

Applicant File Review (AFR) Guide for CMHCs

Part 2: Guidance for Form 2-04 and Form 2-05

June 2023

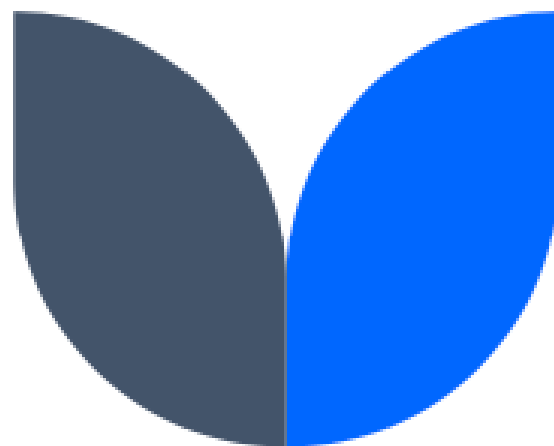


TABLE OF CONTENTS

| Form 2-04 Individual Assessment of Direct Threat (DTA) Guidance | Page |
|--|-------------|
| 2.1 Purpose of the DTA | 4 |
| 2.2 When a DTA May Be Conducted | 4 |
| 2.3 Other Considerations for Conducting a DTA..... | 5 |
| 2.4 Who May Conduct a DTA | 6 |
| 2.5 Four Factors that Comprise An Assessment of Direct Threat to Others..... | 7 |
| 2.6 Structure of the DTA | 7 |
| Figure 4: DTA Process Steps | 8 |
| 2.7 Completing Form 2-04 | 8 |
| 2.71 Documentation of Communication Supports/Accommodations | 8 |
| 2.72 Question 1: Identify Factors That Triggered Review..... | 9 |
| 2.73 Question 2: Describe Specific Symptoms and Behaviors..... | 10 |
| 2.74 Question 3: Describe Nature and Severity of Potential Harm to Others | 11 |
| 2.75 Question 4: Describe the Duration of the Risk | 11 |
| 2.76 Question 5: Describe the Imminence and Likelihood of Potential Harm to Others | 12 |
| 2.77 Question 6: Make Clinical Decision/Recommendation..... | 12 |
| 2.78 Question 7: Indicate If the Applicant Is An Individual With a Disability..... | 13 |
| Post-Direct Threat Assessment Reasonable Accommodation Review | 13 |
| Figure 5: DAP Steps for a DTA..... | 15 |
| 2.79 Question 8: Clinical and Disability Accommodation Process (DAP) Summary..... | 18 |
| Clinical Summary..... | 18 |
| DAP Summary | 19 |
| 2.80 Signature Section | 20 |
| 3.1 Purpose of the HCNA | 21 |
| | |
| Form 2-05 Healthcare Needs Assessment (HCNA) Guidance | Page |
| 3.2 Structure of the HCNA..... | 21 |
| Figure 6: HCNA Process Steps | 21 |
| 3.3 Completing Form 2-05 | 22 |
| 3.31 Documentation of Communication Supports/Accommodations | 22 |
| 3.32 Question 1A: Document Review of Clinical Data and Applicant Interview | 22 |
| Question 1A: ETA 653 | 23 |

| | |
|---|----|
| Question 1A: Applicant File Review Summary..... | 23 |
| Question 1A: CCMP Provider Form/Provider Documents | 24 |
| Question 1A: Applicant Interview Summary..... | 26 |
| 3.33 Question 2: Identify Current Functional Limitations, Symptoms and Behaviors..... | 26 |
| 3.34 Question 3: Identify Health Care Needs/Barriers | 27 |
| Table 1: Examples of Treatments That Correspond to Selected Checkboxes | 28 |
| Table 2: Examples of Brief Narratives Describing the Treatment Need Associated with Selected Checkboxes | 30 |
| 3.35 Question 4: Make Clinical Decision/Recommendation..... | 31 |
| 3.36 Question 5: Identify Whether Applicant Has a Disability and Conduct Post-Assessment Reasonable Accommodation Review..... | 32 |
| Figure 7: DAP Steps for an HCNA | 33 |
| 3.37 Question 6: Clinical and DAP Summary..... | 36 |
| Clinical Summary..... | 36 |
| DAP Summary | 37 |
| 3.38 Question 7: APPLICANT ONLY – IF RECOMMENDING AN ALTERNATE CENTER..... | 38 |
| 3.39 Signature Section | 39 |

Guidance for Form 2-04 Individualized Assessment of Possible Direct Threat (DTA)

2.1 Purpose of the DTA

One of the eligibility requirements for the Job Corps program is that an applicant does not pose a direct threat to the health or safety of others, including students and staff ([Exhibit 1-1 Job Corps Eligibility Requirements](#)). This standard applies to all applicants, including individuals with disabilities.

Federal disability nondiscrimination law (29 CFR §38.4) defines a “direct threat” as **a significant risk of substantial harm to the health and safety of others that cannot be eliminated or reduced by RA/RM/AAS**. This definition entails a high standard of harm to other, not a perception of harm.

Two aspects of the federal definition of direct threat require close attention:

1. A “**significant risk**” means a high, not a slight, probability of risk. A speculative or remote risk of harm **is NOT sufficient**.
2. “**Substantial harm**” means the harm must be serious, not minor.

In addition, the risk of harm cannot be based solely on history. The risk of harm must be:

- **Current** – present at the time of the assessment
- **Imminent** – likely to occur soon

Thus, the standards for supporting a recommendation of denial based on a direct threat to others is if an applicant is an individual with a disability and poses a direct threat to others as a result of a medical condition or disability, a required part of the DTA assessment is to consider **whether disability accommodations (RA/RM/AAS) would eliminate the risk of potential harm to others or reduce it to an acceptable level**.

The DTA has a 2nd purpose: to document a direct threat assessment for students who are recommended for an MSWR due to direct threat to others. That use of the DTA is **not** covered in this guidance document.

In 2017, the federal definition of “direct threat” was changed. Prior to 2017, “direct threat” was defined as threat to self or others. “Threat to self” was removed from the definition so that direct threat is now exclusively limited to ***threat to others***.

2.2 When a DTA May Be Conducted

A DTA is conducted when the HWD has a reasonable belief, based on **objective evidence**, that an individual applicant has a medical condition or disability that may pose a significant risk of substantial harm to the health or safety of others.

A DTA **must NOT be conducted** based solely on information that an individual has a particular disability or medical condition. For example, federal disability nondiscrimination laws make clear that individuals do not pose a direct threat simply because:

- An applicant has a history of psychiatric disability or
- An applicant is currently receiving treatment for a psychiatric disability.

A DTA should be conducted only when there is **objective evidence** regarding a possible risk to others posed by the specific applicant. For applicants, a DTA may only occur when all 3 of the following criteria are met:

Generalizations, stereotypes, and subjective perceptions related to a medical condition or disability are inappropriate in the AFR process.

1. The applicant has completed the Job Corps Health Questionnaire (ETA 653); **and**
2. Specific, objective, factual information about the applicant has been gathered that is medically related to items endorsed (“yes” responses) on the ETA 653. The HWD reviews relevant disclosed health information, and if applicable, requests additional information on disclosed medical conditions or disability and/or makes effort to contact current treating providers with applicant’s and/or guardian’s permission; **and**
3. The initial review of this specific, objective, factual information supports a reasonable belief that the conditionally enrolled applicant may have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others, i.e., direct threat.

If all three criteria are satisfied, the HWD will forward the applicant’s information to a qualified health professional who has current, documented expertise in the medical condition(s) or disability or disabilities involved in the individual case for a detailed direct threat assessment.

2.3 Other Considerations for Conducting a DTA

Several other important considerations for conducting a DTA should be considered. Each DTA assessment must be:

- **Individualized** – done on a case-by-case basis (again, not based on assumptions related to a particular psychiatric disability)
- **Conducted by a qualified health professional** who has current, documented expertise in the medical condition(s) or disability or disabilities involved in a particular case
- **Based on the evidence conducted during the assessment.** In other words, just because an applicant has been referred for a DTA does not mean that the applicant will be determined to be a direct threat.
- Based on a reasonable medical judgment that **relies on the most current medical knowledge and/or the best available objective evidence.**

Under the law, **the burden is on Job Corps** to prove that a specific individual poses a direct threat to others. Therefore, if the objective, factual information about the specific individual named above is equivocal (not clear) or is insufficient to prove that a direct threat exists, **you must assume that the individual's disability or medical condition does NOT pose a direct threat.**

Procedurally, it is important to keep in mind the following legal requirements related to the DTA process:

1. Questions about an applicant's disability **must be restricted to information that has been disclosed about the applicant** on the Job Corps Health Questionnaire (ETA 653), CCMP(s), medical/disability records, or during the clinical interview. Questions which are likely to elicit information about a disability cannot be asked.
2. Information about an applicant's disability status or medical condition **must be strictly limited**, including limiting who has access to medical and disability-related information in an applicant's file.

2.4 Who May Conduct a DTA

The DTA is a **clinical assessment resulting in a medical decision** about whether an applicant's medical condition or disability poses a significant risk to others and the degree of potential harm that may be caused by the individual's specific medical condition or disability. Such a medical decision, can only be completed after taking into consideration:

- Any relevant health information
- Interviews with the individual
- Information from current treating providers (if received) and
- Disability accommodations (RA/RM/AAS)

Therefore, such a medical decision can only be properly determined by **qualified health professionals who have current, documented expertise in the medical condition(s) or disability or disabilities involved in a particular case.** General medical expertise, without expertise in the specific medical condition(s) or disabilities at issue in a given case, is insufficient.

The staff of a particular Center may not include a professional who has the current expertise necessary to conduct a direct threat assessment for a specific applicant or student. Therefore,

- Centers may need to consult with the applicant's or student's individual treating provider or may need to retain an outside provider with the necessary current expertise in the particular medical condition or disability and its effects, to conduct an assessment in a given case.

2.5 Four Factors that Comprise An Assessment of Direct Threat to Others

To determine whether an applicant's medical condition or disability poses a **significant risk of substantial harm** to others, four factors must be assessed:

1. The **duration** of the risk: how long is the risk expected to last?
2. The **nature and severity** of the potential harm: what type of potential harm may occur and how serious is that harm?
3. The **likelihood** that the potential harm will occur: how likely is it that the potential harm will occur?
4. The **imminence** of the potential harm: how soon would the potential harm occur?

Relevant information to be considered in making the direct threat assessment (including the consideration of whether the risk may be lessened or eliminated) may include, but is not necessarily limited to:

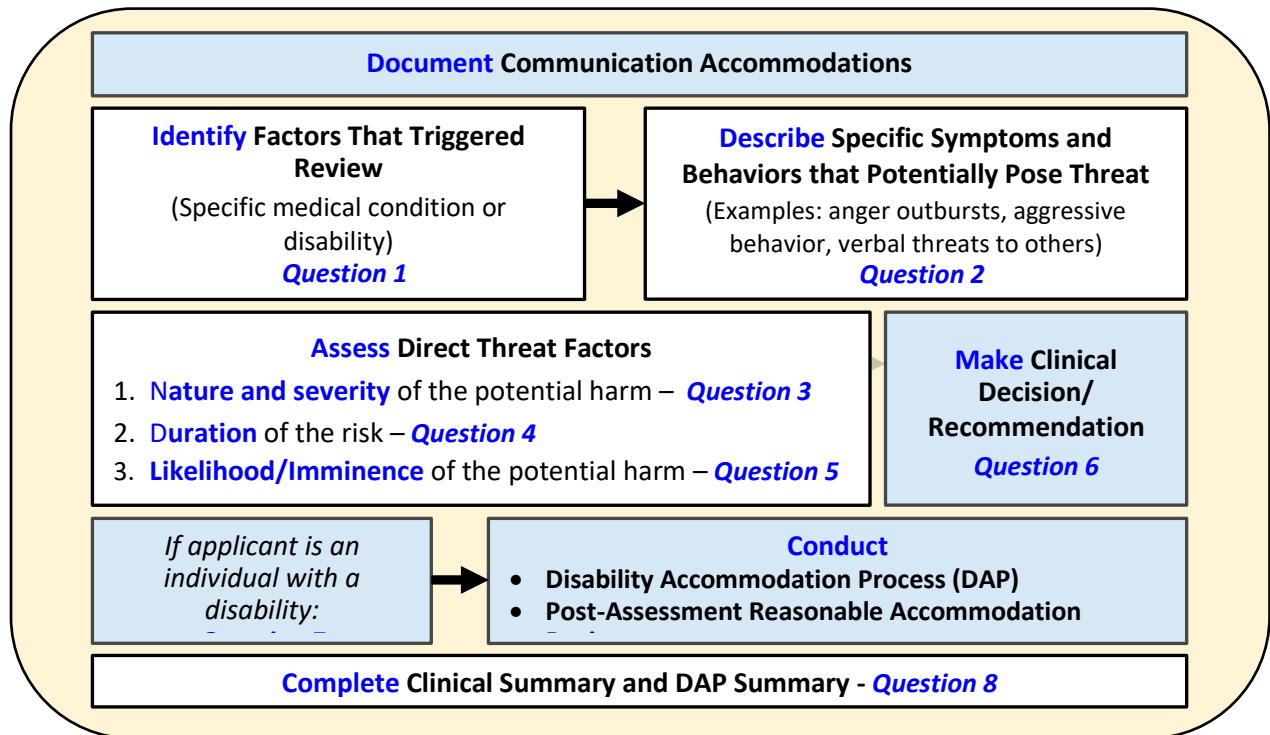
- Input from the individual with the medical condition or disability;
- The medical history of the individual, including their experience in previous situations similar to those they would encounter in the program; and
- Opinions of medical doctors, rehabilitation counselors, and/or therapists who have direct knowledge of the individual.

More detailed information about how to assess the four factors and what information to consider will be provided in the sections related to each question of Form 2-04.

2.6 Structure of the DTA

The DTA is comprised of eight (8) questions. As the QHP conducting the assessment, the CMHC is responsible for completing all sections of the assessment. **Figure 4** provides a snapshot of the steps for completing a DTA using Form 2-04. Each step is covered in detail in the sections that follow.

Figure 4: DTA Process Steps



2.7 Completing Form 2-04

As you go through this section, **2.7 Completing Form 2-04**, it is **strongly recommended** that you review the **two examples of completed DTAs** in the AFR Tools guidance document as additional guides.

2.71 Documentation of Communication Supports/Accommodations

The first item on both the DTA (and HCNA) is not numbered. It is a box that **must be completed** to document any communication supports/accommodations (RA/RM/AAS) that were offered or provided during the AFR process. **DO NOT LEAVE THIS BOX BLANK.**

List/explain any reasonable accommodation, reasonable modification to policies, practices, or procedures and auxiliary aids and services to include effective communication supports/accommodations offered and/or provided during the applicant file review process (applicants), and/or completion of the health care needs assessment process (applicants/students). If not provided, please explain below. See Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures and Auxiliary Aids and Services for Participation in the Job Corps Program.

- In the box, provide a description or bulleted list of the communication supports/accommodations that were provided to the applicant during the interview and during the DAP. For more information about providing communication accommodations, see:

Part 1: Overview, [section 1.55 Providing Communication Accommodations](#)

- Even if the applicant did not need any communication accommodations/supports, a statement must be written in the box to indicate that communication accommodations/supports were not needed.

Examples of Communication Supports/Accommodation Statements

To minimize the effect of any communication barriers, the CMHC provided the following communication supports/accommodations:

- Used a slower rate of speech
- Repeated questions
- Rephrased questions using simpler language/vocabulary

-- OR --

Applicant did not exhibit any apparent difficulties with comprehension, expressing themselves or social communication during the interview. No communication supports/accommodations were needed or provided.

2.72 Question 1: Identify Factors That Triggered Review

1. What factors triggered review of the individual's file for possible direct threat to others? (Include responses from ETA 6-53 (applicants only), information from applicant file/student health record, clinical interview and/or providers (applicants/students).)

- Question 1 requires you to **Identify the specific medical condition or disability** that is considered to potentially pose a significant risk of substantial harm to others.
- This should be **one or more specific diagnoses or disabilities**, which could be identified from any source of information in the applicant E-Folder, the clinical interview, and conversations with the applicant's providers. On the ETA 653, pay close attention to **questions 9s-9hh** endorsed by the applicant.

Question 1 is the most convenient place to summarize all the relevant clinical information in the e-Folder (similar to Question 1A on the HCNA). Specifically:

- List the **relevant items endorsed on the ETA 653 Job Corps Health Questionnaire** (**Note:** unlike on the HCNA, you **do NOT have to list** all the ETA 653 items endorsed – only list the items relevant to the direct threat assessment)
- A summary of the **relevant information from CCMPs and discussions with the applicant’s provider(s)**
- A summary of the relevant information from any **medical/mental health records and school disability documents** (IEP, 504 Plan, Behavior Intervention Plan, etc.)
- A summary of the **clinical interview** including a **mental status exam**



- In the **AFR Tool** document, **Form 2-05 HCNA Template Items** contains a list of all of the ETA 653 items, CCMP bullets, and a list of functional limitations/symptoms/behaviors from the **Sample Applicant Interview Questions** that you can use to create a template or to cut and paste in your assessments.

2.73 Question 2: Describe Specific Symptoms and Behaviors

2. What are the specific symptoms and behaviors related to the medical condition or disability considered to potentially pose a direct threat to others? (*Describe the specific symptoms and behaviors in detail.*)

- Question 2 requires you to describe the **specific symptoms and behaviors related to the medical condition or disability considered to potentially pose a direct threat to others.**
- **DO NOT rely on diagnoses**, instead **describe the specific symptoms and behaviors in detail** that potentially pose a direct threat to others. Examples of symptoms and behaviors that may be described in Question 2 include:
 - Anger outbursts associated with irritability and mood lability
 - Thoughts about harming others due to significant trauma history
 - Thoughts about harming others due to auditory command hallucinations
 - Aggressive behaviors towards family members/peers associated with mood dysregulation
 - Aggressive behaviors towards family member/peers associated with paranoia

- **Be as specific as possible.** For example, if the aggressive behavior was directed toward a parent, sibling, or roommate, include the specific victim or intended victims.

Important Notes for Question 2 DTA

- The direct threat to others must be a **CURRENT or IMMINENT threat to others** at the time of the direct threat assessment. **Do NOT include historical information** here unless it has occurred in the very recent past (several weeks).
- You can use historical information to explain the justification for your assessment in questions 3 to 5.

2.74 Question 3: Describe Nature and Severity of Potential Harm to Others

3. **What is the nature and severity of the potential harm to others (e.g., death, incapacitation, serious injury, minor injury/emotional distress)?** *(Include information from the applicant file/student health record, clinical interview and/or other providers.)*

The **nature of the potential harm** is the type or kind of potential harm that could occur and includes such events as:

- Assaultive behavior resulting in serious injury
- Assaultive behavior resulting in minor injury/emotional distress
- Sexually inappropriate behavior resulting in serious injury
- Death

To determine the **severity of the potential harm**, consider:

- If the behavior has occurred in the past, what were the effects of those behaviors (injury to others, suspension from school, legal charges, loss of a job, eviction, transfer to a higher level of care, etc.)
- Would the harm to others be considered mild, moderate, or severe?

2.75 Question 4: Describe the Duration of the Risk

4. **What is the duration of the risk (i.e., how long will the risk last)?** *(Include information from the applicant file/student health record, clinical interview, and/or other providers.)*

Duration is defined as the length of time that something lasts. Consider whether the symptoms and behaviors that pose a risk to others are:

- acute (new onset, expected to last a short time) or
- chronic (have been present for a long time and are expected to persist)

Generally, it would be expected that risk would last as long as the symptoms or behaviors are present at a high level and are untreated. For example, aggressive behavior resulting from withdrawal from a substance or due to missed medication doses would be considered acute while aggressive behavior resulting from paranoia and disorganized thinking would be considered chronic and likely to last as long as symptoms are unmanaged.

2.76 Question 5: Describe the Imminence and Likelihood of Potential Harm to Others

5. **What is the imminence of the potential harm (i.e., how soon is the harm likely to occur)?** *(Include information from the applicant file/student health record, clinical interview, and/or other providers.)*

Imminent means **likely to occur at any moment, or near at hand**. Not distant or remote. The harm to others **must be serious and likely to occur**. Give your best clinical judgment on how soon the harm to others may occur if the applicant were on center. and if the likelihood that potential harm to others will occur is high, moderate, or low.

In addition to imminence, you should include a statement about the **likelihood** of the potential harm occurring. Likelihood is one of the four factors of a direct threat assessment, but there is no specific question that asks directly about likelihood on Form 2-04. Use descriptors such as a “high” or “moderate.” Avoid stating that there is a “low” likelihood that the potential harm could occur because that may indicate that the applicant may not meet the legal standard for a direct threat to others.

2.77 Question 6: Make Clinical Decision/Recommendation

| | |
|--------------------------|--|
| 6. | Based on the factors above, does the named individual have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others? |
| <input type="checkbox"/> | In my professional judgement, the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others. <i>If this box is checked, please proceed to question #7 below.</i> |
| <input type="checkbox"/> | In my professional judgement, the individual’s medical condition or disability <u>does not</u> pose a significant risk of substantial harm to the health or safety of others, or it is not clear that the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others. <i>If this box is checked, then you <u>do not</u> need to complete the remainder of this assessment, and the center will assign the applicant a start date or the student will continue enrollment. Retain all the paperwork included in completing this assessment, including all documentation that was reviewed, and upload to the Wellness and Accommodation E-Folders. A copy may be maintained within the applicant’s or student’s health record.</i> |

- If, after completing the direct threat assessment:
 - You determine that the applicant's medical condition or disability **poses a significant risk of substantial harm to the health and safety of others**, check the first box in the table and proceed to question #7 for possible accommodation consideration.
 - OR—**
 - You determine that the applicant's medical condition or disability **DOES NOT pose a significant risk of substantial harm to the health and safety of others**, **STOP and do not complete the rest of the assessment**. Include all paperwork included in completing the assessment and upload it into the applicant's E-Folder and place a copy in the student's health record after the applicant enrolls as a student.

2.78 Question 7: Indicate If the Applicant Is An Individual With a Disability

| | | |
|--|------------------------------|-----------------------------|
| 7. Consideration of Reasonable Accommodations; Reasonable Modifications in Policies, Practices, and Procedures; and Auxiliary Aids and Services | | |
| Is the applicant or student a person with a disability (a physical or mental impairment that substantially limits one or more of their major life activities)? <i>If no, skip to #8. If yes, then continue to Post–Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- If the applicant **is not an individual with a disability**, then skip the Post–Direct Threat Assessment Reasonable Accommodation Review process and go to the last question – Question 8.
- If the applicant **is an individual with a disability**, then the Disability Accommodation Process (DAP) must be undertaken to consider accommodations that may reduce or remove the direct threat to others. The outcome of this process is documented in the section **Post–Direct Threat Assessment Reasonable Accommodation Review**.

Post–Direct Threat Assessment Reasonable Accommodation Review

For information about the DAP and completing this section, go to these sections in **Part 1: AFR Overview**:

- **1.6 The Disability Accommodation Process (DAP)** and
- **1.72 Post Assessment Reasonable Accommodation Review**

For the DTA, there are **5 questions** to consider in terms of disability accommodations to eliminate or reduce the level of risk:

1. What **changes** can we make to our **center policies, procedures, or practices**?
2. What are the **physical changes or placement considerations in the dorm** we can make?
3. What can we do to **adjust our level of supervision or structure** at the center?
4. How can our instructors and/or RA/RC staff **adjust their communication methods**?
5. What **equipment, device, or auxiliary aids and services** can we consider?

The DAP consists of 2 steps, and documentation of both steps is recorded in the table that is part of Question 7 and, if needed, the two boxes below the table. **Figure 5** illustrates documentation of the DAP using the first risk-mitigating question on Form 2-04.

- When completing the table, **only consider RA/RM/AAS for the functional limitations, symptoms, and behaviors identified in Question 2.**
- When completing the table containing the 5 questions related to risk mitigation, the RA/RM/AAS suggestions in the table should be considered **a starting point** and not exhaustive. Include additional disability accommodations for each question as needed.

*** IMPORTANT ***

- **ALL** accommodations – whether proposed and offered by the center or requested by the applicant or someone acting on behalf of the applicant (such as a parent/guardian or a provider who completed a CCMP) – **MUST be added** to the accommodations table for Question #5.
- Accommodations requested by the applicant or someone acting on behalf of the applicant **must be added to the in the last section of the table** entitled “OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES.”

Figure 5: DAP Steps for a DTA

Step 1

Identify possible RA/RM/AAS. The CMHC, in conjunction with the DC, identify possible RA/RM/AAS that may eliminate or reduce the level of risk of potential harm to others. The RA/RM/AAS to be considered are indicated by checking the box(es) in the first column of the left of the table and/or by inserting suggestion in the Other section for each functional limitation, symptom, or behavior.



| What changes can we make to our center policies, procedures, or practices to eliminate or reduce the level of risk? | | Accepts | Declines |
|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> | Schedule adjustments to allow the student to attend necessary off-center appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Shortened training day or later start to the training day to adjust for medication side effects | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Modified first 30 days on center with a reduction in tasks to minimize stress | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Provide a pass to leave class and go to designated “calm down” area | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Allow frequent breaks during the day | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Allow telephone calls during work hours to doctors and others for needed support | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Reduce mandatory participation in large group activities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Provide additional orientation on conduct and behavioral expectations | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES | | Accepts | Declines |
| <input type="text" value="Add additional suggestions for RA/RM/AAS for this specific question."/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Step 2

Engage in an interactive process. The CMHC or the DC contacts the applicant and any other individuals acting on behalf of the applicant:

- To **discuss** the RA/RM/AAS:
 - Identified by the CMHC
 - Requested by the applicant
 - Requested by any other individual acting on the applicant’s behalf
- Then **document** whether the applicant accepted or declined each of the offered supports by checking either “Accepts” or “Declines” in the columns on the right side of the table.

Accepts =
Applicant accepted the offered support

Declines =
Applicant declined the offered support

AVOID THESE COMMON MISTAKES

- If a box is checked on the left side of the table (to indicate that the RA/RM/AAS was identified and offered to the applicant), then the “Accepts” or “Declines” box on the right side of the table **must be checked** to indicate the applicant’s response.
- If a box is **NOT** checked on the left side of the table (which indicates that the RA/RM/AAS was NOT offered to the applicant), then the boxes on the right side of the table should be left **BLANK** (not checked).
- If an RA/RM/AAS is added to the “Other” section, then then the “Accepts” or “Declines” box on the right side of the table **must be checked** to indicate the applicant response.

CORRECT

1. The 1st accommodation was **not checked** (not identified), so the response boxes are **not checked**.
2. 2 potential accommodations were identified and applicant’s response for each is checked.
3. Applicant declined one accommodation but accepted the other accommodation.
4. 1 extra accommodation was added and the applicant’s response is checked.

| How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk? | | Accepts | Declines |
|--|---|-------------------------------------|-------------------------------------|
| 1 | <input type="checkbox"/> Provide detailed guidance | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> Provide frequent feedback | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> Provide praise and positive reinforcement | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES | | Accepts | Declines |
| 4 | Provide written reminders about positive behaviors | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

INCORRECT

1. 1st accommodation was identified (checked), but **no response** for the applicant is checked.
2. 2nd & 3rd accommodations were **NOT** identified (checked), but a response is checked for both.
3. 1 extra accommodation was added but **no response** for applicant is checked.

| How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk? | | Accepts | Declines |
|--|--|-------------------------------------|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> Provide detailed guidance | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> Provide frequent feedback | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | <input type="checkbox"/> Provide praise and positive reinforcement | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES | | Accepts | Declines |
| 3 | Provide written reminders about positive behaviors | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

There are two boxes following the table of possible RA/RM/AAS, which may or may not need to be completed depending on what occurred during the DAP discussion.

BOX 1

| |
|---|
| Complete this section if the qualified health professional, in collaboration with the Disability Coordinator, <u>has been unable to identify any RA/RM/AAS appropriate</u> to support this applicant/student to sufficiently reduce or remove the barriers to enrollment or to remaining in the Job Corps program. <i>Provide explanation/justification below. For example, the applicant/student has active psychotic symptoms that impact ability to benefit from any RA/RM/AAS at this time.</i> |
| |

- **Unable to identify RA/RM/AAS:** This box is used to provide an explanation or justification if you, working in collaboration with the DC, are unable to identify RA/RM/AAS appropriate to support this applicant to sufficiently reduce or remove the barriers to enrollment.
 - In some rare cases, **the symptoms and behaviors associated with a condition are so frequent or severe** that no disability accommodations appropriate can be identified to support the applicant. **An explanation must be provided in this box.** See the example provided in the instructions in the box itself: “The applicant/student has active psychotic symptoms that impact ability to benefit from an RA/RM/AAS at this time.”
 - The inability to identify disability accommodations may apply to some or all of the symptoms/behaviors identified in Question 2. For those symptoms or behaviors for which disability accommodations cannot be identified, **an explanation must be provided in this box.**

BOX 2



| |
|---|
| <i>Summarize any special considerations and findings as well as the applicant’s or student’s input related to RA/RM/AAS ONLY. For example, if the applicant/student does not wish to discuss RA/RM/AAS, document that information below.</i> |
| |

- **Special Considerations and Applicant Input:** This box is used to document two situations that may occur during the DAP.
 - **“Special Considerations”** is intended for specific, nuanced information about the disability accommodation discussion. One example is the center offering an alternative accommodation to one requested by the applicant (such as a double room instead of a single room).
 - **“Applicant Input”** refers to **unusual applicant responses** such as when an applicant refuses all support, does not wish to discuss disability accommodations, or is not able to engage in a discussion of disability accommodations due to cognitive limitations secondary to psychosis. There may be other situations that should be documented in this box.

2.79 Question 8: Clinical and Disability Accommodation Process (DAP) Summary

The last question for both the DTA (and HCNA) involves completing a **Clinical Summary** and a **DAP Summary**. On the DTA, the last question is Question 8 (as shown below).

| | |
|---|--|
| 8. Clinical and Disability Accommodation Process (DAP) Summary | |
| a. | Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the direct threat assessment. |
| b. | Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would not sufficiently reduce the risk to allow for enrollment. |


 Examples of Clinical and DAP Summaries can be found in **AFR Tools**:
 

[*Example 1 Completed Form 2-04 Direct Threat Assessment*](#)
[*Example 2 Completed Form 2-04 Direct Threat Assessment*](#)

Clinical Summary

The clinical summary should provide a general recap of the information used to support the direct threat assessment or the health care needs assessment. It should be no longer than a paragraph or two. Here are some general guidelines:

- Use using **general phrases, descriptors, and summary statements**. There is no need to include specific information such as provider names or facility names. Include dates for recent records that support your recommendation of denial.
 - For a DTA, you will need to include the name of a medical condition or disability along with the specific symptoms and behaviors along with information from:
 - Question 2 – the specific symptoms and behaviors related to the medical condition or disability that potentially poses a direct threat to others
 - Questions 3 to 5 – the nature and severity of potential harm, duration of risk and likelihood/imminence of risk
 - The applicant interview (applicant’s direct report of symptoms/behaviors as well as mental status and clinical impressions, if applicable) that support assessment of that the applicant’s medical condition or disability poses a direct threat to others
 - Any **recent records** (past year) related to the specific symptoms and behaviors described in Question 2

The following Clinical Summary and DAP Summary is taken from [AFR Tools Example 2 Completed Form 2-04 DTA](#).

| |
|--|
| 8 Clinical and Disability Accommodation Process (DAP) Summary |
| a. Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the direct threat assessment. |
| <ul style="list-style-type: none">• According to medical documents, the applicant has an extensive history of psychiatric hospitalizations (approximately 30) for poor impulse control, verbal and physical aggressions towards teachers, threats to peers at school, and serious threats to harm their parents.• An IEP from 2021-2022 academic year indicates that applicant’s negative behavior towards others resulted in an alternate school placement in the Public Schools Safety Center.• The applicant placed in residential treatment program on 1/3/2023 after a serious threat of physical aggression towards their father. The applicant has not engaged in treatment and continues to exhibit serious poor self-regulation without adult supervision.• During the AFR interview, the applicant explained being in several foster homes. The applicant stated, “I fought a lot [with other residents]I left them in a very bad shape, so they would respect me....Whoever mess with me takes a risk....People don’t know what I’m capable of.” The applicant’s DSS social worker corroborated this information. |

DAP Summary

- The DAP summary is used to provide a detailed explanation about why the identified disability accommodations would not sufficiently reduce the risk of a direct threat to others (*significant risk of substantial harm to the health or safety of others*) to allow the applicant to enroll.
- If the applicant is an individual with a disability, the summary statement in the example below could be used.
- If, in collaboration with the DC, no disability accommodations could be identified that would be appropriate to support the applicant to remove the direct threat, then a statement indicating this should be written in the DAP Summary section.

| |
|--|
| b. Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would not sufficiently reduce the risk to allow for enrollment or to remain in the Job Corps program. |
| Applicant has a chronic mental health condition [<i>insert diagnosis here</i>] with current symptoms and behaviors that impact the safety of others. Due to the applicant’s unmanaged symptoms and behaviors and the applicant’s current need for mental health treatment, the accommodations identified will not sufficiently reduce or eliminate the barriers to enrollment at Job Corps. Applicant’s medical condition poses a direct threat to others. |
| —OR— |
| The applicant was offered 8 disability accommodations and refused all of them. Thus, there are no RA/RM/AAS that could reduce the risk of direct threat to others to allow for enrollment. |

2.80 Signature Section

The completed Form 2-04 (and Form 2-05) must be signed by the QHP(s) who completed the assessment and recommended denial. If more than one QHP completed and assessment, **all QHPs who are recommending denial must sign the assessment.**

In the new signature section, the QHP(s) attest to having the necessary licensure, training, and clinical experience to complete the assessment.

I attest that I have the necessary licensure, training, and clinical experience to complete this assessment, including experience conducting safety assessments and identifying treatment, intervention and care management needs related to the symptoms and behaviors of this applicant's/student's documented health conditions.

Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment

Signature of Qualified Health Professional Conducting the Assessment

Date

**Signature of Second Consulting Qualified Health Professional
(if applicable)**

Date

AVOID THIS COMMON MISTAKE

If, during the Regional Review process, you are contacted by the Regional Disability Coordinator (RDIC) or Regional Mental Health Specialist (RMHS) to make changes to the DTA, **be sure to sign the revised Forms 2-04 or 2-05** before uploading it into CIS.

Guidance for Form 2-05 Health Care Needs Assessment (HCNA)

3.1 Purpose of the HCNA

Job Corps can meet the majority of applicants' treatment and monitoring needs. However, a **small percentage of applicants may have health care management needs that present barriers to enrollment in Job Corps.**

The HCNA is used to recommend denial of admission for an applicant when a qualified health professional (QHP) has determined that:

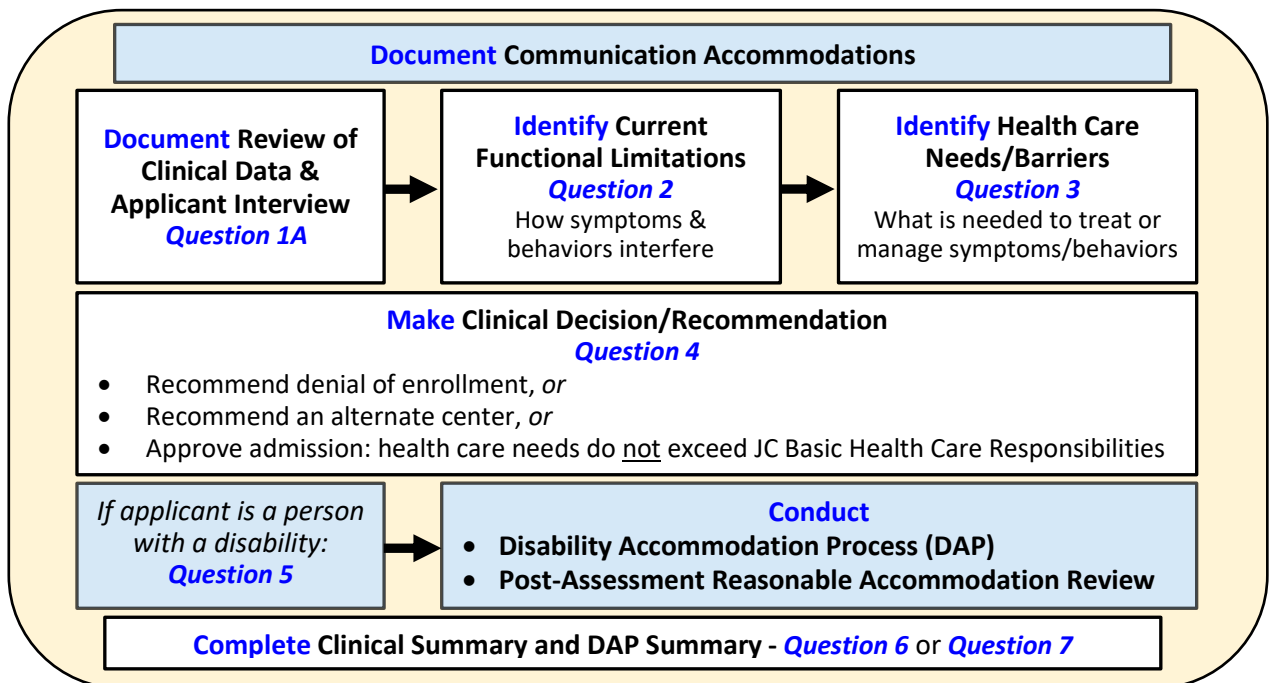
- The applicant has [mental] health treatment/monitoring needs that present a barrier to enrollment.
- The [mental] health treatment/monitoring needs fall outside the Job Corps Basic Health Care Responsibilities described in PRH [Exhibit 2-4](#).
- If the applicant is a person with a disability, the barriers to enrollment cannot be addressed by disability accommodations process (DAP) to allow for enrollment.

The HCNA has a 2nd purpose: to document the health care needs of students who are recommended for an MSWR, *but only when the student does not agree with the MSWR*. That use of the HCNA is **not** covered in this guidance document.

3.2 Structure of the HCNA

Form 2-05 is comprised of 7 questions. As the QHP conducting the assessment, the CMHC is responsible for completing all sections of the assessment. **Figure 6** outlines the steps to complete an HCNA.

Figure 6: HCNA Process Steps



3.3 Completing Form 2-05



As you go through this section, **3.3 Completing Form 2-05**, it is **strongly recommended** that you review the **Example Completed Form 2-05 HCNA** in the **AFR Tools guidance document** as an additional guide.



3.31 Documentation of Communication Supports/Accommodations

For instructions on completing the first item – the box for **Documentation of Communication Supports/Accommodations** – please refer to the following two sections:

- **Part 1: Overview** section **1.55 Providing Communication Accommodations** and
- The **DTA** section **2.71 Documentation of Communication Supports/Accommodations** on page 8.

3.32 Question 1A: Document Review of Clinical Data and Applicant Interview

1A. Complete if APPLICANT.

What is the applicant's history and present functioning to support statement of health care needs? Complete sections below.

- Question 1A is used to **document your review** of the relevant clinical data in the applicant E-Folder and to **summarize the interactive applicant interview**.
- The purpose of question 1A is to document **the applicant's history and present functioning to support your conclusion** that the applicant has current health care needs/barriers that exceed what can be provided at Job Corps as part of basic health care.
- There are **4 specific sections** for different types of clinical information:
 - ETA 653
 - Applicant File Review Summary
 - Chronic Care Management Plan (CCMP) Provider Form/Provider Documents
 - Applicant Interview Summary
- **Be sure to put information in the correct section.** For example, do not include information from the medical record in the applicant interview summary section.



- In the **AFR Tools guidance document**, **Form 2-05 HCNA Template Items** contains a list of all of the ETA 653 items, CCMP bullets, and a list of functional limitations/symptoms/behaviors from the **Sample Applicant Interview Questions** that you can use to create a template or to cut and paste in your assessments.

Question 1A: ETA 653

ETA 653: (list affirmative responses and explanations provided on ETA 653 only)

- List **ALL items** endorsed on the ETA 653 **including non-mental health items** in case the File Review Team consists of multiple center health staff are reviewing the same applicant E-Folder.
- Include comments from Admissions Staff in parentheses after the item (*if significant additional information is provided*). For example, you should **specific information** such as include the names of providers, medications, hospitals, dates, and circumstances related to an event. You would **NOT** include comments such as “see medical records.”

AVOID THESE COMMON MISTAKES

- **Do NOT write** “See enclosed.” You must summarize **all relevant information** without reference to any other documents. The HCNA must stand on its own.
- **Do NOT** include information that belongs **in other sections**.

Question 1A: Applicant File Review Summary

Applicant file review summary: (provide summary of all health, educational or other documents reviewed)

- This is your record review. Summarize all records **relevant to the recommendation of denial** including:
 - Medical/mental health records
 - School disability documents (IEP, 504 Plan, Behavior Intervention Plans, psychoeducational evaluations, etc.)
 - Memo from Admissions staff to Health and Wellness (sometimes found in the Supplemental section).

Other File Review Summary Tips

- If a document was reviewed but **did NOT contain relevant information** for the recommendation of denial, list the document with a header to indicate that it was reviewed, then add an explanation such as:

“No mental health information was found.”-- or –
“Records only contained office visits for medical problems.”
- See **Brief Guide for Reviewing IEPs** in the **AFR Tools** guidance document for tips on reviewing and summarizing IEPs.

| Recommendations for Summarizing Records | |
|--|---|
| <ul style="list-style-type: none"> • Use bullets to summarize information. • Create a header for each document with dates, type of document, and name of the facility/provider. • List documents in reverse chronological order (most recent document first). • For medical/mental health records, include: <ul style="list-style-type: none"> ○ Significant history (usually in the ““Presenting Problem,” “Chief Complaint,” or “History of Present Illness (HPI)” section) ○ Diagnoses ○ Current medications and adherence ○ Hospitalizations/self-harm behaviors ○ Assessment/Plan (follow-up, medication changes, referrals) | <ul style="list-style-type: none"> • Don’t recreate entire medical records. Summarize the most relevant information only. • Don’t write “See enclosed.” All relevant information must be summarized on the form. • Don’t include any information about CCMP(s). There is a separate section for CCMPs. • Detailed summaries are generally not needed for records older than 2 years • General summaries are sufficient for records older than 2 years. |

Question 1A: CCMP Provider Form/Provider Documents

The CCMP section of question 1A has **3 parts**.

| | |
|----------|---|
| 1 | <p>Chronic Care Management Plan (CCMP) Provider Form/Provider Documents: Does the applicant’s treating outside provider recommend applicant to enter Job Corps? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Provider unable to provide recommendation (explain below) <input type="checkbox"/> Not applicable (no CCMP provided)</p> |
| 2 | <p>Provide a summary of the CCMP and/or provider documents here.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| 3 | <p>Remember: If you have a conflicting recommendation with the outside treating provider, summarize discussion with treating provider or indicate efforts to contact treating provider and summarize here.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |

Note: A letter or memo from a provider should be treated like a CCMP.

Part 1: Checkboxes in the Header

Check one of the boxes to indicate whether the applicant’s provider recommended the applicant to enter Job Corps in the last question of every CCMP. **A box must be checked even if there is no CCMP.**

- **Not applicable** = No CCMP provided
- **Yes** = Provider recommended applicant
- **No** = Provider did not recommend
- **Provider unable to provide recommendation** (explain below)
 - Check “Provider unable to provide recommendation” if the provider did not mark a response to the last question OR wrote “unsure.” Provide an explanation such as:
 - *“Recommendation question was left blank.” – OR – “Provider included additional comments such as ‘unsure’.”*

Part 2: Summary of CCMP/Provider Document

- Use bullets to summarize the relevant information in the CCMP. In the **AFR Tools** guidance document, see the ***Example Completed Form 2-05 HCNA*** for an example; the ***Form 2-05 HCNA Template Items*** provides bullet starters for the CCMP items.

Part 3: Summary of Discussion with Provider

If the provider recommends the applicant for Job Corps (marks the “yes” box for the last question of the CCMP), **contacting the CCMP provider to discuss their recommendation is required.**

- Why? Because the provider’s recommendation differs from yours, and presumably the provider knows the applicant better than you as the CMHC (but, of course, the provider does not know Job Corps as well as you do).
- You must make **at least 2 attempts** to contact provider.
- Summarize your discussion with provider (including the date and name of the provider) or document at least 2 efforts to reach provider.
 - Examples:
 - *“Messages were left with applicant’s provider, Dr. Eugene Chan, on 1/17/23 at and on 1/20/23. Provider did not return any messages.”*
 - *“CMHC spoke with applicant’s therapist, Ms. Tanisha Montero, LCSW on 2/15/23. Ms. Montero reported that saw the applicant for psychotherapy every other week from September to December 2022. However, the applicant has not been seen for therapist for the past 2 months, so she did not feel comfortable commenting on whether the applicant should be recommended for Job Corps at this time. She did, note, however, that the applicant was previously adherent with medications and therapy and was very much looking forward to starting at Job Corps to get a fresh start away from family.”*

Other Common CCMP Scenarios

1. If more than one CCMP is provided, and there are different recommendations (one provider recommends Job Corps but another provider does not), you only need to contact the provider who recommended the applicant for Job Corps.
2. If no CCMP was provided but **you communicated with the provider**:
 - Check “Not applicable” for Part 1
 - Write “No CCMP provided” for Part 2
 - Document the date of the conversation and summarize the relevant information from the exchange including any updates about current symptoms, medications, adherence, etc.

Question 1A: Applicant Interview Summary

Applicant interview summary: Include current impressions from clinical interview. This may include, but not be limited to, a mini mental status exam, current level of functioning, and areas of strengths and weaknesses.

- See **Part 1: Overview** section **1.5 The Applicant Interview** for detailed considerations about scheduling, preparing for, and conducting an applicant interview.
- Also see the **Sample Applicant Interview Questions** in the **AFR Tools** guidance document.

3.33 Question 2: Identify Current Functional Limitations, Symptoms and Behaviors

Question 2 is used to document the applicant’s functional limitations, specific symptoms and/or behaviors that are **barriers to enrollment at this time**.

- | | |
|---|--|
| <input type="checkbox"/> Avoidance of group situations and settings | <input type="checkbox"/> Difficulty with sleep patterns |
| <input type="checkbox"/> Impaired decision making/problem solving | <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment |
| <input type="checkbox"/> Difficulty coping with panic attacks | <input type="checkbox"/> Difficulty with stamina |
| <input type="checkbox"/> Difficulty managing stress | <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers |
| <input type="checkbox"/> Difficulty regulating emotions | <input type="checkbox"/> Organizational difficulties |
| <input type="checkbox"/> Difficulty with communication | <input type="checkbox"/> Sensory impairments |
| <input type="checkbox"/> Difficulty with concentration | <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning |
| <input type="checkbox"/> Difficulty handling change | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Difficulty with memory | |
| <input type="checkbox"/> Difficulty with self-care | |

Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list.

- A **barrier** is a functional limitation, symptom or behavior that interferes with functioning).
- Applicants often report symptoms and behaviors **that are not listed**. Use the last checkbox in the right column for “Other (specify)” to document additional symptoms/behaviors.

Examples:

- Symptoms of psychosis such as auditory or visual hallucinations, paranoia, illogical thought process (thought insertion/ broadcasting), loose associations, and delusions
- Self-harm behaviors
- Sexualized behaviors, inappropriate boundaries
- Personality-related issues include dependent behaviors and anti-social behaviors
- **Do NOT rely on diagnoses** to determine current functional limitations, symptoms, and behaviors. An applicant or student may have a diagnosis that is in remission or partial remission. Only document difficulties that **the applicant is currently experiencing**.
- Documentation supporting each identified functional limitation, symptom, or behavior should be found in question 1A -- **the clinical interview summary; a CCMP; a conversation with a provider or staff, or in recent records** (medical/mental health, IEP, 504 Plan, etc. from the past year).
- Using the table in the **Sample Applicant Interview Questions** in the **AFR Tools** guidance document to assess functional limitations, symptoms, and behaviors:
 - If the applicant endorses a functional limitations, symptom, or behavior **at a low level** (a rating below 5, occurs infrequently, and/or has not occurred recently), then it should not be identified as a functional limitation in question 2.

3.34 Question 3: Identify Health Care Needs/Barriers

Question 3 is used to document the current health care needs of the applicant that are barriers to enrollment. Question 3 consists of checkboxes corresponding to general treatment categories and a **Brief Narrative** section to provide more information related to the checkboxes you selected.

| 3. What are the health care management needs of the individual that are barriers to enrollment or continued participation in Job Corps at this time? | |
|--|---|
| <input type="checkbox"/> | Complex behavior management system required |
| <input type="checkbox"/> | Complex full mouth reconstruction/rehabilitation |
| <input type="checkbox"/> | Daily assistance with activities of daily living required |
| <input type="checkbox"/> | Frequency and length of treatment |
| <input type="checkbox"/> | Hourly monitoring required |
| <input type="checkbox"/> | Medical needs requiring specialized treatment to which individual would not have access |

| |
|--|
| <input type="checkbox"/> Out of state insurance impacting access to required and necessary health care <input type="checkbox"/> Severe medication side effects <input type="checkbox"/> Therapeutic milieu required <input type="checkbox"/> Other (specify): _____ |
| Brief narrative on why the barrier(s) are checked above: |
| |

Checkboxes

- The choices represent your recommendation(s) about the applicant’s **current treatment needs** related to management of current mental health symptoms, behaviors, and functional limitations.
- Use the “ Other (specify)_____” to list a treatment need that does not fit into any of the other categories. **Do not list symptoms or behaviors** in blank for “Other.” That box should be used to **specify treatment-related information that do not correspond to any of the checkboxes.**

Brief Narrative

- For each checkbox, you will need to **describe the treatment need more specifically** in the Brief Narrative section. Below are some examples of specific treatments that correspond with specific checkboxes.

Table 1: Examples of Treatments That Correspond to Selected Checkboxes

| Checkbox | Brief Narrative Examples |
|-----------------------------------|--|
| Frequency and length of treatment | <ul style="list-style-type: none"> • Weekly or biweekly psychotherapy to ... • Ongoing medication management • Ongoing medication management due to recent change in medication regimen • Frequent medication management to monitor adherence • Intensive outpatient services including psychotherapy, medication management and case management services |

| | |
|--|--|
| Therapeutic milieu required | <ul style="list-style-type: none"> • Inpatient hospitalization for stabilization of symptoms [<i>list specific symptoms</i>] • Partial Hospitalization Program (PHP) • Residential treatment • Dual diagnosis treatment program for comorbid substance abuse problems |
| Complex behavior management system beyond Job Corps current system | <ul style="list-style-type: none"> • Need for frequent redirection/prompting • Specific behavior interventions as documented in an IEP Behavior Intervention Plan |
| Hourly monitoring required | <ul style="list-style-type: none"> • Due history of elopement and continued elopement risk • Due to unpredictable symptoms that could result in danger to self • Due to impairments in social skills and/or safety judgments that put applicant at risk for bullying or exploitation • Due to a history of inappropriate/sexualized behaviors while using a computer or cell phone |
| Daily assistance with activities of daily living | <ul style="list-style-type: none"> • Due to significant cognitive limitations, applicant requires frequent prompts/reminders: <ul style="list-style-type: none"> ○ for hygiene activities ○ for medication management ○ for safety/social interactions ○ for time management ○ for money management |

BRIEF NARRATIVE FOR APPLICANTS

- The Brief Narrative is the one section that should be completed using full sentences rather than bullets. In this section, describe the **specific treatments you are recommending for the applicant** (that correspond to the checkboxes you selected) and **why**.
- If there is a CCMP in the E-Folder, **always include** the provider’s recommendations:
 - For follow-up care and additional services
 - ➔ Consider adding **restrictions** and **limitations** (if relevant).

Will the applicant need follow up care? YES NO

- ➔ Continue follow up under your care? YES, next appointment _____ NO
- ➔ Follow up with another provider (PCP, psychiatrist, therapist—*circle as needed*) YES NO
- Recommended frequency of follow-up: _____

Does the applicant currently require any of the following services? (**Note:** These services are NOT services provided ON center by Job Corps.)

| | | | |
|-----------------------------------|--|---------------------------------|--|
| Day treatment program | <input type="checkbox"/> Yes <input type="checkbox"/> No | Partial hospitalization program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➔ Long term individual counseling | <input type="checkbox"/> Yes <input type="checkbox"/> No | Therapeutic residential program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Group therapy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Substance abuse treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intensive outpatient program | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Table 2: Examples of Brief Narratives Describing the Treatment Need Associated with Selected Checkboxes

| Checkbox (Treatment Need) | Brief Narrative |
|-----------------------------------|--|
| Frequency and length of treatment | <p>“The applicant requires weekly psychotherapy and monthly medication management due to the chronic nature and severity of applicant’s current anxiety and depressive symptoms.”</p> <p>“The applicant’s provider indicated that they will need continued medication management every 3 months. The provider also recommended long term individual counseling and substance abuse treatment.”</p> |

| Checkbox (Treatment Need) | Brief Narrative |
|--|--|
| Therapeutic milieu required | “During the interview, the applicant reported that they are currently experiencing symptoms of depression and anxiety, including intermittent suicidal ideation. They have a history of multiple hospitalizations in the past 2 years for suicidal ideation and attempts. Stabilization in a therapeutic milieu is needed.” |
| Therapeutic milieu required | “During the interview, the applicant reported that they are currently experiencing symptoms of psychosis including paranoia, persecutory delusions, and command auditory hallucinations. They appeared to be responding to internal stimuli due to long pauses before and during responses and need to have some questions repeated multiple times. They have a history of auditory command hallucinations that have resulted in aggressive behavior toward others. Inpatient hospitalization to stabilize current symptoms. |
| Complex behavior management system and hourly monitoring | “The applicant has a history of elopement from group home placements and a residential treatment facility during the past year. They reported that the elopements occur during manic/hypomanic episodes and during dissociative episodes. Hourly monitoring and a complex behavior management program would be required to ensure the applicant’s safety while on center. |

3.35 Question 4: Make Clinical Decision/Recommendation

In Question 4, you indicate your recommendation based on your clinical assessment of the applicant’s health care needs. Unlike on the previous version of Form 2-05, the clinician makes their recommendation before rather than after considering disability accommodations (RA/RM/AAS).

Question 4 has 3 choices:

| 4. Based on your review of the individual’s health care needs 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 Exhibit 2-4: Job Corps Basic Health Care Responsibilities? [Please mark one below.] | |
|--|---|
| <input type="checkbox"/> | <p>a. In my professional judgment, the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4.</p> <p><i>If this box is checked, please proceed to question #5 below.</i></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recommend denial. Go to Question 5.</p> </div> |
| <input type="checkbox"/> | <p>b. In my professional judgment, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4, but they do require community support services which are not available near center. Applicant should be considered for center closer to home where health support and insurance coverage are available.</p> <p><i>If this box is checked, please proceed to question #5 below.</i></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recommend an alternate center. Go to Question 5</p> </div> |
| <input type="checkbox"/> | <p>c. In my professional judgement, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4.</p> <p><i>If this box is checked, then you do not need to complete the remainder of this assessment, and the center will assign the applicant a start date or the student will continue enrollment. Retain all the paperwork included in completing this assessment, including all documentation that was reviewed, within the applicant’s or student’s Health Record.</i></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>STOP completing Form 2-05. Document that AFR was conducted & approve applicant for enrolment.</p> </div> |

3.36 Question 5: Identify Whether Applicant Has a Disability and Conduct Post-Assessment Reasonable Accommodation Review

Question 5 has a “Yes/No” checkbox to identify whether the applicant is an individual with a disability. See section [1.61 Determining Whether an Applicant is an Individual With a Disability](#) and [Form 2-03](#).

- If “Yes,” proceed to **Post-Health Care Needs Assessment Reasonable Accommodation Review**.
- If “No,” skip to Question 6.

If the applicant is an individual with a disability, then the DAP must take place to consider RM/RA/AAS that may reduce or remove the barriers to enrollment. The outcome of this process is documented in the section **Post-Health Care Assessment Reasonable Accommodation Review**.

The DAP consists of 2 steps that are completed **by the CMHC, in collaboration with the Disability Coordinator (DC)** as shown in **Figure 7**.

Figure 7: DAP Steps for an HCNA

Step 1: Identify possible RA/RM/AAS that may reduce or remove the barriers to enrollment or continued enrollment in the program. To identify RA/RM/AAS to discuss with the applicant, check the box(es) in the first column of the left of the table and/or by inserting suggestion in the Other section for each symptom, behavior, or functional limitations **that was identified in Question 2**.
Do not consider RA/RM/AAS for functional limitations that were not identified in Question 2.

| Avoidance of group situations and settings | | Accepts | Declines |
|---|--|--------------------------|--------------------------|
| <input type="checkbox"/> | Allow student to arrive 5 minutes late for classes and leave 5 minutes early | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Excuse student from student assemblies and group activities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Identify quiet area for student to eat meals in or near cafeteria | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER | | Accepts | Declines |
| <div style="border: 1px solid blue; padding: 5px; display: inline-block;">Add additional suggestions for this functional limitation here.</div> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Step 2: Engage in an interactive process with the applicant and any other individuals acting on behalf of the applicant. The CMHC or the DC contacts the applicant:

- To **discuss** the RA/RM/AAS:
 - Identified by the CMHC
 - Requested by the applicant
 - Requested by any other individual acting on the applicant’s behalf
- Then **document** whether the applicant accepted or declined each of the offered supports by checking either “Accepts” or “Declines” in the columns on the right side of the table.

Accepts =
Applicant accepted the offered support

Declines =
Applicant declined the offered support

- When completing the table, **only consider RA/RM/AAS for the functional limitations, symptoms, and behaviors identified in Question 2**.
- The RA/RM/AAS suggestions in the table should be considered **a starting point and not exhaustive**. Include additional disability accommodations for each item as needed.

*** IMPORTANT ***

- ALL** accommodations – whether proposed and offered by the center or requested by the applicant or someone acting on behalf of the applicant (such as a parent/guardian or a provider who completed a CCMP) – **MUST be added** to the accommodations table for Question #5.
- Accommodations requested by the applicant or someone acting on behalf of the applicant **must be added to the in the last section of the table** entitled “OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES.”

AVOID THESE COMMON MISTAKES

Do not consider RA/RM/AAS for functional limitations that were not identified in Question 2.

- If a box is checked on the left side of the table (to indicate that the RA/RM/AAS was identified and offered to the applicant), then the “Accepts” or “Declines” box on the right side of the table **must be checked** to indicate the applicant’s response.
- If a box is **NOT** checked on the left side of the table (which indicates that the RA/RM/AAS was NOT offered to the applicant), then the boxes on the right side of the table should be left **BLANK** (not checked).
- If an RA/RM/AAS is added to the “Other” section, then then the “Accepts” or “Declines” box on the right side of the table **must be checked** to indicate the applicant response.

CORRECT

1. 2 potential accommodations were identified & applicant’s response for each is checked.
2. Applicant accepted the 1st accommodation but declined the 2nd accommodation.
3. The 3rd accommodation was not identified or offered, so the response boxes are left blank.
4. 1 extra accommodation was added & the applicant’s response is checked.

| Avoidance of group situations and settings | | Accepts | Declines |
|--|--|-------------------------------------|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> Allow student to arrive 5 minutes late for classes and leave 5 minutes early | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Excuse student from student assemblies and group activities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | <input type="checkbox"/> Identify quiet area for student to eat meals in or near cafeteria | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER | | Accepts | Declines |
| 4 | Allow student to sit/stand in an area apart from other students during dorm meetings | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

INCORRECT

1. 1st accommodation was identified (checked), but **no response** for the applicant is checked.
2. 2nd and 3rd accommodations were **NOT** identified (not checked), but a response is checked for both.
3. 1 additional accommodation was typed, in but **no response** for applicant is checked.

| Avoidance of group situations and settings | | Accepts | Declines |
|--|--|--------------------------|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> Allow student to arrive 5 minutes late for classes and leave 5 minutes early | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> Excuse student from student assemblies and group activities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> Identify quiet area for student to eat meals in or near cafeteria | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OTHER | | Accepts | Declines |
| 3 | Allow student to sit/stand in an area apart from other students during dorm meetings | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

There are two boxes following the table of possible RA/RM/AAS, which may or may not need to be completed depending on what occurred during the DAP discussion.

Complete this section if the qualified health professional, in collaboration with the Disability Coordinator, has been unable to identify any RA/RM/AAS appropriate to support this applicant/student to sufficiently reduce or remove the barriers to enrollment or to remaining in the Job Corps program. *Provide explanation/justification below. For example, the applicant/student has active psychotic symptoms that impact ability to benefit from any RA/RM/AAS at this time.*

- **Unable to identify RA/RM/AAS:** This box is used to provide an explanation or justification if you, working in collaboration with the DC, are unable to identify RA/RM/AAS appropriate to support this applicant to sufficiently reduce or remove the barriers to enrollment.
 - In some rare cases, **the symptoms and behaviors associated with a condition are so frequent or severe** that no disability accommodations appropriate can be identified to support the applicant. **An explanation must be provided in this box.** See the example provided in the instructions in the box itself: “The applicant/student has active psychotic symptoms that impact ability to benefit from an RA/RM/AAS at this time.”
 - The inability to identify disability accommodations may apply to some or all of the symptoms/behaviors identified in Question 2. For those symptoms or behaviors for which disability accommodations cannot be identified, **an explanation must be provided in this box.**

*Summarize any special considerations and findings as well as the applicant’s or student’s input related to **RA/RM/AAS ONLY**. For example, if the applicant/student does not wish to discuss RA/RM/AAS, document that information below.*

- **Special Considerations and Applicant Input:** This box is used to document two situations that may occur during the DAP.
 - **“Special Considerations”** is intended for specific, nuanced information about the disability accommodation discussion. One example is the center offering an alternative accommodation to one requested by the applicant (such as a double room instead of a single room).
 - **“Applicant Input”** refers to **unusual applicant responses** such as when an applicant refuses all support, does not wish to discuss disability accommodations, or is not able to engage in a discussion of disability accommodations due to cognitive limitations secondary to psychosis. There may be other situations that should be documented in this box.

AVOID THIS COMMON MISTAKE

DO NOT INCLUDE any clinical information in the Post-Assessment Review.

3.37 Question 6: Clinical and DAP Summary

Clinical Summary

The clinical summary should provide a general recap of the information used to support the direct threat assessment or the health care needs assessment. It should be no longer than a paragraph or two. Here are some general guidelines:

- Use using **general phrases, descriptors, and summary statements**. There is no need to include specific information such as provider names or facility names. Include dates for recent records that support your recommendation of denial.

For an HCNA, specific diagnoses are generally not needed. Be sure to include information from:

- Question 1A – **recent records** (past year) that support need for treatment or monitoring
- Question 1A – applicant interview (applicant’s direct report of symptoms/behaviors as well as mental status and clinical impressions, if applicable)
- Question 2 -- functional limitations, symptoms and behaviors that were identified (difficulty managing stress, difficulty regulating emotions, difficulty handling change, etc.) and
- Question 3 -- the health care management needs/barriers that were identified (including those identified by the applicant’s provider in a CCMP form or letter)

The following example is taken from AFR Tools *Example Completed Form 2-05 HCNA*.

| | |
|-----------|--|
| 6. | Clinical and Disability Accommodation Process (DAP) Summary |
| a. | Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment. |
| | The applicant currently has a number of unmanaged symptoms including mood instability, impulsivity, risky behaviors, irritability, and running away from home. Applicant has had two psychiatric hospitalizations in the past year as well as outpatient treatment without significant improvement in symptoms. This is a safety concern. During the interview, applicant minimized recent suicidal and homicidal behaviors. Applicant will require long-term ongoing mental health treatment for serious mental illness. Applicant has poor insight into their condition and refused all accommodations that would help to mitigate the barriers to enrollment. |

DAP Summary

- The DAP summary is used to provide a detailed explanation about why the identified disability accommodations would not sufficiently reduce the barriers (*symptoms, behaviors and/or functional limitations*) to allow for the applicant to enroll.
- If, in collaboration with the DC, no disability accommodations could be identified that would be appropriate to support the applicant to remove or reduce the barriers to enrollment, then a statement indicating this should be written in the DAP Summary section.
- The DAP Summary in the [Example Completed Form 2-05 HCNA](#) below contains a summary statement that can be used as well as a list of examples of explanations that correspond to the health care management needs that are identified in Question 3. From the list, you should choose as many of the explanatory statements from the list that apply or craft similar statement to meet your needs. At the end of the list, you will also see a phrase “ history of nonadherence with recommendation medications and/or treatment” that can be added to any of the other items to the list, if applicable.

b. Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would not sufficiently reduce the barriers to allow for enrollment or to remain in the Job Corps program.

The applicant has significant, chronic mental health conditions with current symptoms that are not well-managed and require ongoing medical management. Due to the applicant’s current need for mental health treatment, the accommodations identified will not sufficiently reduce or eliminate the barriers to enrollment at Job Corps.

--OR--

The accommodations identified do not sufficiently reduce or eliminate the barriers to enrollment at Job Corps due to the applicant’s (*choose as many as apply*)

- current need for frequent and/or ongoing mental health treatment based on current symptoms and behaviors [[and history of nonadherence with recommended medications and/or treatment](#)]
- current need for frequent and/or ongoing mental health treatment, which will not be available near the center due to out-of-state health insurance,
- current need to stabilize their medication regimen, which was recently started or changed with minimal change in symptoms or behaviors,
- current need for stabilization of current mental health symptoms and behaviors [[and history of nonadherence with medications and/or treatment](#)]
- current need for a complex behavior management system beyond Job Corps’ current system [[and history of nonadherence with medications and/or treatment](#)]
- ongoing mental health treatment due to one or more chronic mental health conditions and current symptoms and behavior
- need for daily assistance with activities of daily living
- need for hourly monitoring based on current symptoms and behaviors to maintain safety

3.38 Question 7: APPLICANT ONLY – IF RECOMMENDING AN ALTERNATE CENTER

One option for Question 4 (Make a Clinical Decision) is to recommend an alternate center (option “b”). This recommendation is made when you think that **your center cannot meet the applicant’s health care management needs but you think that another center may be able to meet the applicant’s health care management needs.**

- Examples could include:
 - Your center is in a rural/remote area with limited or no mental health services, so you would recommend a center that closer to the applicant’s home that would enable the applicant to continue treatment with their current providers.
 - Your center is in a rural/remote area with where the nearest hospital is more than an hour away, so you would recommend a center in a more densely populated area with access to emergency services due to the applicant’s recent history of significant suicide attempts requiring immediate medical attention.
 - Your center is in a state that does not have Medicaid expansion or other health insurance coverage options, so you would recommend a center in the applicant’s home state (assuming they live in a different state) so that they can maintain their health insurance coverage to get needed health care services.
 - Your center is in an area where there are limited local public mental health care resources due to the recent closure of a clinic in your area, so you would recommend a center where the applicant would have access to local mental health providers.
 - The applicant requires specialized mental health treatment (e.g., electroconvulsive therapy or ECT), which is not available at any health care facilities within an hour of the center, so you recommend a center where the applicant will have access to specialized mental health care.

In order to make an alternative center recommendation, **you must document why the health care needs of the applicant/student cannot be met** in the community where your center is located including information on resources contacted.

- Examples:
 - “The CMHC contacted the local public mental health agency, Step-by-Step Behavioral Health, on 2/27/23 and verified that it does not accept out-of-state insurance and that they have a 4-month waiting list.”
 - “Due to the location of the center in a rural/remote area, the closest hospital with emergency mental health services, Meridian Health Care Center, is located 75 miles from the center. It takes more than hour to get to the hospital in good weather conditions; with inclement weather. In the winter, the time to get there would be significant longer, and there are times when the roads are partially or completely impassable.

3.39 Signature Section

The completed Form 2-05 must be signed by the QHP(s) who completed the assessment and recommended denial. If more than one QHP completed and assessment, **all QHPs who are recommending denial must sign the assessment.**

In the new signature section, the QHP(s) attest to having the necessary licensure, training, and clinical experience to complete the assessment.

I attest that I have the necessary licensure, training, and clinical experience to complete this assessment, including experience conducting safety assessments and identifying treatment, intervention and care management needs related to the symptoms and behaviors of this applicant's/student's documented health conditions.

Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment

Signature of Qualified Health Professional Conducting the Assessment **Date**

Signature of Second Consulting Qualified Health Professional **Date**
(if applicable)

AVOID THIS COMMON MISTAKE

If, during the Regional Review process, you are contacted by the Regional Disability Coordinator (RDIC) or Regional Mental. Health Specialist (RMHS) to make changes to the DTA, **be sure to sign the revised Form2-05** before uploading it into CIS.