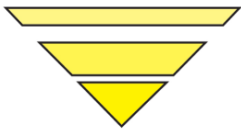


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



Division Directive Number
3.090

Effective Date: March 16, 2009
Reviewed: December 27, 2010

Bernard Simons

Bernard Simons, Director

Title: Health Identification and Planning System (HIPS) Process

Application: Applies to Division of Developmental Disabilities (Division of DD) Regional Offices, Senate Bill 40 Boards, and Other Not-for-Profit Targeted Case Management (TCM) Entities

Purpose: Prescribes standardized procedures for implementation of the Health Identification and Planning System (HIPS) for consumers in Division of DD residential placement (excluding RCF's not funded by Division of DD and all SNF and ICF/MR). This process is a Quality Enhancement Integrated Function. The Nursing Review is designed to safeguard consumers through discovery and remediation of unmet health support needs. The HIPS process prioritizes identified consumers who need significant supports for optimal health; and assures those supports are in place by their provider through a professional nursing review.

Definitions:

Action Plan Tracking System (APTS): A database utilized by the Regional Offices designed to track issues requiring resolution as well as positive practices that are identified through Provider Relations and/or Quality Enhancement Functions. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

Focused Review: A standardized document which is completed by a QE RN when there has been an identified change in mental or physical health that causes a significant change in the life of the consumer and which may alter the level and skill of support needed. This review can be conducted at any time throughout the year to specifically address the identified issues of concern.

Health Identification & Planning System (HIPS): The Division of DD quality Enhancement monitoring process for the discovery and remediation of health and safety concerns for consumers in Division of DD residential services (excluding RCF's not funded by Division of DD and all SNF and ICF/MR). This process incorporates a baseline health inventory and nursing review for all persons entering Division of DD residential placement services followed by an annual Health Inventory and for those meeting an established score threshold, a Nurse Review. In addition, further consultation by a Regional Office Quality Enhancement Registered Nurse may occur anytime with notification of significant health changes.

The following lists the tools for each component of the HIPS process:

- **Identification Tool:** Health Inventory
- **Discovery Tool:** Nursing Review/Focused Review
- **Remediation Tool:** HIPS Action Plan
- **Systems Improvement Tools:** APTS / HIPS databases and Provider Plans

Health Reference Manual: Is a supplemental manual for provider use which defines each of the identified health indicators as listed on the Health Inventory as well as additional pertinent information including potential complications, guidelines and teaching considerations.

Health Inventory (HI): An inventory tool designed to identify health issues that require additional supports which may include advanced training / knowledge to support safely in community residential settings; identifies and prioritizes consumers who will receive a Nursing Review based on the supports they require and the potential risk if supports are not adequate; guides service coordinators in identifying health indicators to be addressed in the personal plan process regardless of a score.

Health Identification and Planning Systems (HIPS) Action Plan: A standardized document used to record and communicate discovery of immediate health care needs (category 1) and essential health care needs (category 2); record the action to be taken for resolution; and documentation of completion of planned action.

Nursing Review: A Division of DD Quality Enhancement Function for monitoring consumer health and safety. It includes a clinical case review completed by a Regional Office Quality Enhancement Registered Nurse. This incorporates evaluation and analysis of the consumer's support services and planning around their health care needs.

Provider Improvement Plan: Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. Improvement Plans are written for the purpose of increasing performance above current levels, overall system improvement or to put processes into place to prevent an issue from developing into a more serious situation. These plans are only required under the criteria in the Provider Improvement Plan section of Division Directive **4.080 - Integrating Quality Functions**.

Residential Placement: For the purpose of this function, for consumers in Division of DD residential placement (excluding RCF's not funded by Division of DD and all SNF and ICF/MR).

Overview of Process

IDENTIFICATION

The Health Inventory (HI):

This is the first phase in the Health Identification and Planning System (HIPS) process. This tool identifies who will receive a medical review by identifying residential consumers with significant health support needs including identification of nursing tasks being performed in the community setting. These individuals have the greatest potential for a negative outcome if health support services are not structured and provided properly. The Health Inventory was designed to be completed by service coordinators or other non-medical persons who know the consumer well. It is the responsibility of the service coordinator to assure this tool is completed at intervals defined in this directive and all consumer needs are addressed in the plan. This tool provides data on community based supports and their distribution statewide. It also guides the service coordinator in identifying the health supports that should be addressed in the personal planning process regardless of the score threshold.

The Health Inventory lists health indicators with corresponding definitions contained within the operational instructions available for all staff. The Health Inventory is scored by the totaling of established scores for each health indicator marked on the inventory for that individual. For each Health Inventory that meets the score

threshold of 30 points or more, the QE RN will conduct a Nursing Review. For Health Inventories that do not meet the score threshold, the service coordinator is responsible to assure each indicator marked on the HI is still addressed in the personal plan, seeking assistance if needed. QE RN's may also determine the need for consultation regardless of score threshold.

Health Inventory Timelines:

Completed Health Inventories are to be submitted to the Regional Office designee by the *third Friday* of the month they are due to be completed. The Health Inventory was designed to be completed, in accordance with the following schedule, by service coordinators or other persons who know the consumer.

- A. ***Prior to new (first time) placement or within 10 working days of emergency placement into new DMH residential placement including transition from a Habilitation Center to a community based placement.*** The HI tool should be completed by the service coordinator at the time a plan is implemented for placement or by the transition coordinator at the time a referral from a Habilitation Center to community placement is made. Regional Office QE RN's should be notified of all placement dates.
- B. ***Annually, as designated in the HIPS tracking system.*** Annuals are completed for all persons in residential services excluding SNF, ICF/MR, or non DMH funded RCF placements.
- C. ***Any time throughout the year when there is a significant health change that alters the consumer's level of daily support needs.*** The service coordinator should complete a revised HI as soon as they become aware of a significant change. Examples of this include but are not limited to: the addition of a Non-Hospital DNR order; a surgery that alters their physical status such as removal of all their teeth or use of a catheter or colostomy; starting insulin; a significant change in their physical ability that requires the use of adaptive equipment such as a walker or a wheelchair; or any addition of a health indicator as listed on the HI tool and operational instructions.

DISCOVERY

The Nursing Review:

The Nursing Review is the process used for evaluating proper health supports and services and discovery of unmet needs for persons receiving qualifying Division of DD placement services. This professional review is completed by the QE RN's as part of the Division's contract with CMS for monitoring health and safety. The **Nursing Review Tool** is a standardized document containing the minimum criteria to be reviewed for each health indicator as well as routine monitoring and prevention recommended for the individual's gender, race, age, and condition.

There is a correlating Health Reference Manual with guidelines for each health indicator included on the Health Inventory. The **Health Reference Manual** provides the reviewing QE RN with a consistent reference for evaluating supports and may be utilized by providers in developing their service delivery.

The Nursing Review process may include but not be limited to:

- Observation and evaluation of the individual for areas indicated on the Health Inventory as well as general health / preventative care areas and environment.
- Review of placement and Regional Office records including Person Centered Plans, Policies / Procedures, Training Records, etc.
- Interviews with the consumer, staff, guardian, physician, service coordinator, and/or family.

Nursing Reviews are to be **conducted** by the third Friday of the assigned month. Assigned “due” months are designated by the HIPS tracking tool/database and will follow the month the Health Inventory was due to be submitted.

The Nursing Review **write-up**, (including the Significant Findings documented on the Action Plan when applicable) is due by the third Friday of the month following the month the Nursing Review visit was conducted.

The Focus Review:

A Focus Review is an evaluation conducted by the QE RN for specific changes or concerns in health impacting service needs. Health Inventories may be submitted for a change in health status anytime it occurs throughout the year. A QE RN will complete a **Focused Review** for the specific change or concern. The review will not be comprehensive but will focus on the specific change in health status. A Focused Review is recorded on a standardized tool entitled “Focused Review” and distributed like the Nurse Review. Focused Reviews should be conducted within 30 days from receipt of the change in health status Health Inventory. The Focus Review write up is due by the **third Friday** of the month following the month the Focus Review was conducted.

REMEDIATION

Findings:

Once the Nursing Review or Focus Visit has been completed, the QE RN will determine if there is a need for a HIPS Action Plan based on any significant findings. Significant findings from a Nursing Review or Focused Review will be documented on the HIPS Action Plan. Significant findings are defined by standards of best practice, licensure/waiver requirements, or are the presence or absence of something that could or will jeopardize the person’s health and safety.

The HIPS Action Plan will identify any significant health care risks/needs that require follow-up, action and resolution. The HIPS Action Plan has 2 levels of finding categories:

Category 1 (Immediate) is the discovery of health care needs that require immediate intervention to preserve a consumer’s health and safety.

When the QE RN discovers a Category 1 need, the following actions will be taken:

1. The QE RN will take immediate action to remediate the situation.
2. The QE RN’s finding and action taken will be documented by the QE RN on the HIPS Action Plan.
3. The QE RN will determine if action is necessary to prevent reoccurrence of the finding and include on the HIPS Action Plan with necessary timelines.
4. All Category 1 findings will be reported to the provider’s administrator/designee, Regional Director/designee and Regional QE on the same day of discovery.

Category 2 (Essential) is the discovery of essential health care needs that, without correction, may jeopardize the consumer’s health and/or safety; does not meet accepted or best standards of practice; and/or requires inclusion or revision in the personal plan.

When the QE RN discovers a Category 2 need, the following actions will be taken:

1. The QE RN will document the findings on the HIPS Action Plan and, if other than the routine 60 calendar days allowed, indicate necessary timelines for completion.
2. The QE RN will communicate significant findings to the provider's administration/ designee. Communication may be in person at the time of the visit or via phone or fax within 2 business days. The communication should be documented on the HIPS Action Plan.

A completed Nurse Review/Focus Review and Finding for Action Planning will be distributed to the provider organization, Service Coordinator, consumer record, and Regional Office.

Action Planning & Follow Up:

The Provider, with input from the consumer, service coordinator and other habilitation team members will develop and document the planned action on the HIPS Action Plan tool. This may *be done a number of ways, such as on the day of the Nursing Review if all necessary parties are available on site*; by phone if findings are minor; or at the next home visit or Person Centered Plan meeting if within the allowed timeline.

Once the Action Plan is developed the service coordinator will then provide a copy of the plan to the QE RN who will follow-up with the service coordinator if any questions or concerns with the plan of action are identified.

As part of Monthly Service Monitoring, the service coordinator will monitor for completion of the HIPS Action Plan during their routine Service Monitoring the following month.

The Provider has up to **60 calendar days** from the Findings date (unless otherwise documented) to develop the Action Plan, address the findings, implement the plan, and assure resolution.

Once the HIPS Action Plan is fully implemented, the service coordinator will sign off validating implementation of all action steps and forward to the QE RN for review and validation in the database. The completed plan will be distributed to the Provider Agency, Regional Office, and Consumer Record to be maintained with the coordinating Nurse Review or Focus Review.

SYSTEM IMPROVEMENT

Data:

Category 1 and 2 health care findings and resolution will be tracked in the APTS database to further trend patterns that will be addressed through individual agency provider plans.

Data will also be considered in identifying regional and statewide trends in health support service deficits and assets in the community in accordance with **4.080 - Integrating Quality Functions**.

Regional QE staff will monitor timelines and communicate with service coordinators, Regional Office administration and provider relations when follow-up is indicated.