Case Manager Role

Using the Supports Intensity Scale (SIS)
for
Person Centered Planning

Kentucky UNBRIDLED SPIRIT

1

Person Centered Planning

**IT'S NOT WHAT YOU LOOK AT,
BUT RATHER WHAT YOU SEE,
THAT MATTERS**

Henry David Thoreau

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2

Person Centered Planning

Components

- Utilize Assessment as a Resource
- Translate/transfer the information to support teams
- Understand the person's needs/wants and develop the plan accordingly

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PURPOSE OF SUPPORTS INTENSITY SCALE (SIS)

The Supports Intensity Scale is a standardized assessment designed to measure the pattern & intensity of supports of an adult with intellectual disabilities requires to be **SUCCESSFUL** in community settings.

-AAIDD
American Association on Intellectual
and
Developmental Disabilities

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Person Centered Planning

Background of Supports Intensity Scale (SIS)

- Developed by the American Association on Intellectual and Developmental Disabilities (AAIDD)
- Required by Kentucky SCL waiver regulation
- Completed every 3 years per AAIDD recommendation
- Utilized toward fulfillment of the Centers for Medicare and Medicaid Services (CMS) Final Rule mandate for person centered service planning

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Person Centered Planning

SIS for new SCL allocations

- Case managers submit a preliminary 120 day Person Centered Service Plan (PCSP) to initiate services and have time to learn more about the person's specific needs and preferences
- The SIS is generally scheduled between 90 and 100 days of the start of the PCSP. This allows time for:
  - respondents to meet criteria to qualify to participate in the SIS including knowing the person's needs well
  - conducting person centered planning in time for development and submission of the full PCSP.

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Person Centered Planning

SIS for ongoing SCL participation

- The SIS assessment is completed once every 3 years with a review of the SIS in each of the years a full SIS is not done.
- The SIS assessor contacts the case manager to schedule the assessment or review 2-3 months before the level of care (LOC) end date.
- It is important that case managers track LOC dates and ensure the SIS is scheduled enough in advance to be used for PCSP development.
- Case managers are responsible for contacting SIS assessors as needed if an assessment or review has not been scheduled and it is sooner than 60 days to the end of the LOC.

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Person Centered Planning

SUCCESS

Defined as engagement in all aspects of an activity as judged against contemporary community standards…ratings should not reflect support to obtain 'ideal' or perfection.

For example

TAKING CARE OF CLOTHES
(Home Living) does not require someone to engage in activities to produce an immaculate appearance (i.e. perfectly pressed trousers and shirt). Rather, contemporary standards for regularly keeping one's clothes clean and putting clothes in a closet or dresser when not wearing them.

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SIS Paradigm - conceptualization of disability

From inception, the SIS assessment process is to understand the needs of support a person with disabilities has in order "to do" rather than on what s/he "can and can't do"

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SIS Assessment Participants

Who is <u>required</u> to be at the SIS assessment?

- The person being assessed (at a minimum, the SIS assessor must meet him/her)
- The trained SIS assessor
- At least two qualified respondents

Who else is welcome to be at the SIS assessment?

- Family/guardian is to be invited, but attendance is optional
- Anyone else the person and the person's team determine

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SIS RESPONDENT CRITERIA

- Have known the person at least 3 months (90 days) or longer to include having direct knowledge of the person's support needs
- Have observed the focus person in one or more environments for <u>substantial</u> periods of time - (parent, guardian, support staff, job coach, teacher)
- Be prepared to provide responses that accurately reflect the person's support need

Best practice: Respondents that can 'paint the picture' of what the support looks like. People who provide case management, day, and residential supports are strongly recommended to participate in the assessment process.

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Case Management Responsibilities for SIS

- Scheduling the SIS assessment
- Preparing for the SIS assessment
- Participating in the SIS assessment
- Utilizing the SIS assessment for person centered planning

Note: a checklist for case managers and tips for respondents are at this web page: http://dbhdid.ky.gov/ddid/clinical.aspx#

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Case Management Responsibilities for SIS

- **Scheduling the SIS assessment**
  - Provide **timely** response to the SIS Assessor's calls/emails
  - Assist the person to **identify the best respondents**
  - Invite Family/Guardian, as applicable
    NOTE: CM should document invitation to the family/guardian in monthly summary note
  - Coordinate respondent attendance
  - Secure the location
  - Schedule in enough time for the person Centered planning process

Case Management Responsibilities for SIS

- **Preparing for the SIS**
  - Inform and prepare the person for the interview process
  - Inform and prepare respondents for their role in the SIS
  - Identify the SIS as a high priority
  - Encourage participation/conversation

Case Management Responsibilities for SIS

- **Participating in the SIS**
  - Confirm respondent attendance
  - Seek to have as limited cancellation/rescheduling as possible
    - NOTE: there are a total of 10 SIS Assessors to cover the full state including all SIS Assessments and all annual SIS reviews for the nearly 5,000 SIS participants
  - Actively listen/observe during SIS Assessment

Case Management Responsibilities for SIS

- **Utilizing the SIS for person centered planning and support**
  - Help team members understand the purpose and utilization of the SIS
  - Discuss SIS responses during person centered planning
  - Help team members develop outcomes in the Person Centered planning process based upon the SIS
  - Distribute SIS report to those that do not have access to the Medicaid Waiver Management Application (MWMA).
  - Monitor the person centered service plan for effectiveness

Case Management Responsibilities for SIS

Annual Review of the SIS

- Reliability and validity testing of the SIS have shown that most people's intensity of support needs are stable over at least a 3-year period.
- It has always been the expectation that a new SIS be done when a significant change in a persons support needs has taken place.
- Completing an annual review answers the question, "have there been meaningful changes since the last assessment." The review and the full SIS are to be used to aid in the development of the next PCSP.

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Person Centered Planning

What does the CMS Final Rule Say?

Under the Centers for Medicare and Medicaid Services (CMS) Final Rule, **everyone** who is engaged in home and community based services (HCBS) is to have a **"Person Centered Service Plan."**

~Must be in writing
~Must be created through a process that includes people chosen by the person
~Must include assessment & reassessment

Information about the final rule is available at this website:
https://www.medicaid.gov/medicaid/hcbs/guidance/hcbs-final-regulation/index.html

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SIS & PERSON CENTERED PLANNING

SIS Paradigm Shift

It becomes evident that planning & decision making based on understanding people's need for support is superior to one where the focus is on their deficits

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SIS & PERSON CENTERED PLANNING

Person Centered Planning with Supports Intensity Scale (SIS)

The goal is to utilize the needs assessment (SIS) to develop a person Centered plan that focuses on identifying and arranging personalized supports that enhance community integration and personal outcomes.

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PERSON CENTERED PRINCIPLES

John O'Brien & Connie Lyle

Community presence: the sharing of the ordinary places that define community life.

Choice: the experience of autonomy both in small, everyday matters (e.g., what to eat or what to wear) and in large, life-defining matters (e.g., with whom to live or what sort of work to do).

Competence: the opportunity to perform functional and meaningful activities with whatever level or type of assistance is required.

Respect: a valued place among a network of people and valued roles in community life.

Community participation: the experience of being part of a growing network of personal relationships that include close friends.

PERSON CENTERED PLANNING

- Traditionally supports have been developed around available services
- Referring people to a menu of services is much less person centered than identifying/arranging personalized supports
- It is important to look beyond the paid service array and discuss/determine all the ways a person's needs could be met.
- This includes looking from a mindset of, "if this were my loved one, or me, what PCSP would I want?"

PERSON CENTERED PLANNING

A PCSP is to SUPPORT:

- Personal outcomes
- Preferences
- Community integration

SIS AND PERSON CENTERED PLANNING

Using the SIS for Person Centered planning

SIS AND PERSON CENTERED PLANNING

Step 1: Review the SIS

Use the SIS for person centered planning

- The SIS assessment is to be completed prior to the planning meeting
- Review the SIS report (Family Friendly Report) and consider which areas to highlight in discussion with the person and his/her circle of supports
- Consider items that are important **to** the person and important **for** the person
- What services within the waiver will provide support toward successful achievement
- Encourage the person centered team to identify natural supports outside the waiver to help the person attain and maintain success

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SIS AND PERSON CENTERED PLANNING

Step 2: Meet with the person

Use the SIS for person centered planning

- Review with person and/or guardian/family the items that were indicated as important to and for as well as any other desires or goals.
- Discuss possible outcomes and suggested ideas for relationship and skill building gleaned from the SIS assessment. Consider type of support, frequency of support,daily support time needed to achieve outcomes
- Be prepared for the team meeting with person centered ideas for goals and objectives that support the person's long term vision for their life
- Focus on promoting feelings of safety and value and on increasing community integration and opportunities for contribution

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SIS AND PERSON CENTERED PLANNING

Step 3: Schedule and facilitate the annual person centered planning meeting

Use the SIS for person centered planning

- Include the person and those s/he has chosen for team planning
- Review/celebrate the person's strengths and accomplishments
- Discuss the person's goals and objectives for the upcoming year
- Identify the support needs for health/safety and to accomplish the goals/objectives

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SIS AND PERSON CENTERED PLANNING

Step 4: All discuss outcomes and strategies during the PCSP meeting

Use the SIS for person centered planning

- Discuss ways to increase the person's feelings of safety, value, engagement, empowerment, and opportunities for contribution to the community
- Discuss available resources (community, natural, behavioral health services) and work with the person/circle of support to construct a strategy to best meet the identified support needs
- Discuss available services
  - ~Are the services (type,frequency, and amount of time) the best fit for the person?
  - ~Are there other services that would better match his/her support needs?

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SIS AND PERSON CENTERED PLANNING

Step 5: Develop the person centered service plan with person/ team participation

Use the SIS for person centered planning

- The CM and team considers the services requested in the context of the SIS scores.
- Determine the questions that show the support need.
- Review the scores on those questions to see the picture of support needs those scores reflect.
- For each service requested, the CM should identify 3-5 SIS questions that justify the need for the service.
- Consider what the service will provide for the person

SIS AND PERSON CENTERED PLANNING

Use the SIS for Person Centered Planning

For each domain (Home Living, Community Living, etc.)

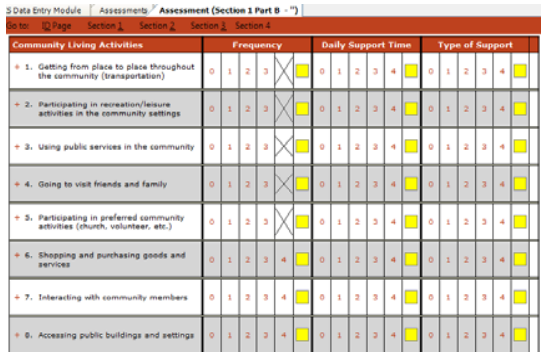
- Describe the person's current situation
- Describe their preferred situation
- Is there a discrepancy between the two?
- Review the SIS scores in the domain
- Brainstorm what supports should look like
- Prioritize supports needed to bring about change

SIS AND PERSON CENTERED PLANNING

Example: Planning Supports for Community Living

- People with disabilities desire to live in their communities. At its simplest level, community implies a shared space, at its most complex level it implies aspects of mutuality, reciprocity, shared interests, interpersonal relationships, interdependent roles, opportunities for contribution, and social networks.
- The questions in the Community Living domain informs on the supports needed for a person to gain access and utilize community resources in integrated settings.

SIS AND PERSON CENTERED PLANNING



Review the SIS to Identify Support Needs

SIS AND PERSON CENTERED PLANNING

What support will promote/enhance the vision, the dream?

How will the ratings (scores) inform the plan in terms of the type of support, frequency, daily support time needed to help the person meet his/her goals

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SIS AND PERSON CENTERED PLANNING

Tell the Story….

Consider the item in Community Living Domain Interacting with community members

What support would Jane Citizen need to effectively/positively communicate with the general public, i.e. ordering meals, speaking to a cashier, asking for directions etc.

1 No support. Communication is effective as a typical adult.

2 Monitoring. May need to provide validation to speak up, or reminder to respect boundaries.

3 Coaching needs through the conversation. A support person is helping to start or end the conversation through reminders/cues.

3 Some partial physical assistance. Indicates both her and a support person are needed to ensure communication was effectively spoken/received

4 A support person will communicate needs to the general public…perhaps ordering meals, asking for directions, etc.

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SIS AND PERSON CENTERED PLANNING

Tell the story by using the SIS

The SIS links information from one part of the assessment to other parts of the assessment to create a holistic picture

Medical/behavioral issues will impact life activities in Section 1 and Section 2

For example: Someone who has diabetes (noted during the exceptional medical supports domain section) and steals food (noted during the exceptional behavioral supports domain section) will impact the support needs for preparing food

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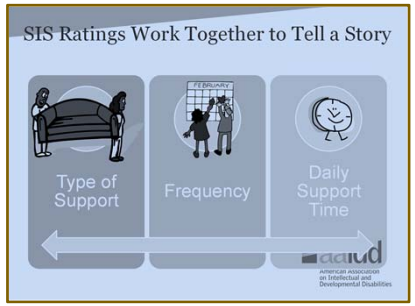
SIS AND PERSON CENTERED PLANNING



Example:
A person may need only monitoring (rating1) in the **type of support** to actually complete a task such as participating in community activities. However, challenging behaviors or mental health needs may impact the **frequency** and **daily support time** needed. **Intensity of support** isn't the type of support; it **is daily support time**

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SIS AND PERSON CENTERED PLANNING

Scores Support Services and Supports

The scores inform the plan based on the preferences of the person as well as things important to & important for the person to enhance their participation/value in their respective communities including:

- Skill training
- General supervision related to safety needs
- Support to successfully interact with others in an integrated setting
- Exceptional medical support needs
- Safety concerns due to exceptional behavioral support needs
- Other specific supports

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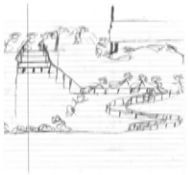
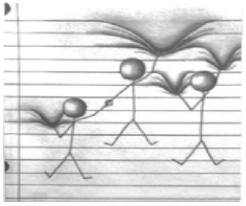
CASE MANAGERS AND PERSON CENTERED PLANNING

Planning can be challenging if there is no direction or sense of purpose



Challenge continues if team members are going in different directions



But when the team works together to figure out how to reach outcomes…

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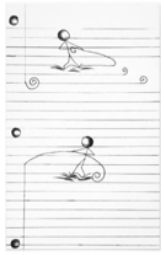
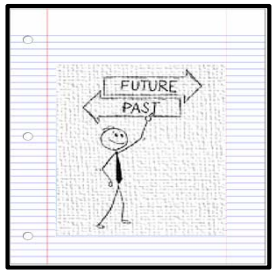
CASE MANAGERS AND PERSON CENTERED PLANNING



To reach the person's dreams, potentialities, passion…

The path to the future becomes purposefully defined



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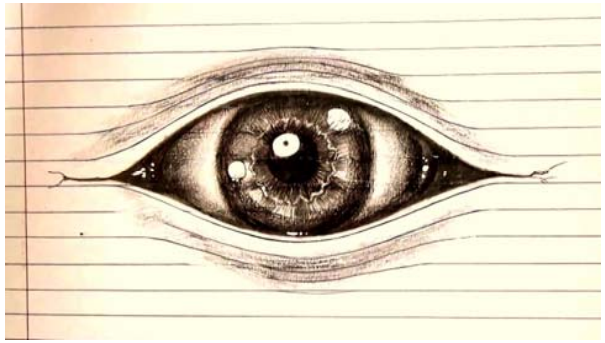
Revealing the Person informing the Plan



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SUPPORTS INTENSITY SCALE (SIS) ASSESSMENT CASE MANAGER CHECKLIST

INDIVIDUAL NAME_____ Assessor_____

LOC END DATE_____ SIS Assessment DATE_____

RESPONDENT CRITERIA - Both criteria must be met to qualify as a respondent

1. KNOWN THE INDIVIDUAL 3 MONTHS OR LONGER AND
2. SPENT SUBSTANTIAL TIME SUPPORTING THE INDIVIDUAL IN VARIOUS LIFE ACTIVITIES

SCHEDULING PROCESS

If there are qualified respondents at the time of the allocation, a SIS may be completed. To schedule the assessment, please contact the assigned assessor for your region; or email SIS@ky.gov

If there are not qualified respondents available at the time of allocation, submit an initial plan of 120 days. A SIS assessment is to be scheduled between the 90th and 100th day of the plan. **Please make contact with the assigned assessor for your region; or email SIS@ky.gov *as soon* as the individual begins SCL services so the timeframe to schedule the assessment can be determined.**

Make every effort to keep the scheduled appointment. If rescheduling is unavoidable, provide the reason and notify the SIS Assessor as far in advance as possible for rescheduling.

The ratio of SIS Assessors to Individuals in the SCL waiver is approximately 1 to 450. SIS Assessors generally need to have numerous annual reviews and up to two full assessments scheduled per day during business hours.

They have very little latitude to accommodate specific scheduling requests.

Scheduling and Preparing for the SIS

____ Inform and prepare the person for the interview process

____ Assist the person to identify the best respondents

____ Inform and prepare respondents for their role in the SIS include the high priority of the SIS and its role in person centered planning

____ Coordinate & confirm a date/time for the assessment that allows enough days after the assessment to convene the person-centered team to develop the person centered service plan in order to submit it on time

____ Coordinate & confirm a neutral location

____ Invite family/guardian

____ Document invitation to family/guardian

____ Send a reminder to respondents prior to the meeting date

Participating in the SIS

____ Actively listen/observe during the SIS Assessment

____ Aid the individual in participation as appropriate

Utilizing the SIS for Person Centered Planning and Support

____ Distribute SIS report to family/guardian, providers, and other person centered team members

____ Help team members understand the purpose and utilization of the SIS

____ Discuss SIS responses during person centered planning

____ Help team members develop outcomes in the person centered planning process based upon the SIS

_____Monitor the person centered service plan for effectiveness

Supports Intensity Scale-Adult Version™ (SIS-A)™: Annual Review Protocol Training for Case Management in Kentucky

A Joint Presentation between AAIDD and
Kentucky Division of Developmental and Intellectual Disabilities (DDID)

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Components

- Review SIS-A Assessment Concepts and Item Descriptions
- Introduce SIS-A Annual Review Protocol (ARP)
- Logistics of SIS-A and SIS-A ARP in Kentucky

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Introductions of Trainers

Debbie Hall- DDID SIS Supervisor
- SIS Trainer and Assessor
- Involved in SIS implementation in Kentucky
- Worked with persons with IDD for 20+years
- Working at DDID since 2000 in a variety of roles; working with SIS since 2011

Cindy Christensen - DDID SIS Supervisor
- SIS Trainer and Assessor
- Involved in SIS implementation in Kentucky
- Working with DDID since October, 2008
- Worked in the human services field since 1987

Donna Pottinger - DDID SIS Trainer
- SIS Trainer and Assessor
- Involved in SIS implementation in Kentucky
- Worked with persons with IDD 20+ years
- Working at DDID since 2009 as Quality Administrator & SIS assessor

Kathy Varner - AAIDD Trainer
- Lives in New Mexico
- Using the SIS since 2006
- Many years experience with individuals with IDD
- Training experience with SIS in Kentucky and many other states, provinces and Internationally

Cathy Lerza-
- DDID Clinical Supports Branch Manager
- Working at DDID since January, 2009
- Began working with individuals with IDD January 1980

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Concepts and Item Descriptions

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Role of a Functional Assessment

- Establishes personal connection with the individual & their support needs
- Historically has been a Statutory requirement:
  - CMS Final Rule Requirement
  - Supports for Community Living Waiver requirement

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Role of a Functional Assessment

- The CMS (Centers for Medicare and Medicaid Services) has specific requirements/guidelines for person centered planning to include the provision for a functional needs assessment:
  - *" (Person Centered Plan) must be reviewed and revised upon reassessment of functional needs as required every 12 months; when the individual's circumstances or needs change significantly; and at the request of the individual."*

- excerpt from CMS Person Center planning for HCBS Waiver

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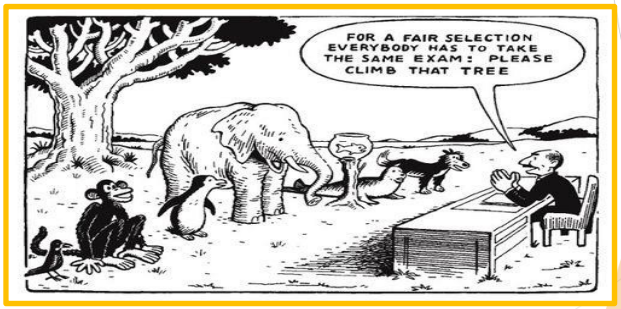
Consider this Scenario



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Importance of Valid Reliable Assessment

Folks can escape

bad teaching, bad planning…..

BUT

they can't escape…

a bad assessment

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The Supports Intensity Scale -Adult Version (SIS-A)

- SIS-A was developed by AAIDD over a five-year period in response to **changes in how society views and relates to people with disabilities**
- The Supports Intensity Scale-Adult Version is a standardized assessment tool, specifically designed to measure the pattern and intensity of supports an adult with intellectual and developmental disabilities needs to be successful
- Originally published in 2004, (under the name of SIS), SIS-A is the updated version published in 2015 and is currently used in Kentucky in the Supports for Community Living Waiver

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Understanding People by Their Support Needs

- The *SIS-A* is based on the assumption that people with IDD differ in the nature and extent of support they need to participate in community life compared to people in the general population
- *Supports* are resources and strategies that promote personal development and enhance functioning, and *support needs* refer to the pattern and intensity of supports necessary for a person to participate in activities of daily life

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Why SIS-A Makes Sense

SIS-A is **comprehensive**.

- It evaluates the pattern and intensity of needed supports in:
  - 6 Life Activity Domains (common to ALL persons),
  - Protection and Advocacy activities,
  - Exceptional Medical and behavioral support needs.

SIS-A **involves the individual**.

- As a vital source of information
- As a member of the respondent team
- Participating in Adult Life Activities

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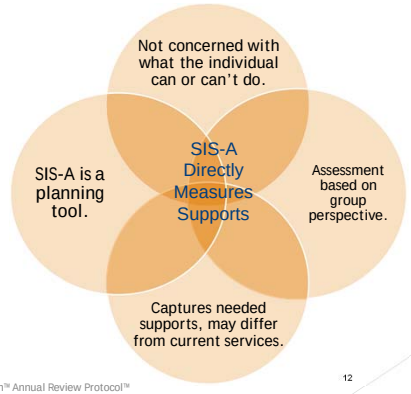
How SIS-A is Different



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SIS-A offers Discovery!

- Broaden and deepen a person's opportunities
- Guided discussion to explore what "it will take"
- Safe environment to examine unfamiliar or untried
- Surrounded by people who know the individual

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Major Concepts of SIS-A

Supports and Success

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SIS-A Captures "Supports"

- Everyone uses Supports in life
- Supports can be paid or unpaid
- The SIS-A captures the supports that an individual needs to be successful in life

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"Supports" are…

- …resources and strategies that promote the interests and welfare of individuals and that result in:
  - Enhanced personal independence and productivity
  - Greater participation in an interdependent society
  - Increased community integration, and/or
  - Improved quality of life

- Thompson et al., 2004

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What does the SIS-A Measure?

- The SIS-A measures the *support* a person needs to be *successful* in various life activities
  - *Support can be natural or paid*
- What it *doesn't* measure:
  - Deficits (what the person can/can't do)
  - The services that others are currently providing to the individual
  - Diagnosis

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Supported Success

With the Right Supports in place…
people ***soar!***

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Supports vs. Services
What is the difference?

Supports

- Get the individual to success
- Allows the group to look at situations that are not currently happening
- Facilitates discussion and planning

Services

- What is currently being provided – may not get to success
- Only looks at current situations
- Doesn't look at planning for new situations

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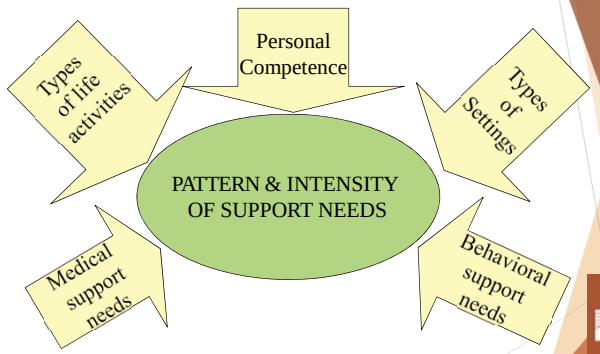
Major Influences on Needed Supports



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TIP: "To Be Successful"

- "Successful engagement" in an activity entails a **level** of performance, involvement, and participation in an activity that is comparable to that of typically functioning adults without disabilities.

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What SIS-A Measures

Individual Being Assessed:
Expectations
Responsibilities
Involvement in the activity

Type of Support
Frequency of Support
Daily Support Time

Standard of an Adult Your Age in Your Community:
Expectations
Responsibilities
Involvement in the activity

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Now let's look at the domains on the SIS-A

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Supports Intensity Scale-Adult Version

- Three sections to the SIS-A:
  - Exceptional Medical and Behavioral Support Needs
  - Supports Needs Scale
  - Supplemental Protection and Advocacy Scale

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Section 1A: Exceptional Medical Support Needs

- *Current and Exceptional*
  - **Respiratory Care** (Oxygen use; postural drainage; Chest PT; Suctioning)
  - **Feeding Assistance** (Oral Stimulation; Tube Feeding; Parenteral Feeding)
  - **Skin Care** (Turning/Positioning; Dressing of Open Wounds)
  - **Other Exceptional Medical Care** (Immune Issues, Seizure Management; Dialysis; Ostomy; Lifting/Transferring; Therapy; Hypertension; Allergies; Diabetes
  - **Other**

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Section 1B: Exceptional Behavioral Support Needs

- **Current and Exceptional Prevention**
  - Externally Directed Destructiveness (Assaults to others; emotional outbursts; property destruction; stealing)
  - Self Directed behavior (Self-Injury; Suicide Attempts; Pica)
  - Sexual behavior (Nonaggressive but inappropriate; Aggressive sexual behavior)
  - Other (Substance Abuse; wandering; maintenance of mental health, other serious behavioral issues)

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Section 2: Support Needs Scale

- **6 Activity Domains (49 life activities):**
  - Home Living Activities
  - Community Living Activities
  - Lifelong Learning Activities
  - Employment Activities
  - Health and Safety Activities
  - Social Activities

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SECTION 3: Supplemental Protection and Advocacy Scale

- **Items Focus On**
  - Encouragement and acceptance
  - Opportunity and access
  - Exercising legal responsibilities
  - Assisting with acquisition and expression of skills

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SIS-A Three Year Standard

A 2018 research study (AAIDD, Shogren, et al) examined the stability of SIS-A scores over a 3 year period. The findings of the study supported the stability of SIS-A scores over a 1-3 year period. The 3-year time frame is reasonable from a conceptual standpoint as supports needs have been understood to be an *enduring* characteristic of a person.

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SIS-A Annual Review Protocol

- Shogren, et al research concluded that the SIS-A is stable over a 3 year period and in most instances conducting a full assessment more frequently (annually) would yield information that is redundant.
- This conclusion led to the development of the SIS-A Annual Review Protocol

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Supports Intensity Scale-Adult Version™

Annual Review Protocol (ARP)

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What is the SIS-A Annual Review Protocol?

- The *SIS--A Annual Review Protocol* is a tool that planning teams can use to reach a conclusion about a person's need for reassessment with the *Supports Intensity Scale-Adult Version* when a prior assessment has been administered within the past 3 years.
- It also may be helpful in informing other recommendations pertaining to the provision of personalized supports and human services.

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Why was the SIS-A Annual Review Protocol created?

- Although it is a positive aspect of SIS-A to involve people with disabilities and their family members in the assessment process and it is very comprehensive, these features also contribute to the time required to conduct the assessment.
- SIS-A interviews typically take 2 or more hours to complete, which is a considerable expense of time and effort for Kentucky.

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Why was the SIS-A Annual Review Protocol created?

- The SIS-A Annual Review Protocol was created to inform decision makers regarding the need for SIS-A reassessment.
- Reassessment is a good investment of time and resources if support needs have changed, but is <u>not</u> a good investment if support needs have not changed.

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SIS-A Annual Review Protocol– The Basics

- The SIS-A Annual Review Protocol is completed by a reviewer who
  - (a) conducts an interview with at least two respondents who know the person well and
  - (b) records information on the Protocol form.
- The *SIS-A Annual Review Protocol 3 Year Standard*: If it has been more than 3 years since the previous SIS-A assessment, a new SIS-A assessment is needed
- Critical Question to Answer: *Have there been meaningful changes in pattern and intensity since the last SIS/SIS-A assessment was completed?*

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SIS-A Annual Review Protocol – The Basics

- Created to identify people whose support needs and corresponding SIS--A scores **<u>may</u>** have changed in meaningful ways since the previous assessment and for whom a reassessment could provide new information.
- Not intended to be an audit
- Not intended to be a review of prior assessment

It is a review of a person's support needs since the prior assessment with a focus on whether support needs have changed in terms of intensity

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SIS-A Annual Review Facilitation

- The review process is intended to be quick & efficient:
  - Ideally, completed in a face to face meeting with respondents
  - Administration time about 15 – 30 minutes
  - Focus on whether the intensity of someone's support needs may have meaningfully changed since the prior SIS-AAssessment
  - Informs the person centered team as to whether meaningful changes warrants the administration of a full SIS-Aassessment
  - Aids in compiling information to utilize in the development of the person-centered service plan

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Summary of Differences between SIS-A and ARP

SIS-A	ARP
• Precise Assessment	• Review of support needed
• Comprehensive evaluation of support needs	• Structured discussion of how support needs may have changed
• SIS-A Interviewer facilitates process	• ARP Reviewer facilitates process
• Rating selection and scoring	• Forced choice responses and narrative

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SIS-A ARP Components

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SIS-A ARP Components

- Sections:
  - Introductory/Demographic Items
  - Section 1: Significant Life Change Experiences
  - Section 2: Medical or Health Experiences
  - Section 3: Challenging Behaviors
  - Section 4: SIS-A Item Review
  - Summary

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SIS-A Annual Review Sections

- There are four review sections in the SIS-A Annual Review. In each, the critical question is, **"Have there been meaningful changes since the last SIS-A was completed?**
  - Section 1 – Review/identify any significant life events that may have impacted the pattern or intensity of the person's support needs.
  - Section 2 - Review/identify any significant health changes
  - Section 3 - Review/identify any significant behavioral changes
  - Section 4 - Review/identify any significant changes in 21 SIS-A items

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SIS-A Annual Review Summary

- The annual review summary calls for the reviewer and respondents go over the four sections and come to the agreement on a conclusion:
  - The **pattern** and **intensity** of support needs ***have not meaningfully changed*** since the prior SIS-A assessment

    OR
  - The **pattern** & **intensity** of support needs ***may have changed*** in important ways since the prior SIS-A assessment

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Role of the Reviewer

- Share the purpose of the review (i.e., this will help us decide if a new assessment is needed) and share relevant information with the Respondents
- Facilitate thoughtful consideration of each SIS-A ARP section
- Bring respondents back to the overriding purpose for the process: *determining if supports needs may have changed*
- Probe and clarify perspectives of all respondents to reach a conclusion
- Final determination if perspectives vary
- Complete the SIS-A ARP form

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Role of the Respondent

- Provide accurate information
- Know the person for a significant period of time (ideally since the last SIS-A assessment)
- Share perspectives, even if different from others
- Willing to listen to other perspectives
- Reviewer may also serve as a Respondent

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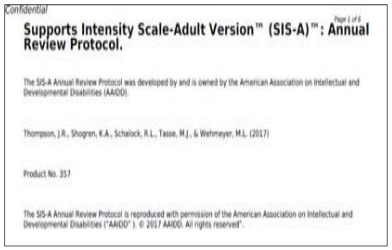
SIS-A Annual Review Protocol Form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Supports Intensity Scale-Adult Version™ (SIS-A)™: Annual Review Protocol.

The SIS-A Annual Review Protocol was developed by and is owned by the American Association on Intellectual and Developmental Disabilities (AAIDD).

Thompson, J.R., Shogren, K.A., Schalock, R.L., Tasse, M.J., & Wehmeyer, M.L. (2017)

Product No. 357

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Let's fill out a form together

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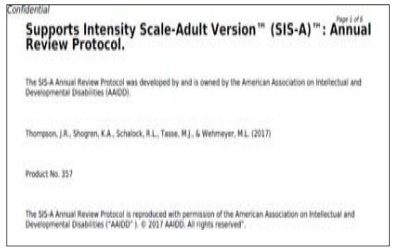
SIS-A Annual Review Another Example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Let's look at another example

Supports Intensity Scale-Adult Version™ (SIS-A)™: Annual Review Protocol.

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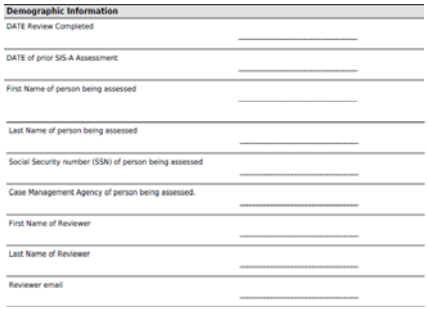
Demographic Information


Demographic Information

DATE Review Completed

DATE of prior SIS-A Assessment

First Name of person being assessed

Last Name of person being assessed

Social Security number (SSN) of person being assessed

Case Management Agency of person being assessed.

First Name of Reviewer

Last Name of Reviewer

Reviewer email

- Fill out Demographic information prior to the interview
- Introduce the SIS-A ARP and the purpose of the review

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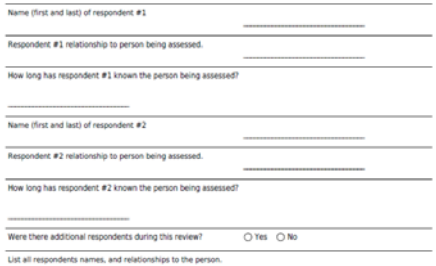
Demographic Information


Name (first and last) of respondent #1

Respondent #1 relationship to person being assessed.

How long has respondent #1 known the person being assessed?

Name (first and last) of respondent #2

Respondent #2 relationship to person being assessed.

How long has respondent #2 known the person being assessed?

Were there additional respondents during this review? ○ Yes ○ No

List all respondents names, and relationships to the person.

- Fill out Demographic information prior to the interview
- Introduce the SIS-A ARP and the purpose of the review

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Section 1: Has the person experienced any of the following "life events" since the previous SIS-A assessment?

Section 1: Life Events

Has the person experienced any of the following life events since the previous SIS-A assessment?
(Check all that apply)

- ☐ Loss of parent, spouse, or other close loved one
- ☐ Personal injury or illness
- ☐ Change in financial status
- ☐ Change in residential status
- ☐ Change in employment status
- ☐ Involvement with the criminal justice system
- ☐ Change in social and/or recreational activities
- ☐ Changes in access to or regular use of technologies
- ☐ Retirement
- ☐ Birth of a child
- ☐ No significant life events

Do the life changes identified impact the pattern and/or intensity of the person's support needs?

○ Yes ○ No

Please specify the change in support needs due to life events.

Have these changes (identified above) impacted the pattern or intensity of the individual's support needs? Yes____ No____

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Sections 2 & 3: Health/Medical Issues and Challenging Behaviors

Section 2: Health Problems or Medical Issues
Section 3: Challenging Behaviors

Since the prior SIS-A assessment, has the person experienced any new health problems or medical issues that impact his or her support needs?

○ Yes ○ No

Please specify the change in support needs due to health changes.

Since the prior SIS-A assessment, has the person engaged in any new challenging behaviors that impact his or her support needs?

○ Yes ○ No

Please specify the change in support needs related to behavior challenges.

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Section 4:

- 21 SIS/SIS-A items that, collectively, have a strong association with scores on the full SIS-A assessment.
- Review and indicate if there has been a change in the intensity of support the person requires since the prior SIS-A assessment.

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Section 4

Section 4: SIS-A items that collectively show a strong association with the support need domains.

Please review and indicate if there has been a change in the person's support needs in any of these life activities since the prior SIS-A assessment.
Check all that apply.

- ☐ Operating home appliances
- ☐ Housekeeping and cleaning
- ☐ Using the toilet
- ☐ Using public services in the community
- ☐ Interacting with community members
- ☐ Going to visit friends and family
- ☐ Learning and using problem-solving strategies
- ☐ Learning health and physical education skills
- ☐ Participating in training/educational decisions
- ☐ Learning and using specific job skills
- ☐ Interacting with coworkers
- ☐ Accessing/receiving job/task accommodations
- ☐ Taking medications
- ☐ Learning how to access emergency services
- ☐ Maintaining a nutritious diet
- ☐ Making and keeping friends
- ☐ Engaging in loving and intimate relationships
- ☐ Socializing within the household
- ☐ Protecting self from exploitation
- ☐ Exercising legal/civic responsibilities
- ☐ Obtaining legal services
- ☐ No change in support needs in any of the listed life activities since the prior SIS-A assessment

Do the changes identified impact the pattern and/or intensity of the person's support needs?

○ Yes ○ No

Please specify the change in support needs related to the SIS-A items.

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Yes or No

Yes = change in the intensity of support a person needs to fully participate in the life activity since the prior SIS-A assessment.

No = no change in the intensity of support a person needs to fully participate in the life activity since the prior SIS-A assessment.

Only two options, the team must determine a response. This is a forced choice - Not applicable doesn't apply.

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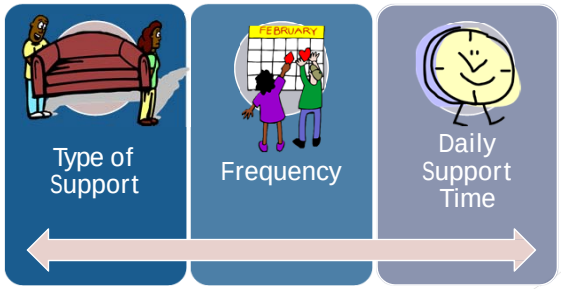
SIS-A Ratings Work Together to Tell a Story of the Individual's Support Needs



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Item Descriptions

- **Home Living Activities**:
  - 1. **Operating home appliances/electronics**: Supports associated with the functional operation of common technologies that are used on a regular basis in a home.
  - 2. **Housekeeping and cleaning**: Supports associated with housekeeping and cleaning tasks necessary to maintain a presentable and healthy living environment by completing common household chores.
  - 3. **Using the toilet**: Supports necessary to accomplish all of the activities necessary for a person to void in a socially acceptable manner in all environments throughout the day.

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Item Descriptions

- **Community Living Activities**:
  - 4. **Using public services in the community**: Supports to assist in using services in the community that are available to the general public.
  - 5. **Interacting with community members**: Supports to promote positive and effective interactions with community members in whatever context they occur.
  - 6. **Going to visit friends and family**: Supports to assist an individual in going places where he or she can interact with friends and family.

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Item Descriptions

- **Lifelong Learning Activities**:
  - 7. **Learning and using problem-solving strategies**: Supports needed to learn and apply problem-solving strategies in an effort to resolve problems and other issues in real-life situations.
  - 8. **Learning health and physical education skills**: Supports to learn to stay healthy and fit, and to apply concepts learned to real-life situations.
  - 9. **Participating in training/educational decisions**: Supports needed to review options, select course(s), and plan a course schedule in keeping with learning goals.

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Item Descriptions

- **Employment Activities**:
  - 10. **Learning and using specific job skills**: Developing specific job skills and applying them to all aspects of work to complete assigned tasks.
  - 11. **Interacting with co-workers**: Supports for positive formal and informal interactions with co-workers when at work.
  - 12. **Accessing/receiving job/task accommodations**: Supports to identify, arrange, and obtain reasonable job accommodations or modifications necessary for the successful completion of work activities.

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Item Descriptions

- **Health and Safety Activities**:
  - 13. **Taking medications**: Supports to follow prescriptions and use over-the-counter medications to address and illness or injury.
  - 14. **Learning how to access emergency services**: Supports to know when and how to contact emergency personnel and how to appropriately respond.
  - 15. **Maintaining a nutritious diet**: Supports required to eat a nutritious diet and avoid problems associated with poor nutrition, as well as to promote a healthy lifestyle.

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Item Descriptions

- **Social Activities**:
  - 16. **Making and keeping friends**: Supports needed to make friends and maintain friendships.
  - 17. **Engaging in loving and intimate relationships**: Supports needed to initiate and maintain a special intimate or romantic relationship.
  - 18. **Socializing within the household**: Supports to promote use of positive interactions and communications in the household as well as learning to respect the privacy of others with whom you live.

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Item Descriptions

- **Protection and Advocacy Activities**:
  - 19. **Protecting self from exploitation**: Supports needed to identify when an exploiter is attempting to take an unfair advantage (i.e., to promote his or her own interests at the expense of one's own interests), and then take action to prohibit the exploiter from gaining an advantage.
  - 20. **Exercising legal/civic responsibilities**: Supports to abide by the laws of the community and exercise civic responsibilities.
  - 21. **Obtaining legal services**: Supports to contact an attorney for legal services.

Section 4: Overall Question

- Section 4: Do changes in Section 4 impact the pattern and/or intensity of the person's support needs?
- ☐ YES ☐ NO

Final Question - Annual Review Summary:

Annual Review Summary

Based on information collected in sections 1-4, please indicate the summative conclusion from this review.

- ○ The pattern and intensity of this person's support needs have NOT meaningfully changed since the prior SIS-A assessment.
- ○ The pattern and intensity of this person's support needs HAVE meaningfully changed since the prior SIS-A assessment.

Please summarize the pattern and intensity of supports that have changed and what has been put in place (or the plans to put in place) for meeting those needs.

When the review suggests that there are changes in the pattern and/or intensity of support needs since the last SIS-A, indicate the action to take.

- ○ There are changes to support needs and the changes can be or have been managed through a plan modification without the need for another SIS-A
- ○ The changes to support needs are significant enough that the current SIS-A assessment does not indicate the need for those supports; therefore a new SIS-A is being requested.

Reviewer Techniques

Impression NOT Precision

ARP is….	ARP is NOT….
a tool to guide decision-making	an assessment tool
an overall impression of an individual's changes in support needs	a precise rating process

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Framing Questions

- Reviewer asks Respondents:

1. Explain Item and Ask:

"*Has there been a MEANINGFUL change in the support this person needs to (insert item)?*

2. Keep focus on "big picture" and Ask:

Based on your memory of the person at the time of the last SIS--A assessment, does he or she currently need more or less intrusive supports, more or less support time, and higher or lower frequency of support in relationship to this life activity today? Or is the intensity of support the person needs similar today to what was needed at the time of the last assessment?

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Reviewer Administration Approaches

Administration Techniques:

- Maintain a holistic view of the individual's support needs
- Group SIS-A items by domain when determining meaningful changes
- Encourage discussion about changes in support needs
  - And avoid:
    - Analysis of previous SIS-A assessment
    - Prolonged focus on a single SIS-A item
- Clarify, note, and revisit relevant evidence of changes to help the team make determinations
- Remain mindful of the time spent on discussion. If teams have difficulty making a determination, it is plausible that meaningful change has occurred.

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Kentucky Logistics of Supports Intensity Scale-Adult Version™ And SIS –A Annual Review Protocol (ARP)

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A Bit of History - Kentucky Guidelines

- In 2011, Kentucky adopted the Supports Intensity Scale as the functional needs assessment for individuals receiving Supports for Community Living waiver services.
- As part of the CMS mandate for an annual reassessment, the case manager provides validation on the LOC form indicating the person centered team has reviewed the most recent SIS assessment and that it is an accurate reflection of the person's needs.

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SIS-A Assessment and SIS-A Annual Review

- Kentucky continues to use the SIS-A assessment as the functional needs assessment for the SCL Waiver
- A SIS-A assessment shall be completed at least every 3 years
- The SIS-A Annual Review shall be completed at least annually in the years a full SIS-A is not done
- Case Managers serve as reviewers when completing the SIS-A Annual Review
- There must be at least two respondents. If the Case manager knows the individual well, s/he may be a respondent
- The purpose of the SIS-A Annual Review is to identify whether there have been meaningful life changes that impact the **pattern** and **intensity** of the individual's support needs
- **The SIS-A Annual Review provides a form and process for completing the requirements that have already been in place to review the SIS annually and to utilize the SIS-A for person centered planning**

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SIS-A Annual Review Protocol in Kentucky

- The purpose of the SIS-A Annual Review is to identify whether there have been meaningful life changes that impact the **pattern** and **intensity** of the individual's support needs to warrant a new full SIS-A assessment.
- The SIS-A Annual Review:
  - Shall be completed at least at the time of LOC recertification unless the SIS-A is being done
  - May be completed at any time there is a concern that the person's most recent SIS-A may not provide a reflection of current support needs
  - Is to be done during the LOC process when a newly allocated person has a prior SIS-A that will not be three years old at LOC recertification

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Newly Allocated Who Have a Prior SIS-A

- A new SIS-A will be scheduled by the SIS Assessor if the prior SIS-A will be three years old at LOC recertification.
  - Example: Allocation 9-1-19. Previous SIS-A was 5-1-17. SIS-A is not three years old at the time of the allocation, but will be more than 3 years old before the LOC recertification in 2020, so a new SIS-A will be scheduled the same as it is for newly allocated individuals who have never had a SIS.
- The Case Manager is to conduct the SIS-A Annual Review if the prior SIS-A will be less than three years old at LOC recertification
  - Example: Allocation 9-1-19. Previous SIS-A was 5-1-18. SIS-A will be less than 3 years old at the LOC recertification in 2020. Conduct the SIS-A Annual Review to determine whether or not to request a new SIS-A

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SIS-A Annual Review for Newly Allocated Who Have a Prior SIS-A

- The Case Manager is to conduct the SIS-A Annual Review if the prior SIS-A will be less than three years old at LOC recertification
  - Example: Allocation 9-1-19. Previous SIS-A was 5-1-18. SIS-A will be less than 3 years old at the LOC recertification in 2020. Conduct the SIS-A Annual Review to determine whether or not to request a new SIS-A
- If there are not qualified respondents at the time the LOC needs to be done, follow the same procedures as for someone for whom this is their first allocation and then conduct the review when there are qualified respondents
- If there are qualified respondents, conduct the review and submit it as part of the LOC process

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Reviewer Qualifications

- In order to conduct a SIS-A Annual Review, an individual must:
  - Be an independently functioning SCL Case Manager or Case Management Supervisor
  - Be familiar with the SIS-A Assessment as evidenced by:
    - Having attended SIS-A Assessments AND
    - Having a basic understanding of the questions contained in the SIS-A and the Rating Scale
  - Have completed SIS-A Annual Review Protocol training, developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) and the Kentucky Division of Developmental and Intellectual Disabilities (DDID).
  - Cooperate fully with monitoring and oversight provided by DDID. This may include technical assistance as well as observed SIS-A ARP administration by SIS Assessors and Trainers.

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Respondent Qualifications

- Qualifications to serve as a respondent for a SIS-A Annual Review are the same as for a SIS-A Assessment:
  - Know the person well: Worked with him/her at least 90 days

AND

  - Spent significant time with the person in one or more settings

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SIS-A Annual Review Benefits

- Efficient use of resources
- Quick and efficient process
- Done electronically with a pdf created to save the information
- Provides a form and process to fulfill an LOC recertification requirement that has already been in place
- Structured review for person-centered teams
- Information based decision making

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Starting the SIS-A Annual Review Form

- To begin completing the form, click on the link
  Supports Intensity Scale-Adult Version™ (SIS-A)™: Annual Review Protocol.
- The link can be found on the following two web pages:
  - Clinical Services Branch page in the Related Links section
    - http://dbhdid.ky.gov/ddid/clinical.aspx#
  - SCL Case Management Forms
    - http://dbhdid.ky.gov/ddid/scl-forms-cm.aspx

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Saving Partially Completed Forms

- At the bottom of the screen are buttons to either advance to the next page of the form or save and return later.

- If you choose to save and return later, you will enter your email address and receive a link to resume the review you have been working on. Use it only for that specific review. Use the main link for any subsequent reviews.

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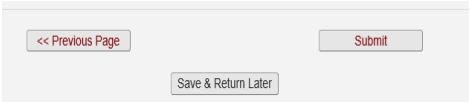
Finishing the SIS-A Annual Review Form

- When you have recorded all of the information on the form, at the bottom of the screen is a submit button.



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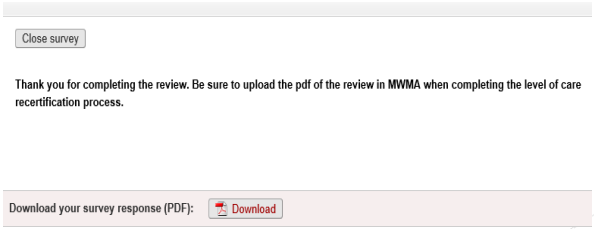
SIS-A Annual Review Document

- **IMPORTANT!** – Be sure to download and save the completed Annual Review Form before clicking on the Close survey button



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SIS-A Annual Review Form Upload

- Upload the Annual Review Form with the rest of the required documents for level of care redetermination
- SIS-A Annual Review Form is not currently one of the document types in the dropdown choices, so choose "other" and add a comment stating it is the SIS-A Annual Review Form.
- The Assessment History screen shows a listing of the documents uploaded.

Assessment History Screen:

- The Documents screen includes the date of upload and comments.

View Documents Screen:

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SIS Assessor Role in SIS-A Annual Review

- If the completed AIS-A Annual Review indicates a request for a SIS-A Assessment, the Case Manager who made the request will be contacted.
- Technical Assistance will be provided as needed
  - through reading the completed reviews
  - through questions from Case Managers
    - Case Managers do not need to contact SIS Assessors about the completion unless there are questions.
- For questions, email SIS@ky.gov

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Resources

- SIS@ky.gov - for questions
- Link to Kentucky's ARP form

  Supports Intensity Scale-Adult Version™ (SIS-A)™: Annual Review Protocol.
- Clinical Services Branch page has SIS-A and SIS-AARP information in the Related Links section

  ▶http://dbhdid.ky.gov/ddid/clinical.aspx#
- SCL Case Management Forms

  ▶http://dbhdid.ky.gov/ddid/scl-forms-cm.aspx

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Questions?

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Thank you!
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HRST Health Risk Screening Tool

An introduction to the HRST

- PREDICTIVE
- PROACTIVE
- PREVENTATIVE

This training is brought to you by:

HRST U

The Educational and Training Department of HRST Health Risk Screening Tool

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Introductions

David Toback, M.A.
Director of Client Services

Topics

- Overview of HRST mission and vision
- The HRST Database
- The HRST Report Suite
- How do I access support?
- Why does all of this matter?
- Getting started!

A Brief Review of the HRST:

Goal and Mission

What is the HRST?

A web-based instrument developed to screen for health risks associated with:

- Intellectual/Developmental Disabilities
- Physical Disabilities
- Disabilities Associated with Aging
- Traumatic Brain Injury
- Any Vulnerable Population

The History of the HRST

- Developed in 1992 – federal lawsuit
- Known originally as "Physical Status Review" (PSR)
- Extensively field tested on 6000 individuals
- Used in numerous states
- Web-based version released in 2006

How does the HRST work?

The HRST is a simple 22 item scale designed to find out which individuals are at most risk of illness and health destabilization.

The tool then responds by producing action steps (*Considerations*) that empower support staff in the form of special attention and prevention.

The HRST Categories and Items

I. Functional Status

A. Eating
B. Ambulation
C. Transfer
D. Toileting
E. Clinical Issues

II. Behaviors

F. Self-Abuse
G. Aggression
H. Physical Restraint
I. Chemical Restraint
J. Psychotropic Meds

III. Physiological

K. Gastrointestinal
L. Seizures
M. Anti-Epileptic Meds
N. Skin Integrity
O. Bowel Function
P. Nutrition
Q. Treatments

IV. Safety

R. Injury
S. Falls

V. Frequency of Service

T. Professional Healthcare Services
U. ER Visits
V. Hospitalizations

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HRST Health Care Levels

- Level 1
- Level 2

Low Risk

- Level 3
- Level 4

Moderate Risk

- Level 5
- Level 6

High Risk

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- Level 1
- Level 2

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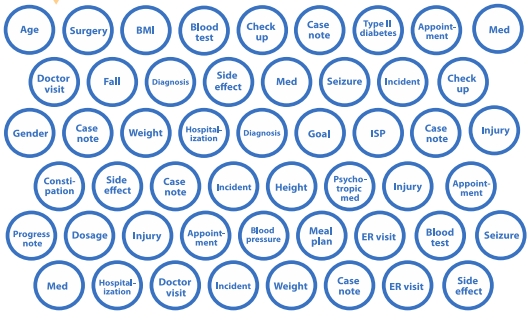
Moderate Risk

- Level 5
- Level 6

High Risk

Transforming Data Into *Action* !

Data



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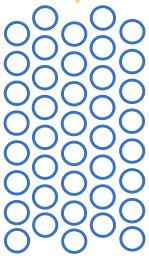
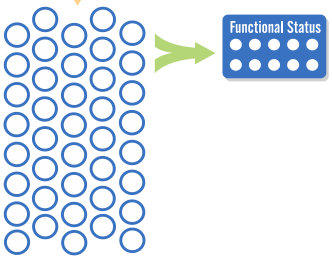
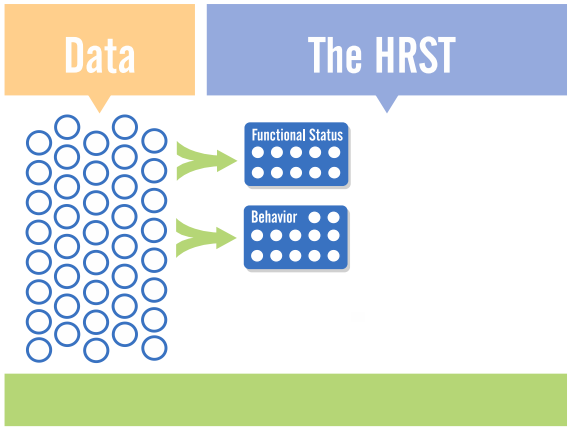
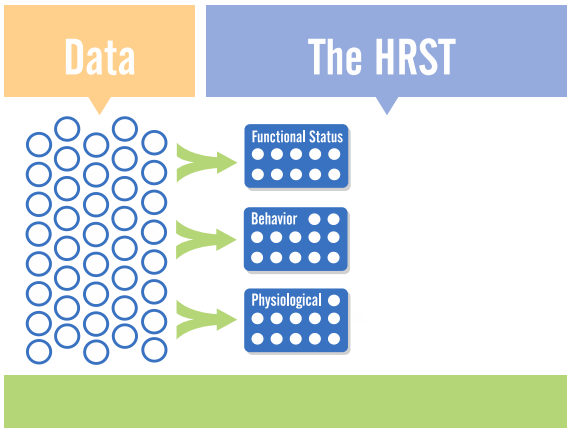


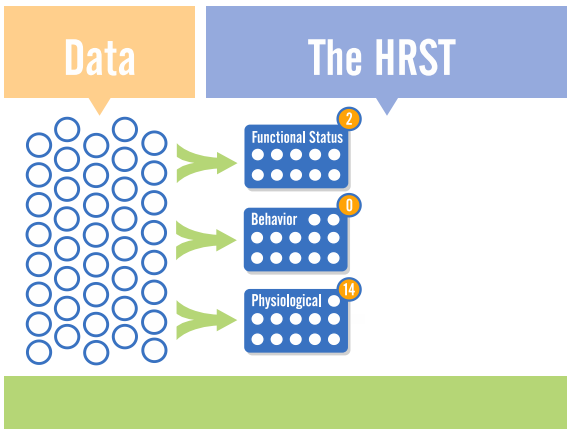
Data

The HRST

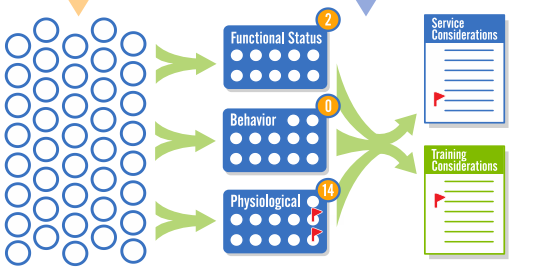



Data
The HRST
Functional Status
Behavior


Data
The HRST
Functional Status
Behavior
Physiological


Data
The HRST
Functional Status
2
Behavior
0
Physiological
14

Data | The HRST



The HRST | Action

The HRST | Action

Service Consideration Example

- Service Consideration:
  - Nutrition/Clinical Dietician section
    - Item: (K) Gastrointestinal
    - Score: 4
    - Consideration: *Nutritional/clinical dietician assessment to determine which elements of current diet are contributing to GI signs & symptoms*

Training Consideration Example

- Training Consideration:
  - Signs/Symptoms/Emergencies section
    - Item: (S) Falls
    - Score: 4
    - Consideration: *Provide the caregiver with training about recognizing and responding to signs and symptoms of a serious injury arising from a fall*

The Importance of the Considerations

The HRST: More Than Just Scores

Accurate Scoring is Important…

however,

What the scores tell you are equally as important!

Helpful Reports

Distribution, Change, Compliance, & Meds

HRST

Distribution

- HCL Distribution: This report tells you the HCL breakdown for those who have been screened.
  - This report helps you triage.
  - Note those with an HCL of 4.
- Training Considerations Distribution:
  - This tells you where most of your staff training is needed.
  - Click the *Percentage of List* to sort.

HRST

Change Over Time

HCL Change Over Time – Last 6 months

- This tells you the changes in HCL over the last six months.
- If a person's HCL has decreased congratulations. By following the considerations you've improved the quality and length of a person's life.
- If a person's HCL has increased by a level, s/he is destabilizing. Get your team together, review the considerations and act.
- If a person's HCL has increased by two or more levels s/he is facing a mortal risk. Get your team together immediately and follow the considerations.

Compliance

- Last Update
  - This tells you when a person's HRST was last updated.
  - Best practice is at least once a year and WHENEVER there is an acute health event.
- Date of last clinical review
  - The clinical review improves accuracy.
  - Best practice is to review after any significant change.
- Persons with Plans/DOBs in next 90 days.
  - Maintain compliance with state/agency deadlines.

Formats and Scheduling

- Formats
  - Web: A quick view
  - PDF: Email to colleagues for review
  - Excel: Sort, Share, and Add Notes
  - If you choose PDF or Excel choose your delivery method.
- After you generate the report you can schedule it to send to your email as often as you like.

HRST Outcomes

Why All This is So Important

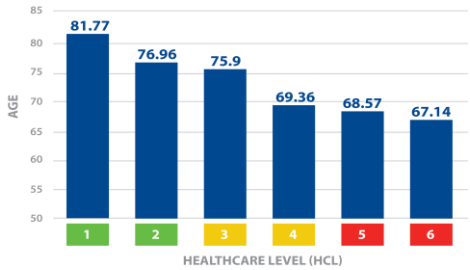
Independent Research

- Two studies completed, independent of one another:
  - The Center for Outcome Analysis
  - Georgia DBHDD
- One study analyzed yearly mortality trends (GA), the other study focused on life expectancy trends over about a 9 year span of time
- Focus was on I/DD population, fully screened using the **Health Risk Screening Tool** (HRST)
- Both studies independently support correlation between HRST Health Care Level and mortality dynamics

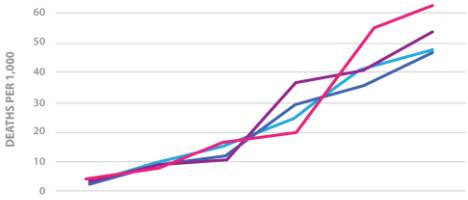
Predictive Validity of a Health Risk Screening Tool Designed for People with Developmental Disabilities, Michael J. Rosakowski, Ph.D., and James W. Conroy, Ph.D. Center for Outcome Analysis. 2016.

2015 Annual Mortality Report, Georgia Department of Behavioral Health and Developmental Disabilities, August 2016.

Average Life Expectancy by Health Care Level (Years)



Mortality Rate by HRST Score



HEALTH CARE LEVELS

	1	2	3	4	5	6
2013	2.4	9.7	15.6	24.8	40.8	47.7
2014	3.4	9.0	12.1	29.2	35.7	46.7
2015	3.1	9.1	10.7	36.2	40.4	53.5
2016	4.0	8.5	15.8	20.4	54.4	62.7

Summary of Findings

- The HRST Health Care Level (HCL) is prognostic of longevity (*as HCL increases, longevity decreases*)
- Particular attention should be placed on those individuals at HCL 4 and those with increasing HCL's
- With **each HCL increase**, the odds of dying increase exponentially, even at lower Health Care Levels
- A two-point increase in HCL significantly increases the likelihood of mortality
- **Increases in Health Care Level should prompt action to avert preventable death**

Other Key Findings of the Study

- The two main predictors of early death were the HRST Health Care Level and Age
- Life expectancy age for the population in this study was ONLY 53.5 years old
- The most common deficient provider practices…centered on health and wellness/medical, including failure to respond to apparent change in individuals' health condition

Best Practices

1. The HRST should be updated at least annually. Think of it as an annual checkup.
2. Screening an individual can take anywhere from 45-60mins, depending on the complexity of the individual.
3. The HRST should be updated anytime there is a change that could affect any of the 22 rating items, such *ER visits, Hospitalizations, new diagnoses or medications, injuries, falls, etc*. Updates only take a few minutes.
4. Only a trained HRST rater can complete or update an HRST.
5. Information to complete an HRST screening can come from many places, such as medical records, family, support staff, friends, medical history or the person.

6. The person is encouraged to be a part of the screening process, but it is not required.

7. The support team should use the HRST Service and Training Considerations to take action on identified risks.

Getting Help

Clinical Assistance –kyclinassist@hrstonline.com

- Questions about ratings or scoring

Technical Assistance –kysupport@hrstonline.com

- Questions about access
- Computer-related difficulties
- Questions related to training needs
- Share success stories

Questions?

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HRS
P.O. Box 1435
Oldsmar, FL 34677

www.hrstonline.com

Kentucky Health Risk Screen Tool (HRST) Protocol
Revised March 26, 2013

The Health Risk Screening Tool (HRST) is used to determine where an individual is likely to be most vulnerable in terms of the potential for health risks. It is understood that the greatest vulnerability to health risk is exhibited or experienced among those individuals whose services are periodic or less intense than for someone who needs daily nursing care. The HRST assigns scores to rating items. The total points result in a Health Care Level with an associated Degree of Health Risk. The Health Care Levels are 1 through 6; Level 1 being the lowest risk for health concerns and Level 6 being the highest risk for poor health. It is important to understand that the HRST measures health risk not disability.

Why use the HRST?

- Early identification of health risks reduces and prevents complications
- Increases monitoring of a person's health
- Identifies additional training needs of staff

Who completes the HRST?

- Residential providers shall be the lead provider to complete the HRST. If the person does not receive residential services the designated provider shall be the provider identified in the person centered plan of care (POC) that is providing the greatest quantity of service.
- The initial HRST will be completed by a nurse (RN or LPN) contracted or employed by the provider agency. Subsequent HRST updates shall be completed by provider staff.
- State operated hospital staff will complete the initial HRST for each person transitioning from state operated hospital services to community services.

When does the HRST have to be completed?

- The initial HRST is completed for each person within 30 days of the initiation of SCL services.
- The HRST shall be updated at least annually by the designated provider within 90 days of the expiration of the POC.
- The HRST shall be updated by the designated provider within 3 days of any significant change in a person's health, functional or behavioral status such as:
    - Medication change
    - Hospitalization
    - Emergency room visit
    - Significant behavioral change
    - Communication by person of changes to how they feel
- The case manager shall be notified by the provider when an HRST is completed.

What to know and do with the HRST?

- The designated provider will complete the HRST online at: https://kydd.hrstonline.com.
- The completed HRST shall be provided to the person's case manager within 3 business days for inclusion into the person's SCL record and POC.
- If a person's HRST health care level is a score of 3 or higher, the case manager must contact the DDID regional nurse within 3 business days for review and follow up.
- Individuals with an HRST level score of 3 or higher are considered higher risk thus require increased monitoring and supervision.
- Reports will be available from the HRST website to trend health related issues across the system and by provider.
- HRST information is available for downloading and printing, with a person's consent, and taken to their health care appointments to use in the ongoing review of the persons health history.

What steps must be taken for an HRST Health Care Level of 3 or higher?
‘

- The case manager shall notify the DDID regional nurse for further review within 3 business days.
- DDID regional nurse shall review and provide technical assistance to the person's team of providers.
- The person's team shall identify increased monitoring and additional staff training requirements that are required in order to mitigate the risk and meet the person's needs.
- Case manager shall request Supports Intensity Scale (SIS) reassessment from DDID, as appropriate if there is a significant change in the person's overall support needs.

What about the tracking log?

- The case manager shall maintain the tracking log for all identified risk issues as part of the monthly monitoring visits.

Case Management Responsibilities

- Case managers will monitor during monthly visits to ensure appropriate monitoring and additional staff training is occurring.
- Any deviation from the identified action approved by the person's team shall be noted in the case management summary and on the tracking report.
- Case manager will request explanation for deviation and shall take appropriate action to notify the person's team members and follow up.

Accuracy is Vital

In order to utilize HRST to improve the quality of life for those we support, diagnoses and medications must be entered accurately. The reporting features of the HRST to gather and use important data points can be used only if medications and diagnoses are entered correctly and kept up to date in the HRST application. The information is important for each person individually and to have accurate statewide data.

Please ensure that ALL information for both diagnoses and medications is entered correctly and is up to date. The more accurately data is entered and kept up-to-date, the more useful and relevant it will be. Not only is it important for the use with each person individually, it is important in order for analysis and decision-making such issues for which more assistance is needed, to alert providers when a particular medication is no longer available, and to have accurate data for grant opportunities and reports.

Record *End Dates* and *Resolve Dates*

It is very important to include Resolve Dates of diagnoses and End Dates of medications. Without doing so, accurate data for analysis cannot be collected; and someone could appear to have an endless sinus infection or be on multiple psychotropic medications in the same class simultaneously when that is not the case. Placing an End Date for a medication indicates that the medication is no longer being prescribed. Placing a Resolve Date for a diagnosis indicates the diagnosis is no longer applicable to the person.

Record Medications Using the Dropdown Menu

The HRST application has a comprehensive listing of medications. Use that listing rather than keying in a medication. With multiple spellings and abbreviations of the same medications an analysis of the number of people on any given medication is impossible.

Deadline and Ongoing

The diagnosis and medication information for each person receiving residential services is to be reviewed by both the case management and residential provider **and revised as appropriate by the HRST rater by November 1, 2018**. The HRST protocol states the HRST shall be updated within 3 days of any significant change in a person's health, functional or behavioral status such as medication change, hospitalization, emergency room visit, significant behavioral change, and communication by person of changes to how they feel. Medications being discontinued and diagnoses being resolved are significant changes. **Ensure you have a process for keeping the HRST accurate for each person.**

Need Help?

To obtain a training link on how to ensure diagnoses and medications are entered correctly OR to get help, email: kyclinassist@hrstonline.com

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