



# Missouri Department of Mental Health Health Identification and Planning System (HIPS) Action Plan Definitions and Operational Instructions

## Definitions

1. **Action Plan Significant Findings Report Date:** Is the date of completion for the HIPS Action Plan Significant Findings per the QE RN.
2. **Action Taken or to be Taken:** Is the documented plan of required action to ensure that the identified significant finding is completed.
3. **Additional Comments:** Is any pertinent information that the QE RN deems necessary to include as part of the HIPS Action Plan. For example: this could include references to resources to assist with planning.
4. **Agency:** Is the identified contracted provider who is currently supporting the individual in community residential placement.
5. **Category 1 (IMMEDIATE) Need:** Is the discovery of health care needs that require immediate intervention to preserve an individual's health and safety.
6. **Category 2 (ESSENTIAL) Need:** Is the discovery of essential health care needs that, without correction, may jeopardize the individual's health and/or safety. Does not meet accepted or best standards of practice, and/or requires inclusion or revision in the personal plan.
7. **Completion S.C. Date/Initial:** Is the column on the HIPS Action Plan where the assigned service coordinator identifies **completion** of each significant finding by initialing and listing the date of completion. A significant finding is not considered completed until the finding is *resolved*.
8. **Health Identification and Planning Systems (HIPS) Action Plan:** Is the 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.
9. **Identified Completion Date of Action Plan:** Is the expected date of completion for the HIPS Action Plan. The identified date is to be 60 calendar days from the identified HIPS Action Plan Findings Date.
  - **Exceptions:** will only be authorized as per treatment team decision which must include representation from the provider agency, the service coordinator and identified QE RN. The revised date of completion must be listed under the Action to be Taken column for the specific significant finding.
10. **QE RN Signature for Action Plan Significant Findings:** Signature of the QE RN who has completed the HIPS Action Plan Significant Findings document.
11. **Responsible Person:** Is the individual who will ensure that the identified action will be addressed and completed.
12. **Service Coordinator:** Is the assigned service coordinator (DMH employee or SB-40 employee) who is currently working with the identified individual.
13. **Significant Findings:** Are significant health care risks/needs that require follow-up, action and resolution. 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.

## Operational Instructions

The **HIPS Action Plan** is 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.

### **Process:**

Once the Nursing Review 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 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.

Significant findings from a Nursing Review or Focused Review will be documented on the HIPS Action Plan by the QE RN who completed the review. The significant findings are to be documented in the Findings column of the HIPS Action Plan.

The HIPS Action Plan has 2 levels of significant findings categories for identification:

**Category 1 (IMMEDIATE)** is the discovery of health care needs that require immediate intervention to preserve an individual's health and safety. When the QE RN discovers a Category 1 (IMMEDIATE) need, the following action will be taken:

1. The QE RN will take immediate action to remediate the situation.
2. The significant finding and action taken will be documented by the QE RN in the appropriate columns of the HIPS Action Plan.
3. The QE RN will evaluate other necessary action to prevent reoccurrence of the finding and include as Category 2 on the HIPS Action Plan.
4. The QE RN will report all Category 1 findings to the provider's administrator, Regional Office management 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 individual'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 (**ESSENTIAL**) need, the following action will be taken:

1. The QE RN will document the Category 2 findings on the HIPS Action Plan.
2. The QE RN will communicate significant findings to provider administration (or management). Communication may be in person at the time of the visit or via phone or fax within 2 business days.
3. The communication should be documented in the action taken section of the HIPS Action Plan.
4. The **same day of the HIPS Action Plan findings report date** the QE RN will submit a copy of the completed Nursing Review or Focused Review and a copy of the HIPS Action Plan Findings to the provider, service coordinator, and the individual's record. In the event that the individual's record is not maintained at the Regional Office then the QE RN will maintain an electronic or written copy of the Nursing Review and HIPS Action Plan (if applicable).

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. 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; at the next home visit or Person Centered Plan meeting if within the 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 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. The completed plan will be maintained at the Regional Office with copies given to the provider agency and designated regional QE for entry of resolution into HIPS (Health Identification and Planning System database).