

3.090 Health Identification and Planning System (HIPS)

Health Inventory – Completed for persons in or entering placement (Except RCF not funded by Division of DD, SNF and ICF-MR)

The Health Inventory is to be completed as follows:

- 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.
- B. Annual Process: each Regional Office has an identified monthly schedule noted on the HIPS Tracking Tool/Database for when Health Inventories are to be completed for specific consumers.
- C. Any time throughout the year when there is a significant health change that alters the individual's level of daily support needs.

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.



No

Yes

Health Inventory Less than 30 points:

- Service Coordinator is responsible to assure all indicators are covered in personal plan, seeking information from QE RN as needed.
- Provide copy to agency, Community RN and records department.

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 the completion of identified needs.

Category 1: When the QE RN discovers a Category 1 (IMMEDIATE) need, the following action will be taken:

1. The QE RN will take necessary action immediately to remediate the situation and document the finding(s) and action taken on the HIPS Action Plan.
2. The QE RN will evaluate other necessary action to prevent recurrence of the finding and include as Category 2 on the HIPS Action Plan.
3. The QE RN will report all Category 1 findings to the provider's administrator and Regional Office Enhancement and regional QE on the same day of discovery.

Category 2: When the QE RN discovers a Category 2 (ESSENTIAL) need, the following action will be taken:

1. The QE RN will communicate significant findings to provider administration (or Enhancement) either while on site, by phone or fax if they are not available and document that communication.
2. The QE RN will document the Category 2 findings on the HIPS Action Plan
3. Once the QE RN completes the Nursing Review or Focused Review and HIPS Action Plan, they will submit a copy of the report to the provider, service coordinator, and records department within the established timelines identified.

TIMELINES:
The Provider, with input from the individual, service coordinator and other treatment team members will develop and document the plan of action on the HIPS Action Plan.

The service coordinator will then provide a copy of the HIPS Action 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.

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

Once the HIPS Action Plan is fully completed, the provider agency representative, the Service Coordinator and the QE RN will sign and date the document.

After this, the Health Risk Reduction Plan will be sent to the Client Information Office, where it will be maintained at the end of the corresponding Health Risk Review document to demonstrate resolution.

Plans of action should be written and findings resolved within 60 days from the Health Risk Review date unless otherwise indicated or arranged.

Nursing Review: A Division of DD Quality Enhancement function for health review completed by a Regional Office QE RN for individuals meeting the score criteria of 30 points on the Health Inventory tool; at the discretion of the nursing professional; or by special administrative request. This function incorporates levels of nursing review including evaluation of the person's support services and planning around their health care needs.

Timelines: Qualifying 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 HIPS Action Plan (when applicable) is due by the **third Friday** of the month following the month the Review visit was conducted.

Focused Review: A QE RN will complete a Focused Review for qualifying Health Inventories with a significant change in health status. A change in health status / Focused Review visit may occur anytime during the planning year. The review will not be comprehensive but will focus on the specific change in health status. A Focused Review visit is recorded on a standardized Division tool entitled "Focused Review".

Timelines: Focused Reviews are to be conducted within 30 calendar days of the Health Inventory referral date.

The Focused Review write-up including the HIPS Action Plan (when applicable) is due by the **third Friday** of the following month.

Systems Improvement Phase:
The Category 1 & 2 needs will be tracked in the APTS database to further trend patterns that will be addressed through individual agency provider plans. This data will also be considered in identification of regional and statewide trends in health support service deficits and assets in the community in accordance with *4.080 Integrating Quality Enhancement Functions to Ensure Consumer Safeguards*. Regional Office QE will monitor completion of timelines throughout the process.