HRST Orientation for MD Providers and Families
(revised 10/14/16)

Q. What individuals are required to receive the HRST?
A. Maryland is phasing in the HRST over three (3) years. During the first year, people who are in Residential Habilitation (Res.Hab.) services, Transitioning Youth and people in Self Directed Services (SDS) will be screened (this is the target group).

Q. When you say direct care staff will be trained is that CMTs, CNAs? Also is that training available online at this time?
A. Direct care staff (i.e., CMTs, CNAs and UAPs) may be trained in the use of the Monthly Data Tracker. There was a webinar held for the Monthly Data Tracker that is available on the HRST website for staff training as well as a manual that can be utilized.

Q. Where does all this information come from? meaning who inputs the demographic data?
A. DDA Headquarters uploads all demographic information from PCIS2 to HRST.

Q. Is the Coordinator of Community Services (CCS) a resource coordinator/service coordinator?
A. The names are interchangeable. However, we encourage the use of Coordinator of Community Services (CCS).

Q. How far back in their medical history do we have to go in listing all the medications the patient received?
A. It is recommended that all current medications be placed in the Medications section of the HRST. However, to show a thorough representation of past medications, users can input medications that are no longer taken by the person, though this is not required. Placing an end date on the medication will note that the medication is not currently being administered to the person.

Q. For individuals in one residential program and a different day program, how will the HRST be shared between providers?
A. The first group to be screened during the first year will be those in Residential Habilitation; eventually other providers with appropriate HIPPA protocols will receive access to view only.

Q. Who will have access? How does it get determined who has access? Does the provider determine which employees can access?
A. The initial and subsequent HRSTs must be completed by a trained "HRST Rater" who has completed the online HRST Rater training. The HRST Rater is the Coordinator of Community Services (CCS). There are instances when a Res. Hab. Provider may choose for the DDA RN CM/DN (Case Manager/Delegating Nurse) to complete, but that is an arrangement between the CCS agency and the provider agency.

Q. If the individual is living in a group home and part of a day program/ supported employment who is responsible for providing this information?
A. Those individuals receiving Residential Habilitation services would be included in the initial phase regardless whether other services accompany the Res. Hab service.

Q. Is there a way to monitor lab results through HRST?
A. Future enhancements will make tracking this information possible. Currently, this information can be placed in the Notes/Comments section of the most applicable, related Diagnosis.

Q. Will an individual in residential services with one provider, and Supported Employment or day with another provider, need to have 2 separate HRST's? How we this be managed?
A. This individual would only receive (1) one HRST, completed by the appropriately trained rater because they have the Res. Hab service. In the future, other applicable providers can receive View Only access to the record if needed.

Q. The paper form HRST does not cover bathing in the functional section. Will the online version?
A. Bathing is not included as one of the 22 rating items. Risk associated with bathing, such as getting in and out of a tub or shower is captured in items such as Ambulation and Transfer.

Q. Can LPNs be trained as raters to assist the DDA RN CM/DN in large agencies?
A. Currently, only DDA RN Case Manager/Delegating Nurses (DDA RN CM/DN) and Coordinators of Community Services (CCS) have been targeted for training.

Q. Should the RN CM/DN update medication changes as they occur (similar to 45-day review which RN CM/DN performs)?
A. Medication changes should be reflected on the HRST so that the most accurate plan is available.

Q. How often should the HRST be done for adults who are stable and if they have not had any change in status since the initial or last HRST?
A. The HRST should be reviewed *at least* annually. However, it is important to update the HRST as health changes occur throughout the year.

Q. SDS refers to which groups of individuals - CSLA, ISS, FSS, Shared Living, etc.?
A. Only individuals with self-directed services.

Q. Is there a deadline for the individuals in the first phase to have all their information input?
A. Yes. The current deadline to have individuals fully screened was September 30, 2016.

Q. When and where is the 10hr training be held?
A. This training, which is required for DDA RN CM/DNs and CCSs to become raters, is completed entirely online.

Q. What happens to a Delegating Nurse who is not in the system now but would like to be trained in utilizing the HRST?
A. They should access the system through the agency that has employed them as the DDA RN CM/DN. The RN CM/DN must have completed the DDA RN CM/DN Orientation and be on the current and active DDA RN CM/DN Registry in order to be approved to take the HRST Rater Training.

Q. How many users are you allowed to have per agency? Do you have to be a DDA RNCM/DN in order to have access to the web-based HRST?
A. Agencies can have an unlimited number of users. DDA RN CM/DNs and CCSs have access to the HRST to input and change information. However, other users may have View Only access. View Only access allows applicable providers to view the data but does not allow the viewer to change any data.

Q. When will Day Programs be required to implement the HRST?
A. Individuals in Day Programs who are not in Res.Hab will be screened late 2016 or early 2017.

Q. I am particularly interested in how this tool will be used by people using self-directed services.
A. Meetings are being held with self advocates and advocates to develop more specific protocols for self-directed services.

Q. Who will enter the information? Direct Support Professionals?
A. Data can only be entered by trained Raters. For now, these users consist of DDA RN CM/DNs and CCSs who have successfully completed the HRST online Rater training.

Q. As a "viewer" and not a user, there will still be a log in I'm assuming. How do we create these log ins?
A. View Only users will be issued their own user name and password by HRST support. This part of the HRST implementation will occur at a later date.

Q. How often will training be provided for raters? Will this training be open at all times for potential raters?
A. The online training is always available for new, qualified users and can be revisited by Raters who have completed the training at any time. There is advanced onsite training for Raters and Clinical Reviewers that is scheduled as needed.

Q. Is this tool, consistently the same in all states that utilizes it?
A. The tool is the same for all users. All clients use the HRST for risk identification. However, clients may further use the HRST for more specific initiatives such as Person Centered Planning, yearly plan development, Resource Allocation, etc.

Q. If providers are supposed to input data, then does this system permit batch uploads since many providers already have this data in other systems?
A. Health Risk Screening, Inc will work with the state office to import certain data fields into the HRST database. This does not include Diagnosis and Medications. There is no mechanism for batch uploads from an individual provider.

Q. What part of the HRST assesses cardiac/vascular issues?
A. The HRST is a screening tool not a diagnostic tool. Although it does not assess cardiac issues specifically, it will reveal indicators and symptoms of cardiovascular issues so that further evaluations can be conducted.

Q. What medication change would be considered significant? Medications change a lot.
A. All medications are significant. Any currently administered medication should be included in the Medications section of the HRST. Even past medications can be added with an identified end date to show that the medication is no longer being administered. As medications change the HRST should be updated.

Q. When does the Coordinator of Community Services do this screening?
A. For the target group, the HRST shall be completed for all individuals by the first quarterly review OR by the annual IP meeting 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 September 30, 2016. Thereafter, the HRST will be updated as needed but at least annually as part of the IP.

Q. Earlier on Jonathan spoke about a Q score for nebulizer uses. Can he elaborate on the type of nebulizer treatment to be considered in this category?
A. Medications administered via Nebulizer at least once per day would qualify the person for a score in item Q.

Q. So if an individual's rating has changed we, as providers, should contact the individual's Coordinator to update the HRST?
A. It is recommended that providers use the Monthly Data Tracker (MDT) to note changes that occur during the month. Once changes have been noted the provider would alert the rater so that the HRST can be updated. If the MDT is not being used, the agency will need to use the method it has found most effective in keeping the Rater updated on the individual's health status. If there is a RN CM/DN, then s/he will review the MDT at the time of the nursing assessment and any changes will be inputted at that time.

Q. How does a Nurse in the agency gain access to the online training?
A. The DN will gain access through the agency that has employed him or her. The RN CM/DN must have taken the DDA RN CM/DN Orientation and be current and active on the DDA RN CM/DN Registry in order to be approved to take the HRST Rater Training.

Q. With such high turnover in this field, it would really help to allow others to be "raters" outside the DDA RN CM/DN in certain agencies.
A. Both the CCS and the DDA RN CM/DN are able to access the system as Raters. The current HRST model does not allow for all staff to access the system. This model safeguards the individual's Personal Health Information (PHI) and Personal Indentifying Information (PII) by allowing access to only those who assigned to or need access.

Q. Will all people using self-direction need to budget for a nurse in case of a Level 3 health problem? instead of budgeting for a nurse could the person-centered plan provide for the person to be seen by her doctor?
A. The individual's team will determine the level of care or services that will be needed, which does not preclude them from seeing the medical provider. If the HRST screening returns a Health Care Level (HCL) of equal to or greater than 3, the HRST will need to reviewed by a trained nurse HRST Reviewer. Whether the person in SDS will need a DDA RN CM/DN will depend on their individual needs.

Q. If someone is entering self-directed services who is responsible for completing the HRST if the individual is entering self-directed services and does not have a delegating DDA RN CM/DN?
A. The CCS will complete the HRST.

Q. Who do we communicate to who our agency's "gate keepers" will be?
A. The agency designates the gatekeeper using the user information template and sending that information directly to HRST at mdsupport@hrstonline.com. Please copy your Regional RN in this email.

Q. I've completed the 10 hour online training and have not received my login information.
A. Check your spam folder and if you find no communication, please contact HRST mdsupport@hrstonline.com.

Q. Please explain the process for a person who is in SDS has a HCL change to 3 or higher, but does not have a delegated nurse funded in their budget.
A. The individual's team will determine the level of care and services that are needed. A Request for Service Change would be completed and they would contract with a RN CM/DN HRST Reviewer to complete the review. The RN must bill in 15 minute increments at no more than $50 per hour with no more than 1 hour per review and for no more than 3 hours billed per year. A list of RN CM/DNs interested in working in SDS is posted on the DDA website.

Q. How appropriate it is that the Coordinator of Community Services is able to change the rating that has been initially established by the DDA RN CM/DN and who is delegated and responsible for the individual. How do you know when a change has been made?
A. All HCL equal to or greater than 3 will be reviewed by a DDA RN CM/DN. The expectation is for the CCS and the DDA RN CM/DN to communicate with each other. One advantage of the application is that objective information is entered and the HCL is derived. Of course, the

professional opinion of the nurse should be respected. If an agreement cannot be reached, the Regional Nurse is available for technical assistance.

Q. How is the Clinical Review to be documented?
A. The Clinical Review is done on the HRST Scoring Summary by DDA RN CM/DN's who have completed not only the online training but is certified by additional onsite training.

Q. Service Coordinators are barely compliant with the IP process entry in PCIS. I'm a skeptical that they will be able to keep up with this. Anything going to be put in place in terms of oversight for them to make sure we aren't just adding one more thing for them to not be compliant with?
A. The HRST system easily identifies which HRST's are not completed. Additionally, the IP date from the PCIS system is included in the HRST and will trigger reminders for the CCS to update the HRST.

Q. Will a list of delegating nurses be distributed to the coordination agencies for the CCS to have access?
A. There is a list of DDA RN CM/DNs interested in working with individuals in Self Direction accessible on the DDA website.

Q. Is there a particular form to use for the clinical review for individuals who are level 3 or higher?
A. This review is done entirely within the application. Trainings for DDA RN CM/DN who will become Nurse Reviewers will be held periodically during the year.

Q. Does DDA have access to each person's HRST in the system?
A. Yes.

Q. Did you say people in CSLA are not included in the 1st phase?
A. During the first year, people who are in Residential Habilitation (Res.Hab.) services, Transitioning Youth and people in Self Directed Services (SDS) will be screened (the target group).

Q. I am a CM/DN who is no longer affiliated with an agency; however, I am interested in SDS. How do I gain access to the HRST rater program on-line if I am not currently affiliated with an agency? I have also been referred to individuals via DDA, yet I was told I cannot have access to the HRST tool due to non-affiliation.
A. You must have an affiliation to have access. That affiliation can be an agency or a SDS client.

Q. Do RFSCs require the completion of the HRST and Clinical Review, as required, prior to submission?
A. Yes, for the HRST and for the Clinical Review of HRST Level 3 or greater**.**

Q. In Self Directed Services, does a RFSC require the completion of the HRST and Clinical Review of Level 3 and above prior to approval?
A. Yes, the HRST must be completed prior to the submission of the RFSC. The Clinical Review for Level 3 or above is also required unless the RFSC is for the service of the RN CM/DN Clinical Reviewer.

Q. What type of records could be generated and could these reports tie into the paperwork required for audits from the state?
A. There are numerous reports that can be generated from the HRST. At this time there are no additional monitoring planned.

Q. If a person does not have a Delegating Nurse, then who would complete the initial HRST if they are entering self-directed services?
A. The HRST would be completed by the CCS.

Q. As an agency provider can you make the request that all screenings for your agency be completed by your agency nurse and not the CCS. Who over rides that decision.
A. It is the responsibility of the CCS to complete the HRST. However, if the agency desires to complete it, they that becomes an arrangement between them.

Q. How do updates work? Can information be changed in the current HRST to reflect updated info, or is a completely new HRST needed? If a new HRST, does any of the information/data from the prior HRST carry over?
A. Once the initial HRST has been completed, the individual will not need a new one for any updates or changes. Updates are made within the current HRST.

Q. Who can the HRST be shared with and in what format? We get request from individuals, families, providers, other-regional staff.
A. The HRST can be printed with the individual's consent and copies taken to provider appointments. Eventually, other DDA providers will be given read-only access. However, it is not available at this time.

Q. What is the definition of significant health change that requires a HRST update? and please provide some examples.
A. Although the Monthly Data Tracker is optional, it is an excellent tool for capturing changes that will need to be updated in the HRST. Changes are based on the individual's level of functioning and that list can be exhaustive. Some common changes would include: hospitalizations, medication and dietary changes, medical procedures, illness or changes in diagnosis.

Q. I'm a CCS. How do I obtain HRST access to those individuals on my caseload with "Restricted Access"?
A. Contact your Regional Office Designee.

Q. I am a RN CM/DN working in Self-Directed Services. I am a rater in the HRST but cannot access the individual on my caseload. How do I get access?
A. The CCS must notify the Regional Nurse with the name of the individual and the RN CM/DN. Then, the RN CM/DN must email HRST.DDA@maryland.gov to request access for the person(s) on his/her caseload.