OVERVIEW

On January 15, 2005, the State of Tennessee, Division of Mental Retardation Services (DMRS), issued the first draft of Provider Manual for agencies serving persons with Mental Retardation funded through DMRS. "This manual replaces all other provider manuals, operations guidelines, information bulletins, policy memos, or other documents previously distributed by the DMRS that contain provider requirements. Any TennCare policies that have been distributed by the DMRS pertaining to Medicaid Waiver programs continue to be applicable to waiver service providers. If any conflict is found to exist between requirements found in this manual and requirements found in applicable state or federal law, federal court order or state/federal Medicaid policy, the requirement found in the law, court order, or Medicaid policy will prevail until resolution of the conflict is achieved." Printable copies will be available on the DMRS website (<http://www.state.tn.us/dmrs>) in PDF format.

There are twenty (20) chapters and accompanying appendices. Highlights of changes important to performance of your job duties are listed as follows:

**Chapter 1** Provider eligibility

**Chapter 2** Consumer Rights and Responsibilities, Records and Information - incorporates values for delivery of services to people with mental retardation:

1. Individual rights;
2. Promotion of self-determination
3. Respect
4. Optimal health and safety; and

5. Inclusion in the community, utilizing natural supports and generic community services as much as possible.
6. Title VI: emphasizes rights under the Civil Rights Act of 1964. Discrimination based on race, color or national origin I the admission to or participation in any of

### Highlights of changes important to performance of your job duties are listed

an agencies programs and activities is prohibited.

7. Human Rights Committee

**Chapter 3** Individual Support Planning and Implementation - describes the Circle of Support and the Planning Team. It is a provider agency's responsibility to participate as invited and to focus on the agency's ability to provide the supports needed. It also describes the new ISP format. Implementation strategies are being replaced by staff instructions. These instructions will spell out for the staff the training materials, strategy for training, steps, and other information to enable the staff to effectively and consistently provide training.

**Chapter 4** Support Coordination and Case Management-highlights the facilitation requirements for support coordination and state case managers.

**Chapter 5** Application for Provider Status details the process required for a business to become receive provider status.

**Chapter 6** General Provider Requirements. This chapter provides information about requirements that are applicable to all providers, including licensure requirements and personnel requirements. Staff who have direct contact with or direct responsibility for service recipients must be able to effectively read, write and communicate verbally in English and must be able to read and understand instructions, perform record-keeping and write reports; 3) Staff responsible for transporting a service recipient must have a valid driver's license and automobile liability insurance; 4) Staff who have direct contact with or direct responsibility for service recipients shall pass a criminal background check performed in accordance with Title 33; and 5) Staff who have direct contact with or direct responsibility for service recipients must not be listed on the Tennessee Vulnerable and Elderly Abuse Registry or the Tennessee Sexual Offender Registry. This policy also requires thorough background checks and agency policies for Drug Free Workplace.

**Chapter 7** Provider Requirements: Training lists training requirements in the first 30 days (Pre-service), 60 days (core), and annual refresher for all agency employees. Requirements are indicated for various

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## Provider Manual Overview, continued

categories of employment.

**Chapter 8** Creation and Maintenance of Provider Records establishes requirements for creating and maintaining consumer records.

**Chapter 9** Residential Services. Staffing ratios are no longer required; each provider must review the support needs of the consumer and assign enough staff to meet these needs. Staffing plans shall be available in each service location. In addition, the supported living provider shall not own the enrollee's place of residence or be a co-signer of a lease on the enrollee's place of residence. There must be at least one staff person present when the consumer is in the home unless the ISP allows less than 24-hour supervision. Consumers may choose different supported living providers and still remain in the same home.

**Chapter 10** Day Services - provided for 243 days per year. Day services may be a combination of community and in-home supports as determined by the ISP and the provider agency. Day Services may only be provided during the hours of 7:30 a.m. and 6:00 p.m. Monday through Friday. Transportation for Day Services is the responsibility of the Day Service provider.

**Chapter 11** Health Management and Oversight - Health care oversight is a required component of providing services to a service recipient who may not be able to manage health care independently.

**Chapter 12** Behavioral Health must be integrated into all aspects of healthcare. This chapter addresses causes and considerations or challenging behaviors, with attention to diagnoses, environmental issues, medical concerns, and other related issues. Crisis prevention and support and emergency consultation procedures are addressed.

**Chapter 13** Therapy Services - defines and describes various therapy services.

**Chapter 14** Therapy-related Services - defines and describes specialized medical equipment/supplies and assistive technology, environmental and vehicle modification.

**Chapter 15** Nursing, Nutrition, Vision and Dental Services - describes available services.

**Chapter 16** Other Waiver Services - Respite, Personal Assistance, Personal Emergency Response Systems, Individual Trans-

portation Services

**Chapter 17** Conservatorship and Advocacy Services - highlights the requirements and process for providing conservatorship and advocacy services.

**Chapter 18** Protection From Harm - Contains new definitions for Abuse/Neglect/Exploitation. Protection plans must be developed for consumers.

**Chapter 19** Quality Management - requires and internal Quality Improvement plan. Ten Quality Domains re surveyed by DMRS staff. Technical assistance is available. Satisfaction surveys for consumers, families, direct support professionals are required.

**Chapter 20** Provider Claims Submission and Processing - describes how an agency gets paid for services.

**Chapter 21** contain policies that pertain specifically to Tennessee's Self Determination Waiver

**Appendices** contain common acronyms, additional forms, information, and web site addresses.

**Copies of the entire DMRS Provider Manual are available at:**  
<http://www.state.tn.us/dmrs/>

## HEART ATTACKS

American Heart Association

### Act in Time

The American Heart Association and the National Heart, Lung, and Blood Institute developed an "Act in Time" campaign to increase people's awareness of heart attack and the importance of calling 9-1-1 immediately at the onset of heart at-

tack symptoms.

### Dial 9-1-1 Fast

Heart attack and stroke are life-and-death emergencies -- every second counts. If you see or have any of the listed symptoms, immediately call 9-1-1. Not all these signs occur in every heart attack or

stroke. Sometimes they go away and return. If some occur, get help fast! Today heart attack and stroke victims can benefit from new medications and treatments unavailable to patients in years past. For example, clot-busting drugs can stop

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## Heart Attacks, continued

American Heart Association

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some heart attacks and strokes in progress, reducing disability and saving lives. But to be effective, these drugs must be given relatively quickly after heart attack or stroke symptoms first appear. So again, don't delay -- get help right away!

**Statistics**

Coronary heart disease is America's No. 1 killer. Stroke is No. 3 and a leading cause of serious disability. That's why it's so important to reduce your risk factors, know the warning signs, and know how to respond quickly and properly if warning signs occur.

**Heart Attack Warning Signs**

Some heart attacks are sudden and intense -- the "movie heart attack," where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure

what's wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. May occur with or without chest discomfort.
- Other signs: These may include breaking out in a cold sweat, nausea or lightheadedness

If you or someone you're with has

chest discomfort, especially with one or more of the other signs, don't wait longer than a few minutes (no more than 5) before calling for help. Call 9-1-1... Get to a hospital right away.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency medical services staff can begin treatment when they arrive -- up to an hour sooner than if someone gets to the hospital by car. The staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.

If you can't access the emergency medical services (EMS), have someone drive you to the hospital right away. If you're the one having symptoms, don't drive yourself, unless you have absolutely no other option.

**WE'RE THANKFUL FOR OUR SUPPORTERS**

Anita Richmond

The Michael Dunn Center is thrilled to announce that the tremendous generosity of three very special donors has made it possible for a new school bus to be purchased for the MDC school program. For over a year, the Michael Dunn Center has been attempting to raise funds for a new school bus, that is desperately needed to meet the transportation needs of children with developmental disabilities. We are so thankful for Martin and Dorothy Skinner, Duratek in Oak Ridge, and the Knights of Columbus, the three donors that have made the purchase of this bus possible.

Because of Federal laws, the state of Tennessee has been phasing out

the use of vans by schools, over the past few years. As a result of this law, most insurance carriers, including the carrier that insures MDC, will no longer provide coverage for vans used to transport school aged students to and from school. The Michael Dunn Center School serves students from five different counties, many of whom live in remote rural areas. At a cost of about \$45,000 each, MDC has been unable to secure the number of buses necessary to avoid lengthy transportation.

Fund raising efforts by the dedicated employees of Duratek resulted in a donation of over \$12,000.00 and the \$20,000 given

by the Knights of Columbus along with a donation by Martin and Dorothy Skinner have made it possible for the Michael Dunn Center to order the much needed third bus. Duratek and the Knights of Columbus have been long term supporters of the Michael Dunn Center. Martin and Dorothy Skinner were among the founding members of the Michael Dunn Center 34 years ago and have been most generous and supportive of the agency throughout the years.

Thank you for your attention in these matters.

## DIRECT SUPPORT PROFESSIONALS OF TENNESSEE (DSPAT)

### About DSPAT

We are direct support employees from all of the many statewide supported and assisted living agencies, day services, and job training programs. We work with members of the developmental disabilities community giving them direct support, training, friendship, counseling, and, most of all, care.

### Why are we?

We believe it will be up to us individually and as a group to address many of our issues such as low wages, high turnover, minimal training and the growing stress of state required regulations. We can do that more effectively as a united employees association.

### What are we?

We are simply a pro-active employees association working toward improved employment standards to better serve the direct support workforce which in turn will also better serve our consumers. DSPAT has no ties to any direct support unions, or any other union, nor

are there any plans towards these ends in our future.

### Vision and Goals for Dspat

DSPs will be able to easily connect and communicate with each other. Setting up a DSPAT Yahoo group for members and facilitating discussion forums at supporting agencies are just two examples to help achieve this goal. DSPAT officers can test the yahoo group to determine its utility for the DSPAT membership.

DSPAT will be the main resource to DSPs for a list of ethically responsible agencies to work for and a list of unethically responsible agencies. Also, we can keep a list of DSPs who are exemplary and those who are not. Not really sure how all this would work. Also, DSPAT could provide background check services.

- DSPAT will serve as a major resource for job postings, special projects, and volunteer opportunities.
- DSPAT will recognize DSPs and

others for best practices, on a regular basis (monthly, quarterly, etc)

- DSPAT will provide an array of valuable benefits to its members.
- DSPAT will communicate a list of its needs via an e-newsletter.
- DSPAT will create internal systems to help streamline its operations. (for example, selecting someone to clean up the emails on the juno.com account so we do not miss important incoming emails and so we can send out emails. Also, what happens when a new member joins? We should be able to walk through a fairly multi-step process for them, etc.
- DSPAT will continue to be a main component of the Mega Conference. One or two people can be on this committee to ensure our voice is represented each year.

***Editor's note: All MDC direct support Staff (DSPs) are encouraged to join DSPAT. Ask John Clayton for an application or go to [www.dspat.org](http://www.dspat.org)***

## DDI EMPLOYEES GIVE, NOT JUST RECEIVE

Melanie Harmon

Too often we concentrate on the services that Michael Dunn Center consumers receive, such as housing, medical care, and academic and vocational training, and overlook what they contribute to staff, each other, and the community. Michael Dunn Center consumers and DDI staff and employees have been giving to a special charity for the past three years. The charity is the Veterans of Foreign Wars National Home for Children. The donation is tabs from the top of aluminum cans which are recycled and

cash in for money.

For 77 years the Veterans of Foreign Wars National Home for Children has provided safe homes, food, clothing, and medical care for children and families of VFW and Auxiliary members. In the early years most who came to the National Home did so because the head of the household gave the ultimate sacrifice for our country - they died fighting for our freedom. The circumstances that bring children and families to the National Home

today can be much different from those in 1925, but the children and families at the National Home today need love and support just as the first widow and her children did. Currently, there are 88 children and 27 single parents for a total of 115 residents who call the National Home their home.

Thousands of tabs have been collected since MDC and DDI began their charitable contribution program. At DDI, tabs are put into a

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## From the Director's Desk, continued

*(Continued from page 1)*

of events and believe everyone will be pleased with the results of this work. Although it appears that our state legislators are stalling on the momentum which we gained regarding the DSP salary parity bill, I believe our board will not lose site of this objective.

A second issue which was identified as a top priority was the development of a full time grant writer. We believe this additional position is absolutely imperative to diversify our fund streams. This new position will also allow our agency the opportunity to become more financially sound and in a better position

to invest in ongoing and future services. Hopefully by FY 2005-2006 we will be able to bring in a new person to fill this void and our agency will benefit from the results.

The third issue worthy of immediate attention was identified as facility upgrades. We are quite aware that many facilities need a face lift and overall improvements. We will most likely develop a hard working facility committee that will begin obtaining bids on the various jobs that need to be completed. If you are interested in serving on such a committee, please let me know and I'll be happy to include you.

The final issue which we hope to

accomplish this year is the development of comprehensive clinical services for all adults. We are in the process of developing nursing oversight for many more of the people we serve along with other ancillary professional services. Penny Dodson and Anita Richmond will be working on this objective along with other interested individuals.

Assuming we accomplish these four objectives, we will not only have a better fiscal year, but will also find that it flies by as quickly as this last one.

One final quote from Kermit the Frog: "Time flies like a rocket, fruit flies like a banana."

## AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

Heart disease is the number 1 killer in the United States. Every day, more than 2600 Americans die from cardiovascular disease, which amounts to 1 death every 33 seconds.

Most of these deaths occur with little or no warning, from a syndrome called sudden cardiac arrest. The most common cause of sudden cardiac arrest is a disturbance in the heart rhythm called ventricular fibrillation.

Ventricular fibrillation is dangerous because it cuts off blood supply to the brain and other vital organs.

- The ventricles are the chambers that pump blood out of the heart and into the blood vessels. This blood supplies oxygen and other nutrients to organs, cells, and other structures.

- If these structures do not receive enough blood, they start to shut down, or fail.
- If blood flow is not restored immediately, permanent brain damage or death is the result.

Ventricular fibrillation often can be treated successfully by applying an electric shock to the chest with a procedure called defibrillation.

- In coronary care units, most people who experience ventricular fibrillation survive, because defibrillation is performed almost immediately.
- The situation is just the opposite when cardiac arrest occurs outside a hospital setting. Unless defibrillation can be performed within the first few minutes after the onset of ventricular fibrillation, the chances for reviving the

person (resuscitation) are very poor.

- For every minute that goes by that a person remains in ventricular fibrillation and defibrillation is not provided, the chances of resuscitation drop by almost 10 percent. After 10 minutes, the chances of resuscitating a victim of cardiac arrest are near zero.

Cardiopulmonary resuscitation, usually known as CPR, provides temporary artificial breathing and circulation.

- It can deliver a limited amount of blood and oxygen to the brain until a defibrillator becomes available.
- However, defibrillation is the only effective way to resuscitate a victim of ventricular fibrillation.

***Note: Michael Dunn Center's AED can be accessed at the Front Reception Desk***

## PROTECTION FROM HARM excerpted from DMRS Provider Manuel, Chapter 18

Assuring the protection and safety of service recipients is a primary mission of the Division of Mental Retardation Services (DMRS) and all DMRS providers. Chapter 18 identifies specific provider requirements intended to achieve the protection and safety of DMRS service recipients.

Protection from harm is more than developing and implementing policies, plans and responses to incidents that have already occurred.

Protection from harm is a legal and moral commitment to support, respect and value the dignity and worth of a person. It is an opportunity for all of us who have responsibility, as partners in the service delivery system, to strive toward achieving the goal of knowing that the people we support and serve feel safe enough to be able to enjoy their lives.

Prevention Plans are designed to assist providers in preventing harm

to service recipients and staff through an ongoing program of self-assessment targeted at identification and correction of potentially dangerous conditions or circumstances before they result in harm. Providers should identify self-assessments associated with the specific risks pertinent to the services offered. Providers are encouraged to consider the following topics for Prevention Plan self-assessments: 1) Inside environ-

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## Everything Changes, continued

*(Continued from page 1)*

We never know when change will occur, how things will change, or even if it will be good or not. Sometimes change is good, and we welcome it- other times it is not what we wanted, and we don't like it. We prefer changes not make life more difficult, but occasionally results of the change are hard on us and beyond our control. In the end, whatever happens, we try to make the best of it and go on with things.

Change comes in many different forms. It may come in the form of a new boss, a move to new facilities, new or additional responsibilities, promotion or demotion, or people coming or going in a group home. Changes could be personal, such as discovering physical illnesses or other life changes- marriage or divorce, birth or death, graduation or relocation of a child, termination from a job, relocation of the workplace or retirement. Some changes are big and have a great effect on us, others are small and we hardly notice them.

A friend, named Reed, recently lost a leg to diabetes. Two weeks after his surgery, Reed appeared at a meeting for which he served as

chairman. When surprise was expressed at his presence, Reed told the group of a person coming to visit him in the hospital. The friend approached Reed's bed in a very solemn manner, and quietly asked, "What's the prognosis, Reed?". Reed told the group, "I looked at him and said, 'Well, it's not gonna grow back!' I wasn't going to lay in bed in a fetal position feeling sorry for myself. You just go on with things." What a wonderfully positive outlook during a very difficult life change. How many of us could maintain such a good attitude under such difficult conditions? Change happens. We deal with it. Life goes on.

We are currently faced with a couple of major changes in our lives at Michael Dunn Center. We have been fortunate to have not faced many changes in Executive Leadership over the many years of our existence. We were blessed for the past 14 years to have an Executive Director with vision and wisdom to lead us in positive directions and keep MDC in the forefront of provider services across the state. But now, our Director is moving on and we are looking for new leadership. Such a change always makes us

wary. Exactly how will our lives be changed? What impact will a new leader have on each of us? What unknown changes and unforeseen possibilities can we expect? We do wish Kyle the best in his life's new challenge, and we thank him for many good years of service and devotion.

Along with every other Provider Agency in Tennessee, we are also facing major changes in the very way way in which we operate. With the release of the new DMRS Provider Manuel, many ways we are currently doing things will be different. Some of you may not notice any difference, but many things have changed. Early indicators are that the changes will have a positive impact and be good for service providers. Each of you should have read or reviewed this new manual. It is important for you to know how the changes affect day-to-day activities. If you have yet not done so, I do encourage you to look up the Provider Manuel at <http://www.state.tn.us/dmrs/> to see what is expected of you.

Day by day, nothing seems very different, but before you know it, everything has changed...



**Phone Numbers:**

Poison Control.....1-800-222-1222  
Abuse Investigator....1-800-579-0023



**Back Issues of NYK are available at <http://www.michaeldunncenter.com/>**

DDI Employees Give, continued

*(Continued from page 5)*

small box that is kept in the employee break area. When the box is full, an employee will give the full box to the General Manager, Melanie Harmon, and ask for an empty box. "The employees are very aware of what they are doing and who they are helping," says Melanie. As simply put by Ken Roberson, "People need help" he

says. James Daniels, another DDI employee, immediately adds, "especially children."

DDI employee Nola Plemons has her whole family and family's friends collecting tabs. Nola's sister Shirley says that if Nola is taking a walk after work or if she is walking through a parking lot to a store, she will stop and pick up a tab if she

sees one. Shirley also says that Nola will ask people she see's buying a soft drink out of a vending machine for their aluminum can tab. Now that's commitment!

Thank you to all who save those tabs! And thank you to Marvin and Terry Harmon who serve as intermediary between our agency and VFW Post 3438.

Protection From Harm, continued

*(Continued from page 7)*

mental safety; 2) Temperature safety: water, refrigerators, freezers; 3) Outside safety in yards, parking lots, etc.; 4) Work and day service site safety; 5) Fall hazards; 6) Vehicle and transportation safety; 7) Medication safety; 8) Meals and food storage safety; 9) Durable medical equipment safety; 10) Wheelchair safety; 11) Safety on community outings; 12) Emergency Management (e.g., natural disasters and fire); and 13) Theft prevention (property and funds).

*(editor's note: Staff who recognize concerns or issues that need attention are encouraged to report them to the agency Director).*

*New Abuse, Neglect, Exploitation-Definitions:*

- **Abuse:** the knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- **Neglect:** Failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.
- **Exploitation:** the deliberate misplacement, misappropriation or wrongful, temporary or permanent use of belongings or money with or without consent.

Alleged, suspected, or observed incidents that meet the definitions of Abuse, Neglect or Exploitation should be reported, even when the service recipient does not seem to be injured or harmed.

Staff must report these incidents even when accused staff person apparently did not intend to injure or harm the service recipient.

In most instances, staff will notify their supervisor of the incident. *But*, if the staff believes that notifying the supervisor may result in punishment or retaliation, or in the report not being forwarded, they can report directly to the DMRS Investigation Hotline.