APPENDIX 610 HEALTH-CARE NEEDS ASSESSMENT

Purpose

To provide additional information and guidance on the health care-needs assessment process currently outlined in PRH Chapter 1, Section 1.4, R3.

Background

Based on a review of previous applications, Job Corps has learned that the majority of applicants' treatment and/or monitoring needs can be met, but there may be situations in which a particular applicant's needs are beyond what the Job Corps' Health and Wellness program can provide as defined as basic health care in PRH Exhibit 6-4: Job Corps Basic Health-Care Responsibilities. Current disability data indicate that the majority of our applicants with medical, mental health, oral health, and substance abuse conditions have stable health, and require only routine and episodic health-care interventions with accommodations. However, a small percentage of applicants may have complex, newly diagnosed, persistent or recurring medical, mental health, oral health, and/or substance abuse health-care issues that require services and/or care management beyond Job Corps' basic health care as determined Job Corps Health and Wellness staff.

This document provides guidance to Job Corps Health and Wellness staff on how to determine whether Job Corps can meet the medical, mental health, oral health, and/or substance abuse treatment/monitoring needs of a particular applicant.

This determination is derived in part by a review of the ETA 6-53 Health Questionnaire.

The ETA 6-53 Health Questionnaire serves three main purposes:

- 1. Determine the health-care needs of the applicant, and assist in the assessment of whether Job Corps can meet those needs;
- 2. Alert center staff to the potential need for evaluation of direct threat to self or others; and
- 3. Obtain consent for required routine medical assessments and/or consent to receive basic health-care services

If the individual is one with a disability, the center's Reasonable Accommodation Committee (RAC) must convene and consider accommodations and/or modifications that the individual may need. Once the accommodations and/or modifications have been identified, the licensed professional who conducted the original assessment must review the previous findings, giving consideration to the identified accommodations to determine whether or not the accommodations and/or modifications to enrollment due to health-care needs.

Instructions

The attached form may be used to conduct an individualized assessment of an applicant's healthcare needs.

Who May Conduct the Assessment?

The clinical assessment of health-care needs caused by the individual's medical condition or disability fall under the Health and Wellness department on each center. As such, these clinical assessments are to be carried out by qualified, licensed/certified health providers only. Those providers employed or subcontracted by Job Corps include nurses, physicians, center mental health consultants (CMHCs), dentists, and Trainee Employee Assistance Program (TEAP) specialists. This group, therefore, has a significant role to play in determining whether, in a given Job Corps setting, a particular individual's health conditions should be assessed by nurses and/or physicians; mental health conditions should be assessed by mental-health consultants; oral health conditions should be assessed by dentists; and conditions related to substance use should be assessed by TEAP specialists. In some cases, it may be necessary to consult an outside specialist with expertise in the particular medical condition, or disability and its effects.

Indicators that a review is needed

- 1. Within the past 6 months, two or more emergency room visits, or one or more hospitalizations for medical, mental health, oral health, and/or substance abuse reasons.
- 2. New diagnosis or recurrence of medical, mental health, extensive untreated oral health, and/or substance abuse condition that would require frequent medication adjustments, significant health resources and/or substantial change to the training day (e.g., daily dialysis, only able to attend Job Corps 3 hours per day, hourly medication or behavioral monitoring, daily assistance with activities of daily living, long-term weekly on-center therapy provided by the CMHC, complex full-mouth reconstruction/rehabilitation).
- Failure to follow previous treatment recommendations by licensed health providers that have adversely affected the applicant's health, behavior, and/or adaptive functioning, and now requires significant health-care management. (Note: Some students are nonadherent and experience adverse consequences, but may still benefit from enrollment. Examples might include substance abuse relapse, poor diabetic control, poor asthma control, etc.)
- 4. Applicant has followed treatment recommendations by licensed health providers with no improvement in applicant's health, behavior, and/or adaptive functioning which continue to place applicant in need of significant health-care management.
- 5. Applicant's condition or behavior has not been successfully managed in a similar academic, work, or group environment in the past year.

6. Applicant is in treatment for a condition that is not in the scope of Job Corps Basic Health-Care Responsibilities (e.g., orthodontic braces for malocclusion).

Elements of the Review Process

The review should, at a minimum, be comprised of the following elements:

- 1. A review of specific condition(s) identified on ETA 6-53, or self-disclosed by applicant;
- 2. Review of health documentation in the file;
- 3. Request additional recent health information, to determine applicant needs, if appropriate and medically necessary. Collaborate with OA counselor.
 - If the 6-53 indicates a health condition and there is no supporting information included and no note from the OA counselor indicating their attempt to secure information, contact the OA counselor to gather information.
 - If the 6-53 indicates a health condition and there is supporting information or a note from the OA counselor indicating they could not secure the information and the center wants additional information, the center will need to request that information from the applicant, provider, or facility.
 - If a center wants additional tests or evaluations from the applicant and this information is necessary to make an enrollment decision, the center may request the applicant obtain these if they have insurance and/or access to a facility that can provide the testing or evaluations at a rate the applicant can afford. The center will need to work with the applicant and OA counselor to identify specific resources. If applicant cannot afford to obtain additional tests or evaluations, or has not provided the additional health information requested within a reasonable amount of time, the center must make its best recommendation based on the information available.
 - In cases where a minor is involved, the center should collaborate with the OA counselor to get parent/guardian permission for health information.
- 4. Documented communication with treating provider, if possible, and is required if there are conflicting recommendations between the center health consultant and the treating provider. If unable to contact treating provider, all attempts need to be clearly documented. This should be included on Appendix 610 Form.
- 5. Interview with the applicant, either face to face, videoconferencing, or via telephone. Documentation of the interview process should be included on Appendix 610 Form. If unable to contact applicant, all attempts need to be clearly documented including collaboration with OA counselor.

- 6. If condition rises to a level of a disability or in the case of direct threat, then refer to the RAC for consideration of accommodations and/or modifications for discussion with applicant. See Appendix 605 for definition of a disability.
- 7. Consider if accommodations and/or modifications would remove the barriers to enrollment, and make condition manageable at Job Corps as defined by basic health services in PRH Exhibit 6-4.

Decision Tree (based on file review, treating-provider information if available, interview with applicant, and reasonable accommodations, if appropriate)

- 1. Those health-care needs deemed manageable at Job Corps as defined by basic health-care services in PRH Exhibit 6-4, but may require community support services to be in place on entry due to special-care needs (e.g., on-going community mental health treatment, specialized provider, etc.) to ensure continuity of care.
 - Center health provider works with Health and Wellness Manager (HWM) and applicant to arrange, or at least identify, community supports prior to entry.
 - On entry, student meets with center health provider for examination or additional assessment, and care management plan is developed.
 - If condition rises to the level of a disability, refer to RAC.
 - If community support is not available near the requested center, the center should do the following:
 - Contact the treating provider and discuss applicant's needs to see if less frequent treatment or monitoring can be arranged. For example, instead of monthly sessions with the psychiatrist, suggest that treatment be every 3 months, and allow the applicant to go home for a follow-up.
 - If center is unable to make arrangements, the applicant may be considered for center closer to home where health support and insurance coverage is available. Documentation of efforts to arrange for less frequent treatment in home state and to secure community support near requested center should be included in the file (i.e., name of organizations/facilities and specific individual contacted). **File is forwarded to Regional Office for final determination.**
 - For applicants wearing orthodontic braces, applicant furnishes proof of suitable period of compliance with current treatment plan; a treatment plan is in place for continued care; a signed agreement that the cost of continued treatment and transportation related to treatment will be borne by the student, parent, or legal guardian; and a signed agreement that he/she will remain compliant with the care

plan, and schedule appointments such that he/she will not exceed authorized leave limits for elective treatment.

2. Health-care needs exceed basic health care as defined in PRH Exhibit 6-4.

• Applicant has health condition with current symptoms at a level that will interfere with successful participation in the program at this time. Deny entry, and refer to other appropriate program/provider.

If center recommendation is for denial or referral to a different center, the file must be forwarded to the Regional Office for final decision.

Accommodations or Modifications

If the individual is a person with a disability, the center's reasonable RAC must convene and consider accommodations and/or modifications that the individual may need. Once the accommodations and/or modifications have been identified, the qualified licensed professional who conducted the original assessment must review the previous findings giving consideration to the identified accommodations to determine whether or not the accommodations and/or modifications to enrollment due to health care needs.

Center Director Reasonableness Determination

If the individual is a person with a disability and accommodations or modifications that could remove the barriers to enrollment due to health-care needs have been listed by the center's RAC, the Center Director is responsible for making a determination as to whether such accommodations or modifications would be "reasonable" or pose an undue hardship and if so, she/he will then recommend denial of the accommodation to the Regional Office using the Accommodation Recommendation for Denial and Justification Analysis/Documentation Form found on the Job Corps Disability website. The final determination is made by the Regional Office. The RAC may assist the Center Director as needed in gathering the necessary data to make this determination. Guidance on how to make this determination is available in the "Evaluating a Request" and "Denying a Request" sections of the Job Corps Reasonable Accommodation Guidelines available on the Job Corps Disability website.

FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT

Ap	plicant's Name:			Date of Review:	
Int	terview conducted by:1	Telephone	In person	Videoconference	
are in l	beyond what the Job Co	orps' Health and W	Vellness program	bove named individual's health-cann can provide as defined as basic ilities, consider the following and	health care
res mo mo	ponsibilities and their co difications would remov difications. Do not cons	ndition rises to a the barrier to en the whether, in y	level of a disabil rollment and lis our view, a part	eyond Job Corps basic health-care lity consider whether any accomm t any suggested accommodations icular accommodation or modific er Director or his/her designees.	nodations or or
1.	What factors triggered [Please mark all that appendix]		ndividual's file f	for a health-care needs assessme	ent?
	i		<i>c</i> .	oom visits or one or more hospita ance abuse reasons.	lizations

New diagnosis or recurrence of medical, mental health, extensive untreated oral health, and/or substance abuse condition that would require frequent medication adjustments, significant health resources and/or substantial change to the training day (e.g., daily dialysis, only able to attend Job Corps 3 hours per day, hourly medication or behavioral monitoring, daily assistance with activities of daily living, long-term weekly on-center therapy provided by the Center Mental Health Consultant, complex full-mouth reconstruction/rehabilitation).

Failure to follow previous treatment recommendations by licensed health providers that have adversely affected the applicant's health, behavior, and/or adaptive functioning, and now requires significant health-care management. (Note: Some students are non-adherent and experience adverse consequences but may still benefit from enrollment. Examples might include substance abuse relapse, poor diabetic control, poor asthma control, etc.)

Applicant has followed treatment recommendations by licensed health providers with no improvement in applicant's health, behavior, and/or adaptive functioning which continue to place applicant in need of significant health-care management.

Applicant's condition or behavior has not been successfully managed in a similar academic, work, or group environment in the past year.

Applicant is in treatment for a condition that is not in the scope of Job Corps Basic Health-Care Responsibilities (e.g., orthodontic braces for malocclusion).

¹ If this form is completed online you will need to place your cursor on the checkbox, double-click, and then choose "checked." If you need to edit your choice follow the same procedures and choose "Not checked."

2. What is the applicant's history and present functioning to support statement of health-care needs? (Include information from 6-53, file review, Chronic Care Management Plan (CCMP) Provider Form, and interview with applicant)

ETA 6-53

Applicant File Review Summary

CCMP Provider Form	(Does provider	recommend applicant to enter Jo	ob Corps?	Yes	No)
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Applicant Interview Summary

3. What are the health-care management needs of the applicant that are barriers to enrollment at this time?

	Frequency and length of treatment		Severe medication side effects			
	Hourly monitoring required		Medical needs requiring specialized treatment			
	Therapeutic milieu required		Complex full mouth reconstruction/rehabilitation			
	Complex behavior-management system beyond Job Corps current system		Out-of-state insurance impacting access to required and necessary health care			
	Daily assistance with activities of daily living		Other (specify)			
Brief Narrative:						

4. Based on your review above, does the named individual have health-care needs beyond what the Job Corps' Health and Wellness program can provide as defined as basic health care in PRH Exhibit 6-4: Job Corps Basic Health-Care Responsibilities? [Please mark one below.]

- ☐ In my professional judgment, health-care needs are manageable at Job Corps as defined by basic health-care services in PRH Exhibit 6-4, but require community support services to be in place on entry due to special care needs (e.g., on-going community mental health treatment, specialized provider, etc.) to ensure continuity of care. <u>Community support services are available near center</u>. If this box is checked, STOP FORM HERE and FILE REMAINS ON CENTER. If condition rises to a level of a disability, refer to RAC on center and applicant given start date.
- In my professional judgment, health care needs are manageable at Job Corps as defined by basic health care services in PRH Exhibit 6-4, but require <u>community support services which are not</u> <u>available near center</u>. Documentation of efforts to arrange for less-frequent treatment in home state and/or to secure community support near center included in the file (i.e., name of organizations/facilities and specific individual contacted). Applicant should be considered for center closer to home where health support and insurance coverage is available. **File is forwarded to Regional Office for final determination.**
- In my professional judgment, health-care needs are not manageable at Job Corps as defined by basic health-care services in PRH Exhibit 6-4. Applicant has health condition with current symptoms at a level that will interfere with successful participation in the program at this time. Deny entry and refer to other appropriate program/provider. File is forwarded to Regional Office for final determination.
- 5. If condition rises to the level of a disability convene with the RAC along with the applicant, and list below any accommodations or modifications <u>discussed with the applicant</u> that could either remove or reduce the barriers to enrollment. Note: Accommodations or modifications are not things that treat the impairment; they are things that will help the individual participate in the program. The determination whether such accommodations or modifications would be "reasonable" or pose an undue hardship will be made by the Center Director. See Program Instruction 08-26 "Reasonable Accommodation and Case Management."

After review of assessment considering the accommodations/modifications listed above, the barriers to enrollment <u>can</u> be eliminated or sufficiently reduced to allow for the applicant's health-care needs to be managed at Job Corps.

After review of assessment considering the accommodations/modifications listed above, the barriers to enrollment <u>cannot</u> be eliminated or sufficiently reduced to allow for the applicant's health-care needs to be managed at Job Corps.

Center Director Only

6. If there is a recommendation for an applicant to be enrolled with the accommodations or modifications listed in Question #5 which you believe are not reasonable and/or pose an undue hardship, you are responsible for making that determination using the Accommodation Recommendation for Denial and Justification Analysis Documentation Form found on the Job Corps Disability website, and provide to the Regional Office. The final determination is made by the Regional Office.

Please attach the completed Accommodation Recommendation for Denial and Justification Analysis/Documentation Form.

Printed or Typed Name and Title of Licensed Health Provider Con	npleting Form	
Signature of Licensed Health Provider Completing Form		Date
Signature of Center Director Completing Reasonableness Review	Date	
Members of File Review Team		
	Date	
Members of RAC Team		
	Date	