

Health Risk Screening Tool Protocol

State of Maryland DHMH | October 1, 2015

The Health Risk Screening Tool (HRST) is used to detect health risks and destabilization EARLY. The HRST assigns scores to 22 health and behaviorally related rating items. The total points result in a Health Care Level with an associated degree of health risk. Health Care Levels (HCL) can range from 1 through 6; Level 1 being the lowest risk for health concerns and Level 6 being the highest risk of health concerns. It is important to understand that the HRST measures health risk not disability. The following link will provide an overview of the HRST and some details about how it will be implemented in Maryland.

<https://replacingrisk.com/hub/video/index.php?id=140957176>

Remember the Why!

- 🔑 Early identification of health risks reduces and prevents complications
- 🔑 Careful monitoring of a person's health promotes quality of life
- 🔑 Identifies additional training needs of staff allowing us to serve individuals more effectively
- 🔑 Early detection of health risks and destabilization prevents unnecessary deaths
- 🔑 Identifies other services needs that may be less than obvious
- 🔑 Assist providers and families to have meaningful conversations with physicians and other medical professional

Who is responsible for completing the HRST?

- 🔑 Maryland is phasing in the HRST over three (3) years. During the first year, people who are in Residential Habilitation (Res.Hab.) services and people in Self Directed Services (SDS) will be screened (the target group).
- 🔑 The initial and subsequent HRSTs must be completed by a trained "rater" that has completed the online HRST rater training. The rater may be the Coordinator of Community Services (Coordinator) OR it may be the RN Case Manager/ Delegating Nurse (RN CM/DN) employed or contracting with, a Res. Hab. provider.
- 🔑 For people in Res. Hab., it is expected to typically be an RN CM/DN employed or contracting with the Res. Hab. provider.
- 🔑 For people in SDS, it may be the Coordinator OR it may be the RN CM/DN contracted through Self Directed Services (SDS).

What is the timeline for completion of HRST?

- 🔑 For the target group, the HRST shall be completed for all individuals by the first quarterly review OR by the annual IP meeting (whichever comes first) following the individual's assigned Coordinator completing HRST online rater training. It is expected that all individuals in the target group will have been screened by JANUARY 15, 2016.
- 🔑 Additional groups of waiver participants will join the target group during years two (2) and three (3). Implementation steps for those groups will not be included here.
- 🔑 After the initial screening, if delegation is occurring the HRST shall be updated by the RN CM/DN, OR by the Coordinator who has been trained as a rater.

- 🔑 This will occur at least annually as part of the Individual Plan (IP) development/review meeting OR as needed based on changes to the individual that affect the 22 rating items.
- 🔑 The assigned Coordinator will be responsible for completing this task or assuring that it is completed.
- 🔑 For people to be newly admitted to Res. Hab., the initial HRST shall be completed by a RN CM/DN OR completed by a Coordinator and reviewed by a RN CM/DN regardless of a HCL finding of less than three (3), prior to a Service Funding Plan (SFP) being developed. This will allow the SFP to accurately capture the health care supports required by the person.
- 🔑 For people entering Self Directed Services, the initial HRST shall be completed by a RN CM/DN OR completed by a Coordinator and reviewed by a RN CM/DN regardless of a HCL finding of less than three (3), prior to a Service Funding Plan (SFP) being developed. This will allow the SFP to accurately capture the health care supports required by the person.
- 🔑 For all health care related Requests for Service Change (RFSC) submissions: HRST shall be completed by a RN CM/DN OR completed by a Coordinator and reviewed by a RN CM/DN regardless of a HCL finding of less than three (3).

For Direct Care

- 🔑 Direct Care staff are the people most likely to first become aware of HCL changes. They will be provided with brief specialized online training and will communicate with the Res. Hab. RN CM/DN AND the Coordinator through a paper form known as the HRST Monthly Data Tracker.
- 🔑 The following link provides access to this training and the HRST Monthly Data Tracker. ReplacingRisk.com
- 🔑 Direct Care Staff providing support in Res. Hab or SDS will be expected to have viewed the web training and to begin using the HRST Monthly Data Tracker by DECEMBER 1, 2015
- 🔑 The team will utilize the HRST Service and Training Considerations to assist in determining other services and trainings that may be needed. These training needs should be identified in the IP and required training completed prior to Direct Care staff beginning independent duties.
- 🔑 Direct Care staff will notify the RN CM/DN AND the Coordinator within 3 days of any significant health change so that the HRST can be updated by the RN CM/DN or the Coordinator. Some examples of a significant health change include, but are not limited to, events such as:
 - 🔑 Medication change
 - 🔑 Hospitalization
 - 🔑 Emergency room visit
 - 🔑 Significant behavioral change
 - 🔑 Communication by person of changes to how they feel
 - 🔑 Any significant event thought to signal a health event

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

- 🔑 Individuals with an HRST level score of 3 or higher are considered higher risk thus require increased monitoring and supervision.
- 🔑 If a individual's HRST HCL becomes a score of 3 or higher, a RN CM/DN employed or contracted with the Res. Hab or SDS MUST complete a Clinical Review within 3 business days.
- 🔑 A RN CM/DN employed or contracted by the Res. Hab provider or SDS conducts regular reviews of those with an HCL of 3 or higher.

What are the Responsibilities of the Coordinator of Community Services?

- 🏠 Because the Coordinator is trained on the HRST, the Coordinator should use their knowledge of the HRST during regular visits to serve as an additional set of eyes and ears to ensure that health risks have been identified and are being supported appropriately.
- 🏠 Coordinators of Community Services (CCS) shall review during their regular visits to assure that appropriate monitoring and necessary staff training is occurring.
- 🏠 Any deviation from the identified action approved by the person's team shall be noted in the quarterly reviews conducted by the Coordinator.
- 🏠 Coordinators shall request explanation for any deviation and shall take appropriate action to notify the person's team members and if necessary the Regional RN and Regional Office. The Coordinator will follow through until resolution.

Assistance and information available

- 🏠 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.
- 🏠 HRST staff are available to offer technical support through their website:
- 🏠 mdsupport@replacingrisk.com
- 🏠 HRST Clinical support can be accessed by emailing: mdsupport@replacingrisk.com
- 🏠 DDA Regional Nurses and a group of specially selected RN CM/DNs have already undergone training. They are available to provide technical assistance and support to the RN CM/DNs who are entering training. Their contact information follows.

Regional Nurses:

Region	Name	Email
Central	Kelly Jones	kelly.jones2@maryland.gov
Southern	Michelle Howell	michelle.howell@maryland.gov
Eastern Shore	Ramona Bradley	ramona.bradley@maryland.gov
Western	Melanie Pepple	melanie.pepple@maryland.gov