Pennsylvania Health Risk Screening Tool Protocol Update

Revised: 01-14-21

Overview

This protocol update is being released to provide updated information regarding expectations and timelines, to reflect changes in the process implemented by HRS, Inc. since the initial protocol was distributed, and to provide additional guidance regarding roles and responsibilities.

The Health Risk Screening Tool (HRST) is used to detect health risks and destabilization <u>EARLY</u>. The HRST is a reliable, normed, and objective tool that does not lend to subjectivity. The HRST assigns scores to 22 health and behaviorally related rating items (see, Attachment 1). These scores are derived by an objective process. The total score results in a Health Care Level that indicates an associated degree of health risk (see, Attachment2). The Health Care Level (HCL) can range from 1 through 6; level 1 being the lowest risk for health concerns and level 6 being the highest risk of health concerns. The Health Care Level is predictive of longevity and mortality. Once an individual has been fully screened, the HRST produces suggested action steps in the form of Service and Training Considerations that inform supporters on how to respond to objectively identified risks. It is important to understand that the HRST measures health risk not disability. The HRST is designed and intended to empower supporters with information needed to more effectively oversee the health and welfare of the individual.

Why Screen?

- <u>Early</u> detection of health risks and destabilization prevents unnecessary deaths

- <u>Early</u> identification and action on health risks reduces and prevents health-related complications

- <u>Careful</u> monitoring of an individual's health promotes a better quality of life

- <u>Assists</u> providers in identifying additional services for the individual and training for the staff, thus allowing us to serve people more effectively, especially when these needs are less than obvious

- <u>Assist</u> providers and families to have meaningful conversations with community physicians, clinicians, and other medical professionals

How will the HRST be rolled out in Pennsylvania?

The HRST roll out began July 1, 2019 for those individuals receiving waiver or base funded residential services (ie. Residential Habilitation [Licensed and Unlicensed], Supported Living, and Life Sharing [Licensed and Unlicensed]). The roll out was initially planned to occur over a 1-year period and in six phases based on the individual's Needs Level. Residential providers for individuals served by the Adult Autism Waiver (AAW) and the Adult Community Autism Program (ACAP) were given a separate time frame to complete the HRST screenings for all individuals in Residential Habilitation.

UPDATE: Due to the COVID-19 pandemic, ODP extended the timeframe to **all providers** who are required to complete screenings until June 30, 2021. With the extension of the timeframe all providers are to determine the order of completion of the remaining screenings. ODP is not issuing additional guidance for phases for individuals with a Needs Level.

How does the HRST differ from the completion of a Supports Intensity Scale™ (SIS™)?

As stated above, the HRST is used to detect health risks and destabilization early within a residential program and assist support teams to address health risks in a proactive manner. The SIS™ is a statewide standardized needs assessment used to measure the intensity of support for an individual to be successful in their home and community. The SIS™ is administered by a statewide independent contractor.

Who will be trained to screen using the HRST (a.k.a "the Rater")?

- Each residential provider will have the opportunity to identify staff who will become the trained HRST rater(s). Recommendations on choosing an HRST rater can be found below.

- The initial and subsequent HRST screenings must be completed by a trained "rater" who has completed the HRST online rater training. The rater(s) will be staff within the provider organization designated by that provider agency.

- As providers choose who among their staff should be raters, the following should be considered:

  - It is suggested that one rater per twenty-five individuals to be screened (1:25 ratio) be used as a guide to determine the number of raters needed within a given provider agency.

  - The rater should ideally know the individual very well and have served the individual in various environments.

  - The rater should ideally have access to the individual's records, including health information, charts, tracking, or other people who know the individual well.

  - The rater should ideally be someone who supports the individual frequently (at least weekly).

    Having an HRST rater who is frequently interacting and familiar with the individual greatly increases the likelihood that health or behaviorally related changes will be detected and thus captured in the HRST.

What training do raters receive to screen using the HRST?

To screen an individual using the HRST, the rater must complete (<u>at a minimum</u>) an online training course. This is the only training that is **required** of the rater before screening individuals. Completion of this online training course qualifies the rater to have access to the HRST web-based application so that screenings can be done. This course teaches the rater vital health and safety information and how to screen the 22 rating items found in the HRST. This training also informs the rater on the basics of using the web-based application. The HRST online training can take on average 3-4 hours to complete. It is a work-at-your-own-pace training. Once completed, the rater can always revisit the online training for a refresher if needed.

Additional training will be given to some users, such as designated nurses (RNs or LPNs) who will complete the HRST Clinical Review. In addition, there will be trainings offered that are designed to enhance the rater's screening accuracy. These trainings will be offered in various formats, such as live presentations, webinars, and e-learning.

Who and what needs to be a part of the screening process?

The individual being screened is always encouraged to be a part of the screening process and when possible should be encouraged to attend as this promotes person-centered practices. However, it is not a requirement. The rater should have access to people, files, charts, and other information that allows them to screen the individual accurately.

Many raters find it helpful to complete the screening with direct, in-person contribution from other key supporters. This allows the rater to determine a score in real time based on information from those who know the individual best or interact with the individual in various environments. Such a team approach helps to ensure that all supporters are aware of the risks facing the individual as determined by the HRST.

When should an HRST be completed?

The HRST will be completed *at a minimum* of once a year; however, the HRST is a dynamic tool and should keep in step with changes in the individual's health status, either deterioration or improvement. Therefore, it is very important that raters update the HRST as the individual experiences changes that affect the 22 rating items at any point during the year. Keeping these items up-to-date will help ensure that health risk changes are captured and that the team is accurately instructed by the HRST on how to respond to these changes via the Service and Training Considerations.

For Annual Updates:

After the initial HRST is completed, the annual update/review of the HRST shall be completed for the individual within 90 days prior to the annual ISP planning meeting. This review consists of ensuring the current scores for the 22 rating items and the medication and diagnosis information are accurate.

For Updates Needed Throughout the Year:

Since the HRST is a dynamic tool, it needs to be kept current as the individual experiences changes that may affect the scores of the 22 rating items. Although many individuals may not experience these changes throughout the year, others may begin to show signs of heightened risk and destabilization. As these changes occur, it is expected that the HRST rater update the HRST as soon as possible but no later than 14 days of these changes occurring. Examples include, but may not be limited to:

- Hospitalizations

- Emergency room/Critical care visits

- Behavioral changes or unusual changes in routine

- Communication by individual of changes in how he or she feels

- Any event thought to signal a health event

- Injuries

Medications and diagnoses can be updated as needed but should be reviewed and updated quarterly to reflect any changes.

What steps must Providers take for an HRST Health Care Level of 3 or higher?

- **Update: This section is updated from the original protocol to reflect the change in practice by HRS, Inc to now allow both RNs and LPNs to complete the Clinical Reviews.**

- Individuals with an HRST Health Care Level (HCL) of 3 or higher are considered higher risk.

  - If an individual's HRST HCL reaches a score of 3 or higher, an HRST trained nurse (RN or LPN) who is employed or contracted by the provider responsible for screening the individual <u>MUST</u> complete a Clinical Review within 14 business days.

  - At least quarterly, it is recommended that an HRST trained nurse who is employed or contracted by the provider responsible for screening will conduct a Clinical Review on 10% of those with a HCL of 1 and 2 for quality purposes.

  - The Clinical Review service can also be purchased from HRS, Inc, an option for providers who do not currently employ or contract with a nurse. For more information, please contact HRST support by emailing support@hrstonline.com.

  - **All providers must have access to a Clinical Reviewer.**

- Clinical Reviewer training continues on a regular basis as part of the HRST service to ensure new nurses are trained due to turnover, new hires, etc. Clinical Reviewer trainings are being conducted as live, online trainings.

- As provider nurses are trained, they begin completing needed Clinical Reviews for their agency.

- To help ensure accuracy, upon request from the provider, HRST Clinical Staff will review initial Clinical Reviews done by the provider nurses and give feedback.

- Provider Nurses trained to be Clinical Reviewers, can continue to reach out to HRST for assistance with clinical question and concerns at HRST Clinical Support:
  - HRST Clinical Support can be accessed from the "Help" menu, directly within the HRST application or by emailing paclinassist@hrstonline.com

Who can view an individual's HRST in the web-based application?

- Providers will choose who among their staff have access to the HRST web-based application, such as raters, nurses, and administrators.

- Designated provider staff will only have access to people served by their provider agency. This will make for ease of sharing HRST information among an individual's support providers. Users cannot see individuals that are not served by their agency.

- Administrative Entities (AE) and Supports Coordination Organizations (SCO) will have View Only (information can be viewed but not changed) access to those individuals served by their agency.

- Only raters who have completed the online rater training are able to access the HRST and make changes to Diagnosis, Medications, or Ratings.

What are the HRST Service and Training Considerations?

The Service and Training Considerations (Considerations)are a vital part of the HRST. While scores related to each of the 22 rating items convey the degree of risk present, the Considerations inform the user/support teams on how to respond or act in light of these identified risks.

Scores indicate where risk has been detected. *Considerations* suggest what to do about the risk. The Considerations are where the scores of the HRST and the individual intersect. Additionally, the Considerations are where the quality of life and lifesaving attributes of the tool are largely found and are generated because of the score. It is imperative that users of the HRST understand that Considerations will likely change as the 22 rating item scores change. Regular training is offered on the Considerations and the training is highly recommended by anyone who will use the HRST, not just raters.

How are Reports Created Using the Data Collected in the Screenings?

HRST contains a Report Suite that can generate standard or custom reports. The reports can be utilized by the Providers, SCOs, and AEs to monitor activity in the HRST system and to analyze data and trends related to risk identification and mitigation. The reports can be generated on an as needed basis or can be scheduled to be generated on a regular basis. HRS, Inc provides educational resources on the use of the Report Suite. Below are links to video tutorials:

- Standard Reports: http://hrstonline.com/video/index.php?id=349749448

- Scheduled Reports: http://hrstonline.com/video/index.php?id=350360304

- Custom Reports: http://hrstonline.com/video/index.php?id=351816104

HRST also provides periodic educational webinars which provide information on how to utilize the reports and information available within the HRST system by clicking on the Knowledgebase tab at the bottom of the home page.

The Roles and Responsibilities of the Individual's Provider:

- Providers are responsible for ensuring that all initial HRSTs are completed by the stated timeframe of June 30, 2021.

- Providers are responsible for ensuring that the annual HRST update is completed 90 days prior to the individual's annual ISP and providing the assessment to team members.

- Providers are responsible for ensuring that the HRST screening is updated within 14 days of changes in the individual's health status, either deterioration or improvement.

- Providers are expected to ensure appropriate communication of HRST results with Primary Care Physicians, other medical professionals and Managed Care Organizations as appropriate and notify the SC that this has been completed as part of risk mitigation efforts.

- Providers are responsible for reporting the need for any deviations to the risk mitigation plan to the SC and other team members as applicable in order to update the ISP.

- The Providers in collaboration with an individual's Primary Care Physicians, other medical professionals, and Managed Care Organizations may decide that a Consideration produced by HRST is not appropriate for the individual's risk mitigation. These decisions should be documented. Example reasons for deeming a Consideration not applicable or low priority:

  o The individual has recently had the Consideration applied

  o The content within the Consideration statement does not apply to the person and did not trigger scoring within that item

  o The team agrees that other Considerations should be applied first

The Roles and Responsibilities of the Individual's Supports Coordinator (SC):

- SCs should review and discuss the most recent HRST during ISP meetings and ongoing individual monitoring to promote and coordinate the health and safety of individuals receiving residential services. The information found in the HRST will assist the SC to have more effective collaboration with the provider.

  o Please note: Annual HRST updates should not delay the completion of the annual ISP process. If an HRST has not been completed, contact should be made to the AE or ODP BSASP.

- The SC will ensure that the risks identified by the team as a result of the most recent HRST are captured in the Health and Safety Focus Area Section of the ISP and that a plan to mitigate the risk is identified. The SC and team are encouraged to use the Considerations when developing risk mitigation plans.

- Any deviation from the plan to mitigate the risk as identified by the Provider and approved by the individual's team shall be documented in a service note by the SC.

- SCs shall request explanation for deviation from the established plan to mitigate risk and shall take appropriate action to notify the individual's team members. The SC will follow through until resolution of the identified deviation in the plan.

- SCs may request the Provider complete an update to the HRST if changes in the individual's physical or behavioral health status are noted and a recent HRST update has not been completed.

  - For the Consolidated, Community Living and Person/Family Directed Support Waivers (known collectively as the ID/A Waivers): If the Provider fails to complete the requested update, SCOs should contact the AE.

  - For AAW and ACAP: if the Provider fails to complete the requested update, SCOs should contact the ODP BSASP regional office.

- SCs can utilize the HRST Report Suite to monitor activity and updates in the HRST system.

- SCs can create monthly custom reports to monitor the completion of HRSTs for individuals they support.

- SCs can utilize the HRST Scoring Summary while completing monitoring visits with the individual. This ensures the SC is aware of the areas of risk and encourages oversight and conversation around these items with the provider.

Educational resources for the Report Suite are listed above in the "**How are Reports Created Using the Data Collected in the Screenings?"** section*.*

- Assistance can also be obtained by contacting HRST support at pasupport@hrstonline.com and paclinassist@hrstonline.com.

The Role and Duties of the Health Care Quality Units (HCQUs):

- HCQUs will contract directly with HRS, Inc to create access for providers to conduct HRST screenings.

- HCQU staff will serve an administrative and quality assurance role.

- Each HCQU will serve as an "HRST gatekeeper" for the residential providers in their area.

  The gatekeeper would:

  - Submit to HRS support any HRST user accounts that need to be made Inactive

- o Submit to HRS support new HRST users that need to be added for the provider agencies in their area as needed

- o Submit to HRS support the required information pertaining to the individual served that needs to be added to the database for any given provider. IMPORTANT: Information must be submitted in accordance with HRS processes that adhere to HIPAA laws regarding PHI. HRS support will reject information not submitted in accordance with these guidelines. For more information, refer to the *PA HRST Gatekeeper Best Practices* document.

- Provide support and technical assistance to providers.

- Share with Administrative Entities and the appropriate ODP Regional Office concerns arising for providers following state requirements related to the HRST as outlined in this protocol.

- Each HCQU will have a designated RN(s) to oversee HRST functions in their respective region. These RN(s) primarily:
  - o Review the quality of screenings completed in their region (using the HRST QA module)
  - o Offer assistance and training to providers and SCs as needed (this can be done largely in collaboration with HRST clinical staff)

- HCQUs will convene quarterly meetings with Administrative Entities within the HCQU region to review HRST data. HCQUs will assist in trend analysis of the data generated by the HRST.

The Role of the Administrative Entity (AE):

- Implement policies and practices with regional HCQUs, Providers and SCOs to ensure the effective application of the HRST process.
  - o Including, procedures on addressing concerns identified by HCQUs and SCOs of Providers not adhering to the HRST protocol

- Integrate the HRST into risk and quality management activities within the AE, including the utilization of HRST data and analysis to inform the AE Provider Risk Assessment Process.

- Collaborate with ODP Regional Offices, HCQUs, SCOs and providers to mitigate risk.

- Promote a culture of safety within the service delivery system and assist with team conflict resolution as needed.

- AEs can utilize the HRST database to create monthly custom reports to monitor the completion of HRSTs by providers.

- Educational resources for the Report Suite are listed above.

- Assistance can also be obtained by contacting HRST support at pasupport@hrstonline.com and paclinassist@hrstonline.com

How will the HRST be managed at the regional and state level?

- The Office of Developmental Programs' Medical Director will be the state lead for the HRST. The Medical Director or appropriate ODP staff will:
    - Serve as a guide and resource for the overall use of the HRST
    - Work closely with HRS, Inc and the HCQUs on promoting the proper use and implementation of the HRST
- ODP regularly provides HRS, Inc with a list of current individuals receiving residential services.
- Through Central Office and Regional staff, ODP will ensure that all parties in the state remain compliant with state HRST policy expectations.
- The Office of Developmental Programs will have oversight for ensuring the accurate implementation of the HRST.
- The Bureau of Supports for Autism and Special Populations (BSASP) will integrate the HRST in risk and quality management activities for individuals in AAW and ACAP.
- ODP will review and analyze data as part of systemic risk and quality management activities.

ODP will continue to review and update this protocol as needed.

Getting Help and Assistance

- HRST technical support can be accessed by emailing: **pasupport@hrstonline.com**
- HRST clinical support can be accessed by emailing: **paclinassist@hrstonline.com**

Attachment 1: The HRST Categories and Rating Items

These rating items are intentionally chosen. These areas are where health risk and destabilization are likely to occur, especially in vulnerable populations. Scores in each of these items indicate a degree of risk and offer others the ability to know exactly where the individual is experiencing heightened risk so that targeted action can be taken.

The HRST Rating Scale

Score	Description
0	No issues within the past calendar year (12 months)
1	Occasional issues within the past year. No identifiable pattern
2	Emergence of a definable pattern of issues
3	Increasing frequency and/or intensity of identifiable issues
4	Potentially life-threatening or life-defining issue or hospitalization in the past year

NOTE: The exception to this scoring gradient is Item Q: High Risk Treatments. This item either scores a 0 or 4. Scores of 1,2, or 3 are not possible.

Category 1: FUNCTIONAL STATUS

A. Eating

B. Ambulation

C. Transfer

D. Toileting

E. Clinical Issues Affecting Daily Life

Category 2: BEHAVIORS

F. Self-Abuse

G. Aggression

H. Behavioral Support - Physical

I. Behavioral Support - Chemical

J. Psychotropic Medications

Category 3: PHYSIOLOGICAL

K. Gastrointestinal

L. Seizures

M. Anti-Epileptic Meds

N. Skin Integrity

O. Bowel Function

P. Nutrition

Q. High Risk Treatments*

Category 4: SAFETY

R. Injury

S. Falls

Category 5: FREQUENCY OF SERVICE

T. Pro Health Care Services

U. ER Visits

V. Hospitalizations

Attachment 2: Definitions for the HRST Health Care Level (HCL)

The Health Care Level is assigned after all 22 rating items of the HRST have been fully screened and a score assigned. HCL's are extremely important as they show the overall degree of risk that has been identified. These HCL's have been shown to be accurate indicators of longevity and mortality. Studies on the HRST have shown that as HCL's increase, so do the odds of dying and thus experiencing a shorter lifespan. HCL 4 has been associated with the highest risk of unanticipated and unexpected deaths. Users of the HRST should ALWAYS act when HCL's increase, even by one level. Increases that cause a skip in HCL's should be of even greater concern.

Health Care Levels

Level 1:   Low Risk
Level 2:   Low Risk
Level 3:   Moderate Risk
Level 4:   High-Moderate Risk
Level 5:   High Risk
Level 6:   Highest Risk