**SEE NEXT PAGE FOR HCNA (APPENDIX 610)**

**FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT**

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| --- | --- | --- | --- |
| **Applicant’s Name:** |      ”Derrick Doe” | **Date of Review:** | 9/1/2013 |
| **Center Name:** | **Blank Job Corps** | **ID #:** | XXX XXXX |
| **Interview conducted by:** [ ]  Telephone [x]  In Person [ ]  Videoconference  |

In determining whether, in your professional judgment, the above named individual’s health care needs are beyond what the Job Corps’ health and wellness program can provide as defined as basic health care in Exhibit 6-4: Job Corps Basic Health Care Responsibilities consider the following and respond accordingly.

If you determine that the individual’s health care needs are beyond Job Corps basic health care responsibilities and their condition rises to a level of a disability, consider whether any accommodations or modifications would remove the barrier to enrollment and list any suggested accommodations or modifications. Do not consider whether, in your view, a particular accommodation or modification is “reasonable.” That determination must be made by the center director or his/her designees.

1. **What factors triggered review of the individual’s file for a health care needs assessment?***[Please mark all that apply]*

|  |  |
| --- | --- |
| **[x]**  | Within the past six months, two or more emergency room visits or one or more hospitalizations for medical, mental health, oral health, and/or substance abuse reasons. |
| **[ ]**  | 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 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. **What is the applicant’s history and present functioning to support statement of health care needs?** (*Include information from ETA 653, file review, Chronic Care Management Plan (CCMP) Provider Form, and interview with applicant.*)

**ETA 653:**

* Diagnosis of depression
* Currently has weekly appointments with mental health professional
* Taking a psychotropic medication for depression
* In the past two years, he has attempted to hurt himself and has been treated in a hospital or emergency room for mental health reasons

**Applicant File Review Summary:** Hospital records from the applicant’s suicide attempt five months ago indicate:

* He has been hospitalized psychiatrically three times in the past two years for suicidal intent with plan (one hospitalization) and attempting suicide (two hospitalizations).
* He has exhibited limited insight into his mental illness and a pattern of discontinuing medication after initiating, which has likely precipitated mental health crises.
* He has a history of SIB (cutting and burning his arms).
* He was expelled from high school a year prior to recent hospitalization due to “cutting his arms in the school bathroom and showing injuries to peers” and “attacking staff” when they intervened. The school recommended intensive mental health programming for him (therapeutic school), but had not previously provided any type of services (e.g. applicant reportedly did not have an IEP or 504 plan in school setting due to frequent moves and declining services).

**CCMP Provider Form:** Does provider recommend applicant to enter Job Corps? **[x]** Yes [ ]  No

*If conflicting recommendation with treating provider, please indicate effort to contact treating provider for discussion in addition to summary of information on the CCMP.*

**CCMP for depression completed by the applicant’s psychiatrist:**

* Current symptoms of periodic sadness and irritability, withdrawal, times of low motivation/apathy, and poor concentration “when stressed.”
* Applicant was medically and then psychiatrically hospitalized following a suicide attempt (overdose of psychotropic medications) five months previously.
* Applicant has been compliant with anti-depressant medications for the last three months, has a good prognosis with medications, is believed to be capable of managing his own medications at JC, and is appropriate to live in a non-mental health dormitory setting.
* Peer conflict, relationship difficulties, and lack of support might exacerbate symptoms.

**Provider was contacted to clarify difference in opinion:**

* CMHC explained the JC program and FRT’s concerns that the applicant’s health care needs might be beyond basic health care provided by the program.
* CMHC informed psychiatrist that during FRT meeting, the applicant stated he is no longer regularly taking his anti-depressant (relevant as the psychiatrist had indicated on the CCMP that the applicant’s prognosis without medications was “poor”)
* Psychiatrist reported completing CCMP six weeks ago. At appointment last week, applicant was not taking medications regularly, had increase in symptoms, and provider felt he would benefit from intensive mental health treatment (partial, day treatment program), and likely not be appropriate for JC at this time given mental health needs.

**Applicant Interview Summary:**

* Applicant attended FRT meeting in person.
* Appeared depressed: restricted affect, withdrawn, and had difficulty answering questions.
* He acknowledged social withdrawal and that he can “freak out” if he feels people are judging him.
* He acknowledged currently experiencing symptoms of depression: low mood, withdrawal, anhedonia, poor motivation, difficulty concentrating, difficulty sleeping (falling asleep and getting up in am), and periods of hopelessness.
* He has not been taking medication regularly over the last few weeks
* He denied any history of SIB or suicide attempts. When the CMHC shared they had reviewed his hospital records indicating he has a long history of SIB and numerous suicide attempts, he acknowledged it “might have happened,” but denied any SIB or suicidal ideation since hospitalization six months ago. The CMHC, however, noted what appeared to be a new cut on his inner arm.
* Applicant indicated a belief he could be successful in JC if he “kept to myself.”
1. **What are the functional limitations (specific symptoms/behaviors) of the applicant that are barriers to enrollment at this time?**

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

*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.*

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

|  |  |  |  |
| --- | --- | --- | --- |
| [x]  | Frequency and length of treatment | [ ]  | Severe medication side effects |
| [ ]  | Hourly monitoring required | [ ]  | Medical needs requiring specialized treatment |
| [x]  | 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:** A discussion with the applicant’s psychiatrist around his current level of functioning led the psychiatrist to recommend he receive a therapeutic treatment program (day treatment or partial hospital program) given his current health care management needs.

1. **Reasonable Accommodation Consideration**

Is this applicant a person with a disability? [x]  Yes [ ]  No

*(i.e., documentation of a mental health, medical, substance-abuse, cognitive, or other type of disability is present in the applicant file or the disability is obvious (i.e., blind, deaf).*  If no, please skip to Question #6.

If yes, convene the reasonable accommodation committee (RAC) along with the applicant and list below any accommodations and/ or modifications discussed with the applicant that could either remove or reduce the barriers to enrollment as documented in Question #4 above. Note: Accommodations or modifications are not things that treat the impairment; they are things that will help the individual participate in the program. See Program Instruction 08-26 “Reasonable Accommodation and Case Management” for guidance.

Check one of the two options below.

|  |  |
| --- | --- |
| [ ]  | The RAC has been unable to identify any accommodations appropriate to support this applicant. |
| [x]  | The following accommodations/modifications listed below have been discussed with the applicant and considered as a part of this assessment: |

*Please avoid suggesting extreme accommodations already known to likely be unreasonable unless the applicant has requested a specific support (i.e., 24 hour supervision). If unsure if a support or modification is really an accommodation or is actually a case management support, please contact your regional health and disability consultants for assistance.*

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| **Based on functional limitation(s) checked in Section 3, please check the appropriate accommodations below discussed with the applicant.** *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 which can be entered in the "Other" section***.** |
| **Difficulty with social behavior,** including impairment in social cues and judgment |
| Assign mentor to reinforce appropriate social skills | [ ]  Yes [ ]  No |
| Allow daily pass to identified area to cool down | [ ]  Yes [ ]  No |
| Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors | [ ]  Yes [ ]  No |
| Adjust communication methods to meet students’ needs | [ ]  Yes [ ]  No |
| **Avoidance of group situations and settings** |
| Allow student to arrive 5 minutes late for classes and leave 5 minutes early | [ ]  Yes [x]  No |
| Excuse student from student assemblies and group activities | [ ]  Yes [ ]  No |
| Identify quiet area for student to eat meals in or near cafeteria | [ ]  Yes [x]  No |
| **Difficulty managing stress** |
| Allow breaks as needed to practice stress reduction techniques | [x]  Yes [ ]  No |
| Modify education/work schedule as needed | [ ]  Yes [x]  No |
| Identify support person on center and allow student to reach out to person as needed | [x]  Yes [ ]  No |
| **Difficulty regulating emotions** |
| Allow breaks as needed to cool down | [x]  Yes [ ]  No |
| Allow flexible schedule to attend counseling and/or emotion regulation support group | [ ]  Yes [x]  No |
| Teach staff to support student in using emotion regulation strategies | [x]  Yes [ ]  No |
| Provide peer mentor/support staff | [ ]  Yes [x]  No |
| **Difficulty with communication**  |
| Allow student alternative form of communication (e.g. written in lieu of verbal) | [ ]  Yes [ ]  No |
| Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g. present to teacher only) | [ ]  Yes [ ]  No |
| **Impaired decision making/problem solving** |
| Utilize peer staff mentor to assist with problem solving/decision making | [ ]  Yes [ ]  No |
| Provide picture diagrams of problem solving techniques (e.g., flow charts, social stories) | [ ]  Yes [ ]  No |
| **Uncontrolled symptoms/behaviors that interfere with functioning** |
| Alter training day to allow for treatment | [ ]  Yes [x]  No |
| Allow passes for health and wellness center outside of open hours to monitor symptoms | [ ]  Yes [x]  No |
| Reduce tasks and activities during CPP to not aggravate symptoms/behaviors | [ ]  Yes [x]  No |
| **Sensory impairments** |
| Modify learning/work environment to assist with sensitivities to sound, sight, and smells | [ ]  Yes [ ]  No |
| Allow student breaks as needed | [ ]  Yes [ ]  No |
| **Difficulty with memory** |
| Provide written instructions | [ ]  Yes [ ]  No |
| Allow additional training time for new tasks and hands-on learning opportunities | [ ]  Yes [ ]  No |
| Offer training refreshers | [ ]  Yes [ ]  No |
| Use flow-charts to indicate steps to complete task | [ ]  Yes [ ]  No |
| Provide verbal or pictorial cues | [ ]  Yes [ ]  No |
| **Difficulty with concentration**  |
| Allow use of noise canceling headset | [ ]  Yes [ ]  No |
| Reduce distractions in learning/work environment | [x]  Yes [ ]  No |
| Provide student with space enclosure (cubicle walls) | [ ]  Yes [ ]  No |
| **Difficulty with sleep patterns**  |
| Allow for a flexible start time | [x]  Yes [ ]  No |
| Provide more frequent breaks | [ ]  Yes [ ]  No |
| Provide peer/dorm coach to assist with sleep routine/hygiene | [ ]  Yes [x]  No |
| Increase natural lighting/full spectrum light | [ ]  Yes [ ]  No |
| **Difficulty with stamina** |
| Allow more frequent or longer breaks | [ ]  Yes [ ]  No |
| Allow flexible scheduling | [ ]  Yes [ ]  No |
| Provide additional time to learn new skills | [ ]  Yes [ ]  No |
| **Difficulty with self-care** |
| Provide environmental cues to prompt self-care | [ ]  Yes [ ]  No |
| Assign staff/peer mentor to provide support | [ ]  Yes [ ]  No |
| Allow flexible scheduling to attend counseling/supportive appointments | [ ]  Yes [ ]  No |
| **Difficulty handling change** |
| Provide regular meeting with counselor to discuss upcoming changes and coping | [ ]  Yes [ ]  No |
| Maintain open communication between student and new and old counselors and teachers  | [ ]  Yes [ ]  No |
| Recognize change in environment/staff may be difficult and provide additional support | [ ]  Yes [ ]  No |
| **Difficulty with organization** |
| Use staff/peer coach to teach/reinforce organizational skills | [ ]  Yes [ ]  No |
| Use weekly chart to identify and prioritize daily tasks | [ ]  Yes [ ]  No |
| **Interpersonal difficulties with authority figures and/or peers** |
| Encourage student to take a break when angry | [x]  Yes [ ]  No |
| Provide flexible schedule to attend counseling and/or therapy group | [ ]  Yes [x]  No |
| Provide peer mentor for support and role modeling | [ ]  Yes [x]  No |
| Develop strategies to cope with problems before they arise | [ ]  Yes [ ]  No |
| Provide clear, concrete descriptions of expectations and consequences | [ ]  Yes [ ]  No |
| Allow student to designate staff member to check in with for support when overwhelmed | [x]  Yes [ ]  No |
| **Difficulty coping with panic attacks** |
| Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person | [ ]  Yes [ ]  No |
| Provide flexible schedule to attend counseling and/or anxiety reduction group | [ ]  Yes [ ]  No |
| Allow student to select most comfortable area for them to work within the classroom trade site | [ ]  Yes [ ]  No |
| Provide peer mentor to shore up support | [ ]  Yes [ ]  No |
| **Other** |

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| **Summarize any special considerations and findings of the RAC as well as the applicant’s input:** |
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*Please Note: Job Corps cannot impose accommodations upon an individual. If the applicant does not accept or agree to a specific accommodation, there is no need to consider that specific accommodation in your determination of whether the accommodations listed will reduce the barriers to enrollment sufficiently or not nor is there a need to complete a reasonableness review related to that specific accommodation.*

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| **Reasonable Accommodation Considerations:** |
| [x]  Yes [ ]  No | Did the applicant participate in the RAC meeting? (***Note: The applicant must be a part of the discussion for reasonable accommodation***). |

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| **RAC Participants:** |
| Name: | Derrick Doe (applicant) | Position: | Sara Smith, Academic |
| Name: | Chris Christo (CMHC) | Position: |       |
| Name: | Dave Davis, HWM/DC | Position: |       |

If there is a recommendation for an applicant to be enrolled with the accommodations or modifications listed in Question #5 above which you believe are not reasonable and/or pose an undue hardship, the **Center Director is responsible for making that determination** using the “Accommodation Recommendation of Denial Form” found on the Job Corps Disability website and including that form along with the applicant file that is being submitted to the regional office with a recommendation for denial.  The final determination is made by the regional office.

Guidance on how to make this determination is available in the “Evaluating a Request and Denying a Request” sections of the Appendix 605. Please attach the completed “Accommodation Recommendation of Denial Form."

If there are agreed upon accommodations between the RAC and applicant listed in Question # 5 then consider whether those accommodations reduce the barriers to enrollment sufficiently to allow for the applicant to be enrolled.

* If the accommodations would sufficiently reduce the barriers to enrollment, then you do not need to complete the remainder of this assessment and the center can assign the applicant a start date. Retain all the paperwork included in completing this assessment within the applicant’s Student Health Record.
* If the accommodations would NOT sufficiently reduce the barriers to enrollment for your center, please proceed to Question #6.
1. **Based on your review of the applicant’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 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 Exhibit 6-4, but require community support services which are not available near center. Documentation of efforts to arrange for less frequent treatment in home state and/or to secure community support near center can be found in Question #7 below. 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.** |
| **[x]**  | In my professional judgment, health care needs are not manageable at Job Corps as defined by basic health care services in 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.** |

1. **If recommending a different center, document efforts to arrange less frequent treatment in home state and/or secure community support near center in the space below. (Include name of organizations/facilities and specific individuals contacted and why access is not available.)**

     Chris Christo, PhD, CMHC

**Printed or Typed Name and Title of Licensed Health Provider Completing Form**

**Signature of Licensed Health Provider Completing Form Date**