Risk Management Assessment Plan (RMAP) Instructions

North Dakota Developmental Disabilities Section

Effective Date: January 13, 2026

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Contents

Introduction

The Risk Management Assessment Plan (RMAP) is a structured tool to identify a person's unique abilities, challenges, and vulnerabilities that may affect their health, safety, and/or well-being. The RMAP is **not** intended to limit a person's choice or control. Instead, it supports teams in identifying support needs, risks, supports people to make informed choices, take positive risks, and fully participate in the activities that matter most to them. Completing the RMAP helps teams design individualized, person-centered support strategies that balance safety with personal growth in an environment where risk is acknowledged, managed, and never used as a reason to restrict opportunities.

This updated version (2026) was developed to assist in meeting requirements for the Home and Community Based Services (HCBS) Quality Measures Set established through Center for Medicare and Medicaid Services' (CMS) implementation of the Access Rule. CMS requires assessments used for person-centered planning contain certain components and states are required to track and report out on these requirements. Additionally, this version supports the collection of information related to the National Core Indicators (NCI) surveys, which states use for quality improvement. The template is designed to function consistently with the Overall Service Plan (OSP), ensuring that each person has one active RMAP while allowing historical changes to be preserved.

For additional guidance on how the RMAP informs services planning, refer to the Overall Service Plan (OSP) Instructions.

Who does the RMAP apply to?

The RMAP is completed for people age 3 and older who receive any of the following services:

- ICF/IID community group home
- Residential Habilitation
- Independent Habilitation
- Day Habilitation
- Prevocational Services
- Small Group Employment Services
- Individual Employment Supports
- In-Home Supports (provider managed and self-directed)
- Respite (provider managed and self-directed)
- Family Care Option
- Parenting Supports
- Extended Home Health Care (provider managed and other non-DD licensed providers)
- People screened to the Medically Fragile Waiver

Exception:

The Risk Assessment for people served in Infant Development is embedded within the IFSP. Therefore, completion of the RMAP is not required for people receiving Infant Development services. This also applies if they receive services in addition to Infant Development as the IFSP serves as the person's plan throughout their participation in Infant Development.

Who is involved in completing the assessment?

The Risk Assessment is to be completed with input from:

- The person
    - The person must be offered the opportunity to participate but may decline.
    - The person will have the opportunity to review the assessment before the PCSP meeting
- The legal decision maker
- The Primary Program Coordinator
    - The Primary Program Coordinator (PC) is responsible for completing the RMAP and must coordinate the completion of the assessment with any other applicable licensed providers of services
        - *Example: If Day Habilitation provides primary program coordination and the person also receives In-Home Supports, the Day Habilitation PC collaborates with in-home staff to complete the RMAP.*
- The Secondary Program Coordinator (if applicable),
- The DD Program Manager,
- Other relevant team members (e.g., DSPs, clinicians, etc.)

Team Expectations:

- All team members must review the RMAP prior to the annual meeting and participate in the team discussion of risk mitigations strategies, goals, and supports.
- The person completing the assessment (PC or DDPM) ensures all information in the assessment is current at the time of the referral, admission, and/or annual meeting.
- Ask the person and/or legal decision maker if there are topics they prefer not to discuss in a full team meeting. The concerns should be addressed privately (perhaps in another meeting) with appropriate staff on a need-to-know basis.

Note: The initial RMAP (if one does not already exist) is completed by the DD Program Manager as part of the referral packet.

Why is the assessment completed?

The RMAP is completed as part of the person-centered planning process to identify known and potential risks and to determine the person's support needs. This information guides the development of the Person-Centered Service Plan (PCSP) and enables teams to incorporate appropriate mitigation strategies that support the person's health, safety, autonomy, and desired outcomes. While the Risk Assessment provides a comprehensive foundation, providers may choose to utilize additional supplemental assessments to gain further insight into specific areas. These tools can complement the Risk Assessment by offering more detailed information or specialized perspectives, but they are not required and should be used at the provider's discretion.

What is considered when completing the assessment?

Each question in the RMAP includes its own set of probing questions. These are designed to deepen discussion, promote thorough exploration of potential risks, and aid in identifying the support a person may need.

The RMAP is conducted in a manner that allows for meaningful evaluation of the person's home and community-based needs. These may include in-person visits, observations of the living environment, or other methods that provide equivalent insight.

Assessment responses should reflect information gathered from multiple sources, including:

- The person's skills and abilities, independent of staffing patterns, supervision plans, the environment, or other situational elements.
    - Consider:
        - What risks exist without support?
        - What does the person need help with?
        - Why are services/supports necessary?
- General Event Reports (GERs) from the past year to identify trends or emerging risks requiring documentation in the RMAP and mitigation in the OSP/PCSP.
- Input from the person, legal decision maker, DSPs, and other team members
- Direct observations, documentation review, and the team's working knowledge of the person
- Potential risks tied to both current and desired future activities, including those that may be inhibiting the person from pursuing goals or accessing integrated settings.

When is the assessment completed?

- The RMAP must be completed and made available to all team members **at least two weeks prior to the annual meeting date**.
- It is recommended that the Risk Assessment not be completed more than 3 months prior to the annual PCSP meeting to ensure accuracy.
- The RMAP must be reviewed and updated at least annually, or sooner if the person's needs change significantly.

Where is the assessment accessed?

The RMAP is a required template available on the Therap web-based platform.

- Copies of the completed RMAP must be shared with the person, their legal decision maker, and all relevant team members.
- If any team member does not have access to Therap, a printed copy must be provided.

How is this information used?

Information from the RMAP is essential for developing the Person-Centered Service Plan. It helps to ensure the health and safety of the person and to develop risk management strategies in the OSP that respect the person's preferences and dignity of risk.

The RMAP is a tool used to identify the risks, but the risks must be mitigated in the OSP.

The OSP must clearly describe:

- How the risk with be managed and how support needs will be met
- What actions will be taken to protect the person
- Who is responsible for arranging or providing support (e.g., nurse, program coordinator, DSP, etc.)

After the RMAP is reviewed by the team and finalized, a copy must be attached to the OSP prior to submission to the DDPM for approval.

CMS Quality Measure Set (CMS Requirement)

The CMS Quality Measure Set is a standardized group of measures established by the Centers for Medicare and Medicaid Services to evaluate the quality, effectiveness, and outcomes of services funded through Medicaid programs. These measures support consistent reporting across states and providers and are used to assess system performance, compliance with federal requirements, and continuous quality improvement. RMAP content has been crosswalked to the Core and Supplemental elements required for the Long-Term Services and Supports (LTSS) Quality Measure 1. See Appendix 2 for crosswalk.

National Core Indicators (NCI) Background Information (BI)

The NCI in-person survey is a voluntary, nationally recognized system used to assess outcomes and experiences of people receiving publicly funded LTSS. The BI component collects standardized contextual and demographic data that informs analysis of in-person survey results. Information from the RMAP has been crosswalked to the NCI BI requirements. See Appendix 2 for crosswalk.

Summary

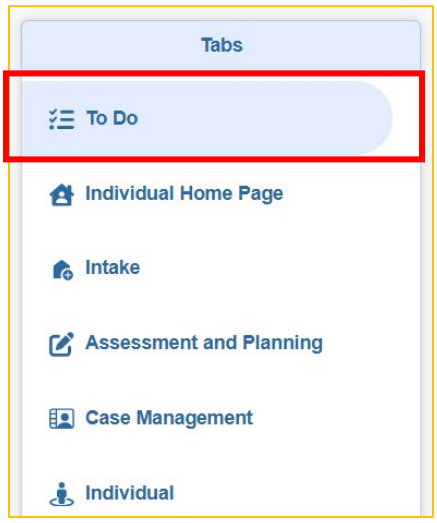
The RMAP is a foundational tool that informs the person-centered planning process by identifying the risks that must be supported, mitigated, or planned for. Completing it thoughtfully ensures that the team understands the person's needs, respects their preferences, and balances dignity of risk with health and safety.

The following sections of this manual provide guidance for completing each component of the RMAP.

Accessing the Risk Assessment in Therap

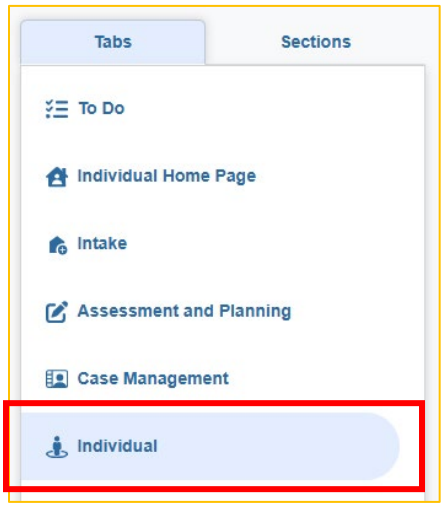
The Risk Management Assessment Plan (1.0) can be accessed via the Dashboard – To Do tab, Individual tab, and the Individual Home Page – Plans tab.

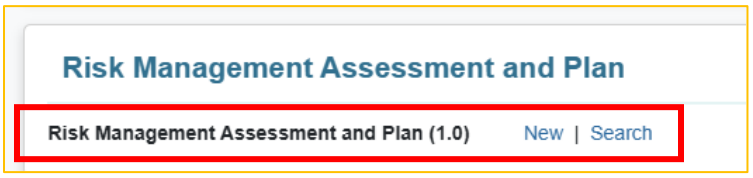
Dashboard – To Do tab:



- Clicking on "Risk Management Assessment and Plan (1.0) will take you to the Dashboard – Individual Tab view found on the following page.
- Users can access RMAPs in draft status by clicking "Draft."
    - Users will only be able to view RMAPs that are specific to their assigned caseload and agency user account.
- Users can access RMAPs that are in approved status and pending acknowledgement by clicking "Acknowledge."
    - Users will only be able to view/acknowledge RMAPs that are specific to their assigned caseload and agency user account.

Dashboard – Individual tab:

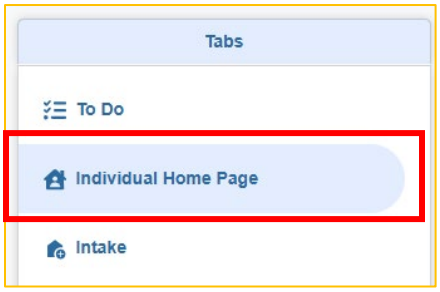


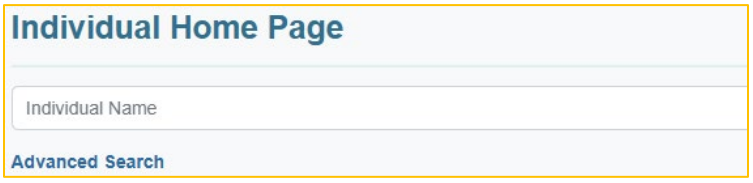


- A new form can be created by selecting the "New" button.
- Users can also search for existing RMAPs by clicking the "Search" button.

Additionally, RMAPs can be accessed from the Individual Home Page – Plans tab.

Individual Home Page – Plans tab:





Search for the applicable person in the box shown above.

Assessments with a "To Date" that is not in the past and that are in "Approved" status will be displayed.

Risk Assessment Functionality

RMAP Selection Buttons

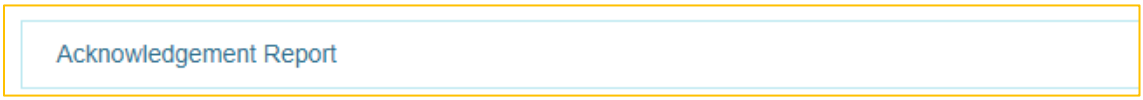
While completing the RMAP, it is important to be familiar with the navigation buttons to ensure efficiency, accuracy, accountability, and consistency.

Below is a summary of the function of each of the buttons within the RMAP.

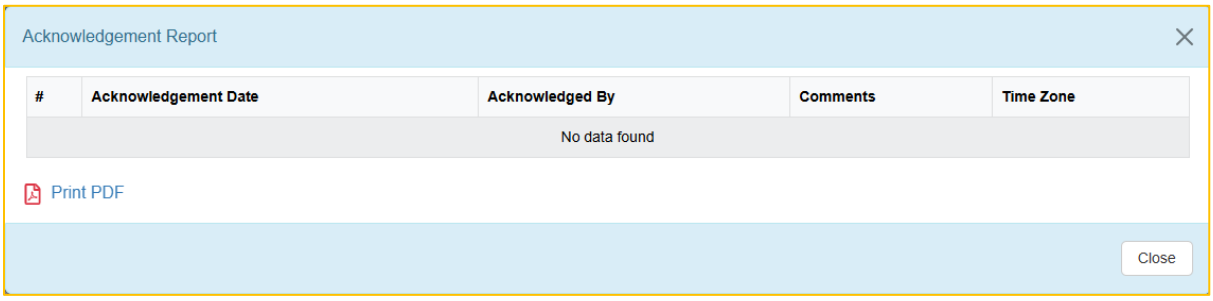
Button	Function
Edit	Select this button to open the form for revisions.
Delete	Select this button to delete the current form. Once deleted, the form can still be viewed, however cannot be copied forward.
Update and Show	Select this button to view updated information in a read-only format.
Update	Select this button to save the information you've entered/updated.
Next	Select this button to navigate to the next section.
Approve	Select this button when the RMAP has been reviewed, revisions have been completed, and it is confirmed that the information is accurate and complete. **Final approval of the RMAP should not occur until after the OSP meeting to ensure no further updates are needed as a result of the meeting. Use this button only when no further changes are needed as this locks the form and prevents further edits to the RMAP.** Once "approved" the document will be available for users to "acknowledge."
Discontinue	Select this for any previous RMAP that is no longer current. Current is defined as the RMAP that is associated with the active OSP and contains accurate information. Past versions will still be accessible/copyable but will show up as "discontinued."
Acknowledge	Select this button to indicate that you have reviewed all sections of the risk assessment. This action may also serve as a record of accountability. • When acknowledging, an optional comment box will appear. Users may enter comments of up to 500 characters. • After acknowledgement, if users click on "Acknowledgement Report" button, a pop-up will display the acknowledgement report details. Users may print the report as a PDF if needed.
Copy	Use this option to copy an existing RMAP within your provider account. This will create an editable copy of the RMAP which may be used when reviewing/completing the annual RMAP or when risks change between the annual reviews.

Acknowledgement Report

Users can generate an Acknowledgement Report for Approved RMAPs. The access this, click on "Acknowledgement Report" at the bottom of the form.

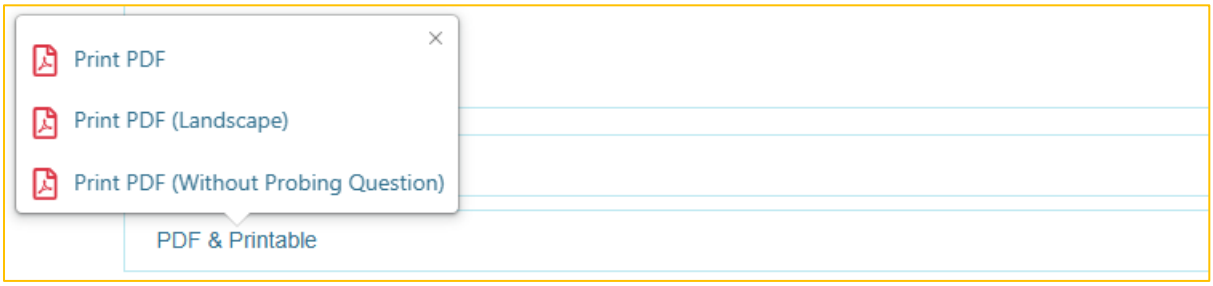


A popup window will open with the acknowledgement date, name of the user who acknowledged the form, comments, and time zone information. Click on Print PDF to download a printable PDF copy of the report.



PDF & Printable

Users can generate PDFs for printing using the PDF & Printable link located at the bottom of the RMAP. Click on PDF & Printable, then click on the type of PDF you wish to download and/or print.



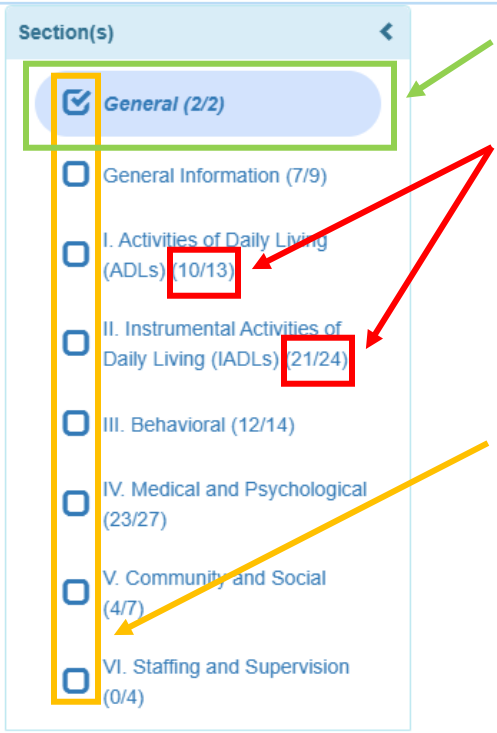
When preparing for meetings, use the Print PDF version.

- The Print PDF version includes the probing questions that assist the team in ensuring the assessment is thorough.

When attaching the RMAP to the OSP, either the Print PDF version or the Print PDF (Without Probing Questions) can be attached.

Sections Overview

The RMAP is structured into eight sections, each of which must be completed to ensure a thorough and complete assessment. Use the Section(s) menu to navigate between sections and track progress.



Users may navigate between sections by clicking on the desired section.

Completion status per section risk item can be noted behind each section's name.

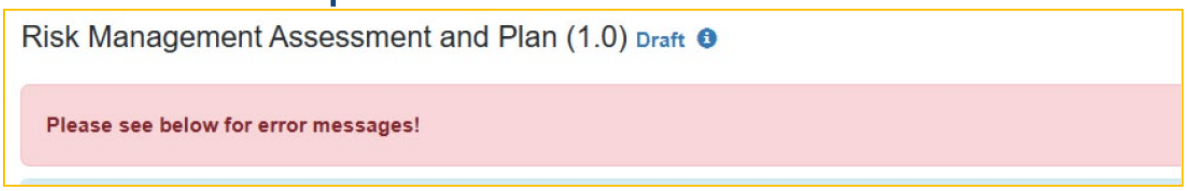
For example, in the "General" section, 2/2 risk items marked required have been completed, while in the "General Information" section 7/9 questions have been completed.

Completion status per required section can be noted by viewing the checkbox that precedes the section's name.

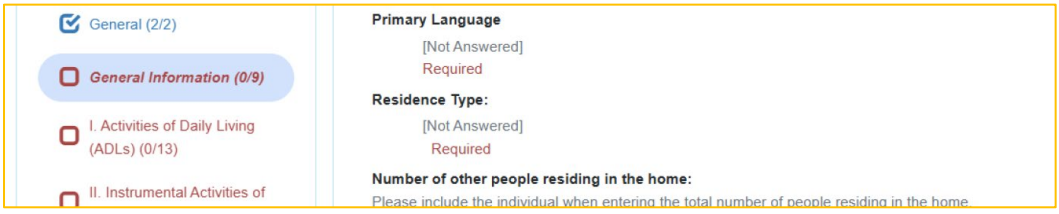
Severity of Risk, Frequency of Risk, Explanation for Risk, and Mitigation Location are <u>not</u> included in these counts but must be completed if "Presents a Risk" is marked "Yes."

Within each section, some questions are marked as required. If any of these required questions remain unanswered, users will encounter a validation error message when attempting to approve the form.

Validation Error Example:



The required areas that remain unanswered will appear in red.



Completing the Risk Assessment

When completing the risk assessment, focus on the person's abilities and support needs based on their typical functioning. Think about the support they normally have and any risks that still exist, even with that support. The goal is to identify real, everyday risks – neither exaggerating them by assuming no support at all, nor minimizing them because support reduces how often the risk occurs.

In short, don't rate higher because support is missing, and don't rate lower just because support prevents problems.

Demographic Information

Each RMAP will include a Demographic section that pulls information from the Individual Demographic Information Form (IDF) associated with the RMAP author's account on the Provider Side.

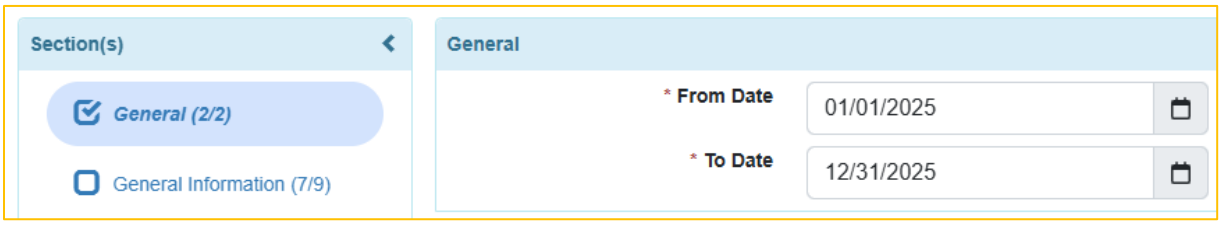
For example:

- If a DDPM is completing the RMAP, the information will be pulled from the DDPM's IDF on the Provider Side.
- Similarly, if Provider A is completing the RMAP, the information will be pulled from Provider A's IDF.

This information will remain visible at the top of the form throughout its review and completion across sections.

General

This section contains the From Date and To Date fields. These dates establish the effective timeframe of the RMAP.



Best Practice:

The "From Date" on an RMAP should reflect the date the RMAP becomes applicable, such as:

- the start date of services identified on the Individual Service Plan (ISP)
- the date the first RMAP with a new service provider was completed
- the start date Overall Service Plan (OSP)

For Annual updates, the "From Date" and "To Date" should generally align with the Overall Service Plan (OSP) Start and End Date. Both fields are required.

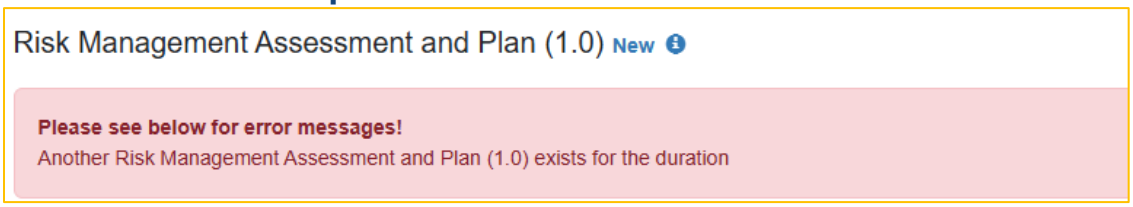
Example: Partial-Year Service Start

- *OSP Plan Year: February 17, 2026, to February 16, 2026*
- *New Service/Provider Start Date (E.g., Residential Habilitation): July 7, 2026*

In this scenario, the RMAP From Date would be July 7, 2026, and the To Date would be February 16, 2026, reflecting the period during which the RMAP is applicable within the plan year.

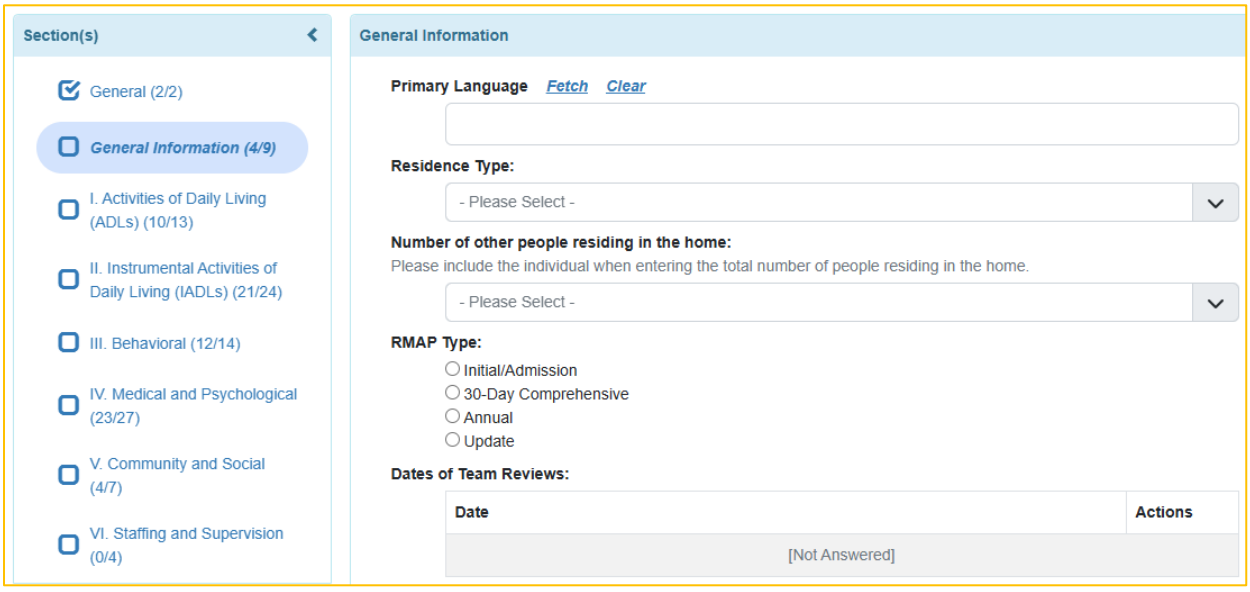
Only one approved RMAP can exist for a given timeframe. If a user attempts to create an RMAP with dates that overlap an existing approved RMAP, the system will prevent creation and generate an error message. The date conflict must be resolved by discontinuing the existing RMAP or adjusting the dates to align with the appropriate timeframe.

Validation Error Example:



General Information

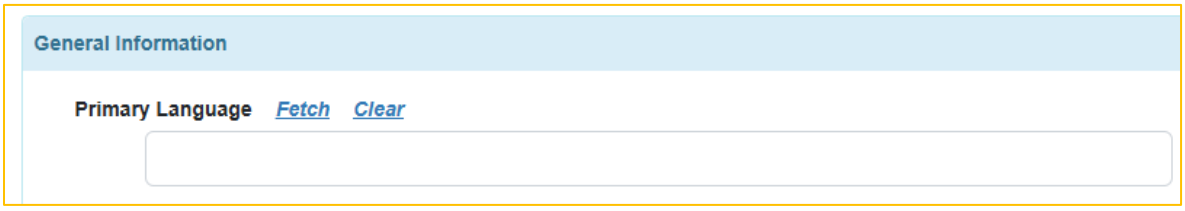
This section contains several subsections that will be highlighted below: Primary Language, Residence Type, Number of other people residing in the home, RMAP Type, Dates of Team Reviews, Person Completing Report, Title/Relationship to Person Supported, Licensed Providers & Services Received at Each, Consulting/Coordinating parties, and Guardian Information.



Primary Language

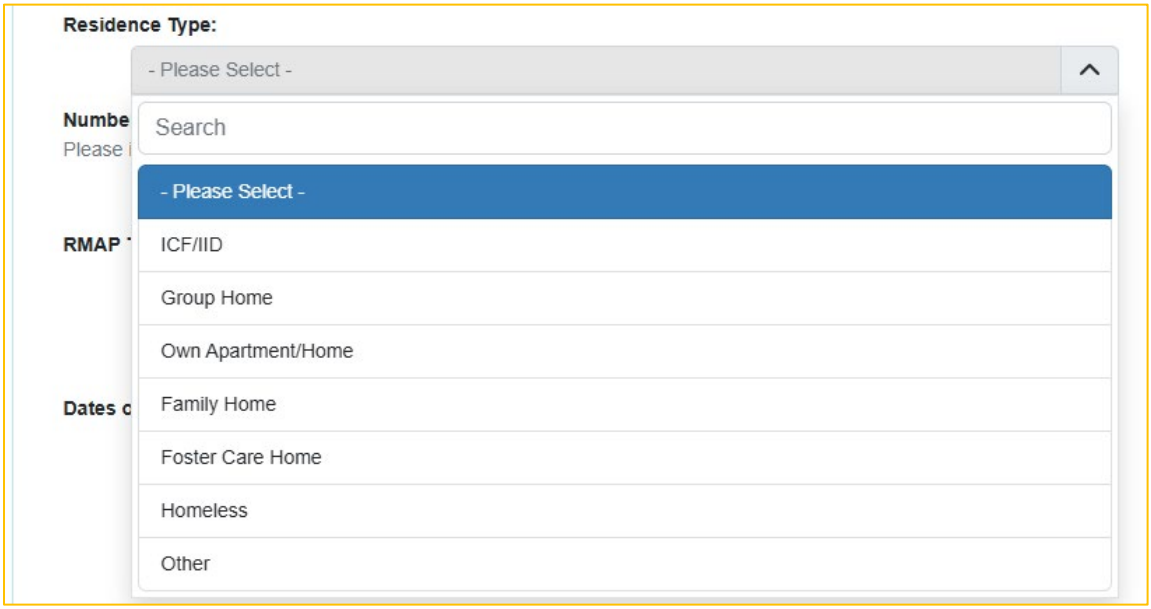
Indicate the person's primary language – the language they are most comfortable using or use most often in daily communication.

- The information in this section can be "fetched" from the person's Individual Demographic Form (IDF) by clicking "Fetch." To clear the information, click "Clear." Users may also manually enter this information. **If fetch is used and no information appears, the information must be manually entered in this field.**



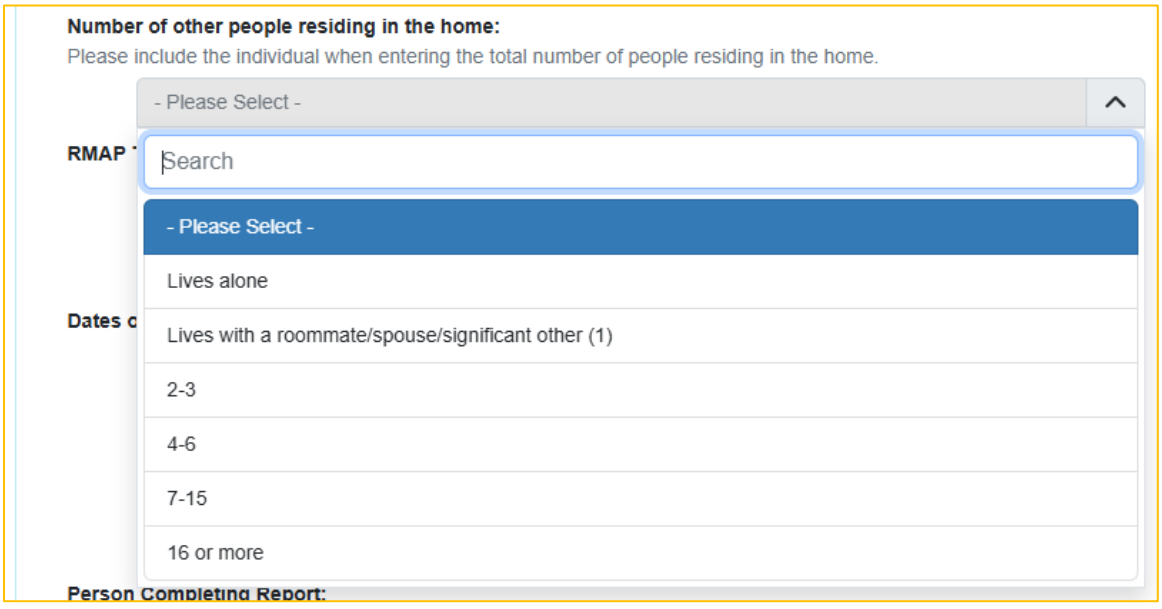
Residence Type

Select the option that best describes the person's residence type – the setting where they currently live.



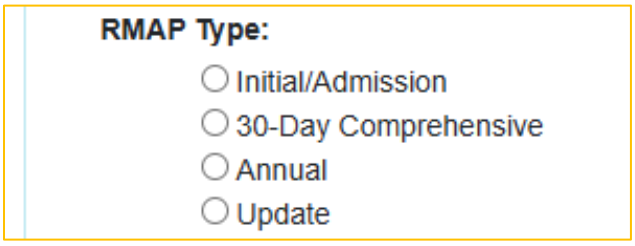
Number of people residing in the home

Select the option that best indicates the number of people currently living in the home, including family members, roommates, or others who share the residence.



RMAP Type

Select the option that best describes the current RMAP.

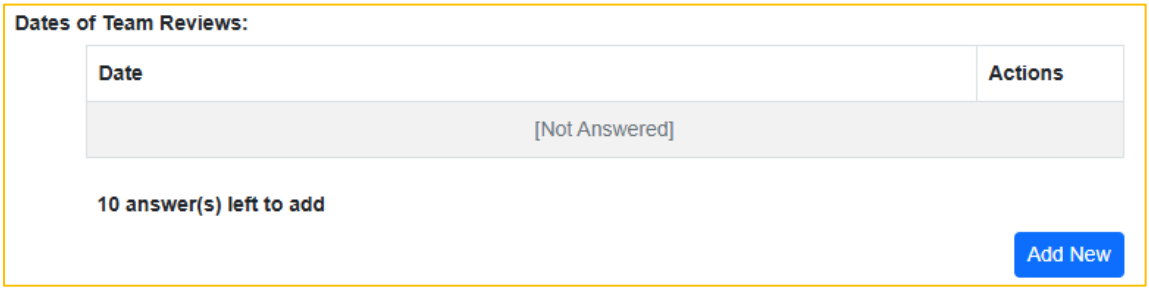


The following chart summarizes each RMAP Type.

RMAP Type	RMAP Type Explained
Initial/Admission	• Completed when a person over the age of 3 is newly eligible for DD Program Management. • Completed when a person has selected their service and qualified service provider. • The RMAP completed by the DDPM (or the existing RMAP if applicable) is included in the referral packet. This is reviewed at the admission meeting to develop the admission/interim plan.
30-Day Comprehensive	• The RMAP completed by the DDPM (or the existing RMAP if applicable) is reviewed again at the 30-day comprehensive PCSP following admission and may be revised/updated, or • The provider's Program Coordinator may choose to complete a new Risk Assessment to reflect changes noted during the 30 days following admission and to get in the cycle for the next annual plan meeting.
Annual	• Completed on an annual basis, to follow the OSP dates. Annual is defined as one year minus one day.
Update	• Completed when an update or revision is needed between annual plans due to significant changes in the person's mental, physical, or behavioral status that result in new identified risks and need for additional or different mitigation strategies in the OSP.

Dates of Team Reviews

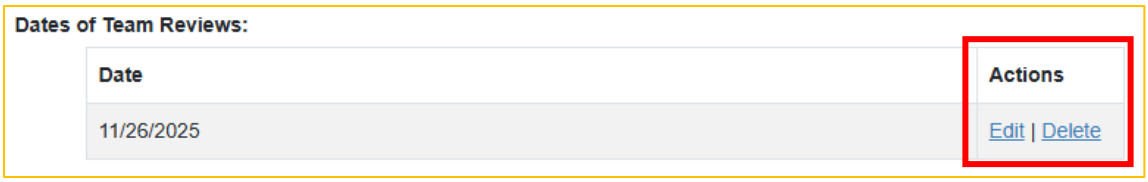
Enter the dates of team reviews – the scheduled meeting(s) when the support team gathered to review, update, and address any changes to the current RMAP.



These dates may include the date of the Interim/Admission meeting, date of the 30-day Comprehensive, the date of the Annual OSP Meeting, and any additional reviews requiring updates to the RMAP during the plan year.

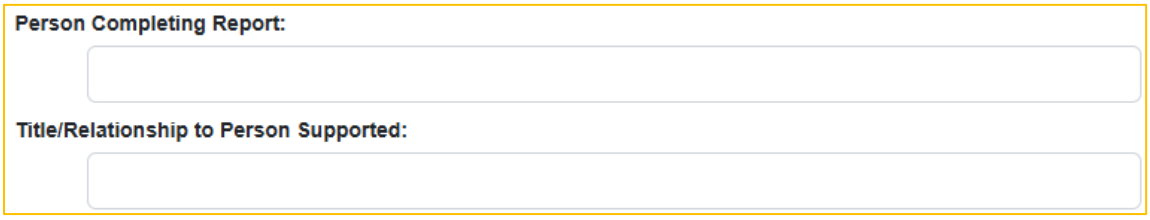
Only include dates associated with the current RMAP. For annual reviews, remove any dates from prior years as they apply to the previous assessment and should not be carried over.

To edit or remove dates in this section, utilize the options available under "Actions."



Person Completing the Report & Title/Relationship to the Person Supported

Indicate the name of the person completing the report – the person responsible for gathering the information and completing the assessment, and their title and/or relationship to the person supported.



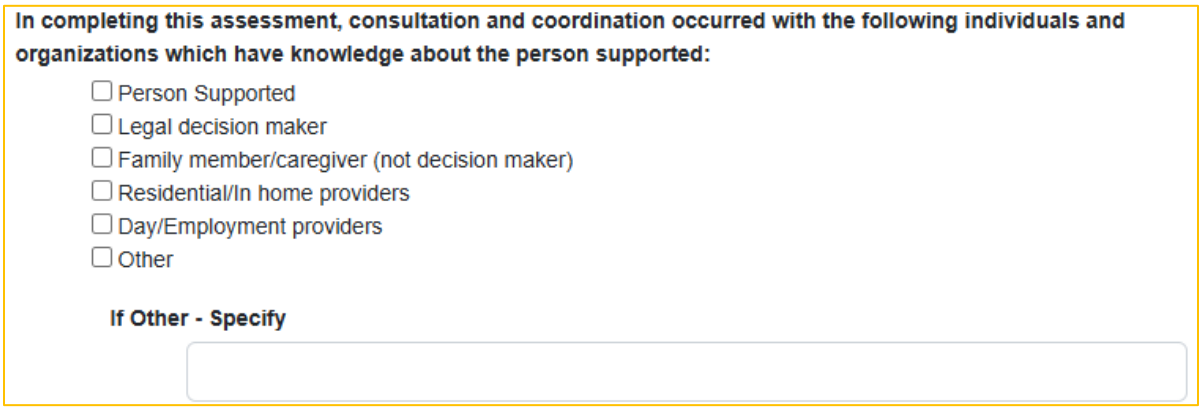
Licensed Providers & Services Received

List the authorized licensed providers and services received from each.

Consultation and Coordination

Indicate all other team members that were consulted/coordinated with to review, update, and/or address any changes in needs for the current RMAP by checking the appropriate box(es).

- Remember to include OSP team members in the review and updates to the RMAP. Everyone on the team should be included in the review of the RMAP.



Guardian Name

Indicate the name of the person's current legal guardian(s), if one has been appointed. If the person does not have a guardian, enter "N/A."

- The information in this section can be "fetched" from the person's Individual Demographic Form (IDF) by clicking "Fetch." To clear the information, click "Clear." Users may also manually enter this information. **If fetch is used and no information appears, the information must be manually entered.**
- If the person has more than one guardian, all guardian names must be manually entered, even if one appears through Fetch.

Section I-V Common Questions

Sections I-V contain a series of sections and subsections designed to help identify areas in which a person may be at risk. Each subsection includes a set of "Common Questions," many of which are standardized across multiple areas to support consistent assessment practices. A detailed tool outlining each section and subsection, including probing questions, examples of mitigation strategies, and fictional profiles with corresponding support can be found in the next chapter of these instructions.

Presents a Risk?

This section must be completed and will determine if the impact areas (Severity, Frequency, and Reason) need to be completed.

Utilizing the probing questions and any other pertinent information about the person, assess whether the person experiences difficulty or dependence in this area. Difficulty or dependence in an area may indicate increased risk for injury, illness, loss of independence, and health and safety.

Age-Appropriate Risk Considerations

The risk assessment tool is designed to be used for people of all ages, from early childhood through adulthood. As such, it is important to apply professional judgment when evaluating each category of risk.

When assessing minors, please consider age-appropriate behavior. For example, a toddler exploring their surroundings or occasionally wandering (eloping) is typical for that developmental stage and may not indicate an elevated risk. Alternatively, a school-aged child engaging in excessive theft or a young child displaying unsafe aggression toward others may indicate elevated levels of risk.

Use your professional training and knowledge of typical human development to guide your assessment. **When in doubt, consult with the person's team to ensure consistency in interpretation.**

Once you've assessed the area, indicate whether the person is at risk or believed to be at risk by checking the appropriate box.

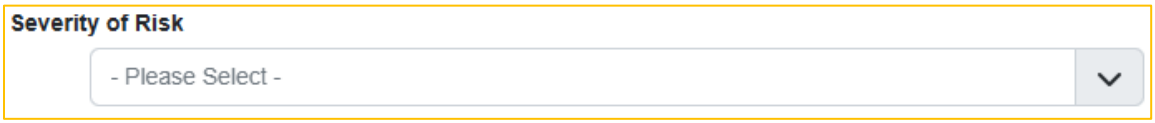
Presents a Risk?	Description
Yes	Select this value when the person is currently **(within the past year)** experiencing a risk in this category based on observed or reported concerns that may impact their safety, health, or ability to function independently. This means: • The risk is currently being addressed, and necessary support and mitigation strategies will continue, or • The team agrees that the risk is significant and there is reasonable potential or likelihood that it may occur if not addressed **Age-Appropriate Risk Considerations:** • Select this value when there is a specific identifiable concern that exceeds what is typical for the person's age and development. If the team feels it would be beneficial to indicate "yes" even if it is not atypical for the person's age, this is acceptable. This may help in ensuring staff are thoroughly informed of the person's support needs.
No	Select this value when there is no current evidence or concern suggesting the person is experiencing a risk in this category at this time. **Age-Appropriate Risk Considerations:** • Select this value when the behavior or circumstance is considered typical or developmentally appropriate for the person's age and does not present a current concern due to natural supports/supervision needs for those of that age.
Historical	The person has experienced risk in this category in the past (beyond one year ago), but there is no current evidence of ongoing concern. • If the risk occurred in the past but has not been an issue within the past year and the team has no concerns that it continues to be a risk, no mitigation strategies need to be incorporated in the plan.

When "Presents a Risk" is marked "Yes," the fields for Severity of Risk, Frequency of Risk, Explanation of the Risk, and Mitigation Location will automatically expand.

Although current Therap limitations do not allow these fields to be system-required, they must be completed whenever "Presents a Risk" is marked "Yes."

Severity of Risk

Select the severity level that best reflects the extent to which the identified risk affects the person's safety, well-being, or ability to function. Consider both the potential consequences and the level of impact on daily life when determining the appropriate severity.

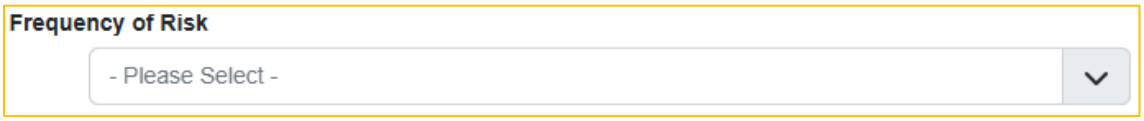


Severity of Risk	Description
Mild: Occasional assistance or monitoring	The risk has a limited impact on the person's daily functioning and poses minimal threat to health or safety. Support may be needed occasionally or in specific situations.
Severe: Requires regular assistance	The risk significantly affects the person's well-being, safety, or ability to function independently, and may require immediate or ongoing intervention.

When "historical" is chosen, this section is not completed.

Frequency of Risk

Select the frequency that best reflects how often the identified risk or concern occurs, based on observed patterns, documented reports, or reliable information. Choose the option that most accurately represents the typical occurrence over time.

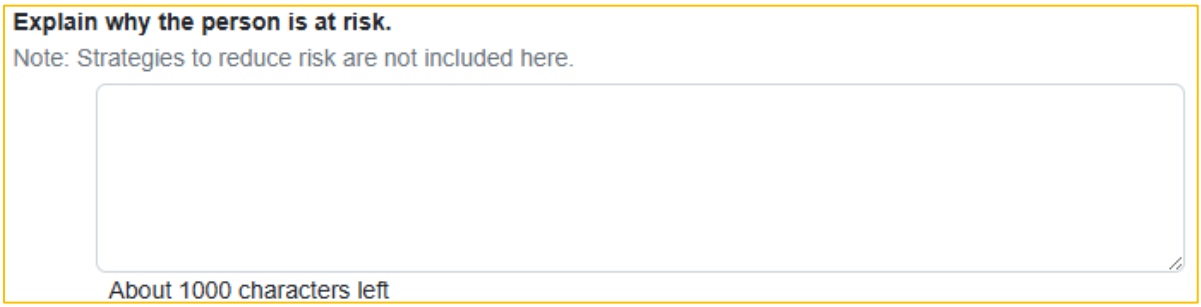


Frequency of Risk	Description
None or less than monthly	The risk rarely occurs or has not occurred recently and there is no consistent pattern requiring regular intervention.
At least 1 time per month	The risk or related concern occurs at least once per month, suggesting an intermittent issue that may still warrant attention but with less urgency.
At least 1 time per week	The risk or related concern occurs at least once per week, indicating a pattern that may require regular monitoring/support.
At least 1 time per day	The risk or related concern typically occurs once daily and may require consistent monitoring or daily support.
At least 1 time per hour	The risk or related concern occurs frequently throughout the day, indicating a high level of need and the potential for continuous support or supervision.

When "historical" is chosen, this does not need to be completed.

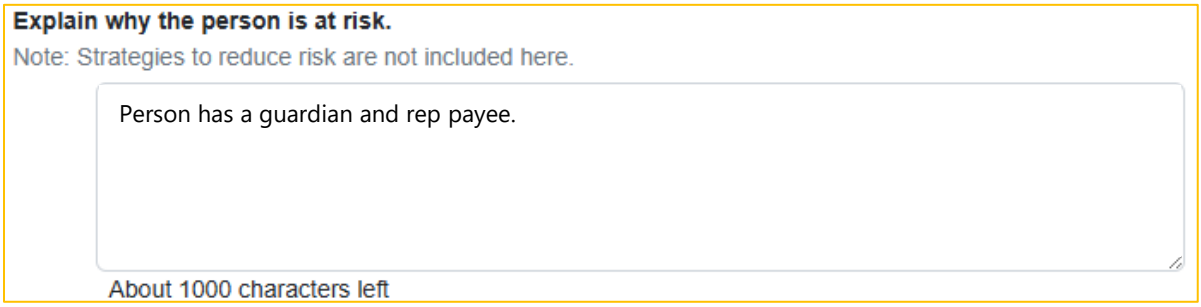
Explain why the person is at risk

Provide a brief description of why the identified area is considered a risk, focusing on the factors that make the situation harmful or concerning. This may include specific behaviors, health conditions, historical patterns, environmental influences, or triggers that increase the likelihood of harm or adverse outcomes. This section should strictly explain the nature of the risk and the reasons (the why) it requires attention, not what will be done about it (mitigation/solutions).

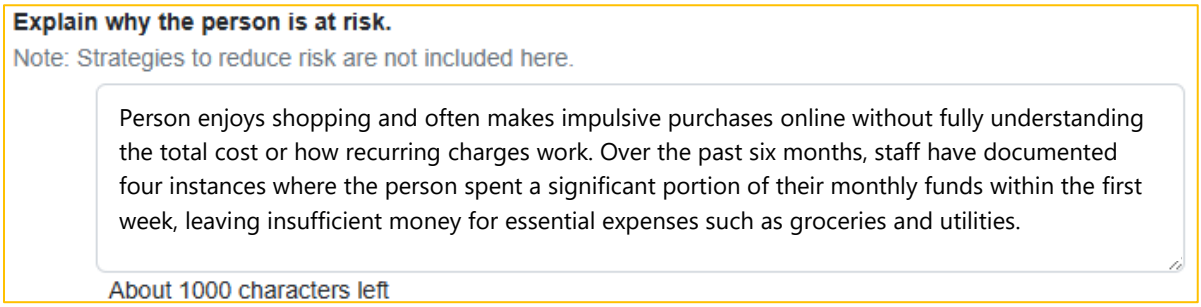


When "historical" is chosen, provide a brief description of the historical risk. It may be helpful to indicate when the person experienced this risk, the factors or circumstances that contributed to the risk, and to indicate that it has been a risk but is no longer a risk nor requires mitigation.

A Case Example of what NOT to do:



A Case Example of what TO do:



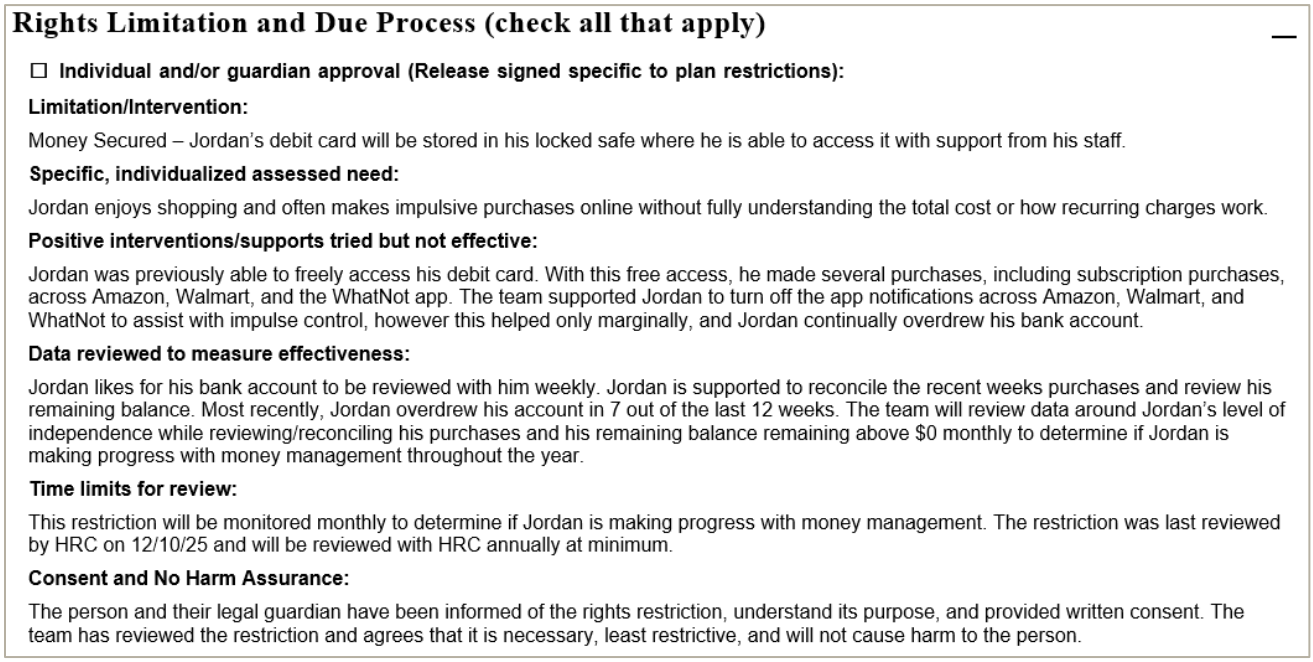
Where are the strategies to reduce risk identified in the plan?

All areas where risk is identified need to be reviewed at team meetings and mitigated in the OSP/PSCP. **Mitigation is not indicated in the RMAP.**

Each subsection within the RMAP includes a multi-select field where you must indicate which section(s) of the person's Overall Service Plan (OSP) the identified risks are mitigated. This step ensures that each identified risk is actively addressed within the person's Overall Support Plan and promotes alignment between risk management and service planning.

The options in this field correspond to predefined OSP categories. You may select multiple categories if the risk is mitigated in more than one area of the OSP, though it is not required that risks be mitigated in more than one area. If no current OSP section addresses the risk, an update to the OSP is needed to ensure mitigation of the identified risk.

A Case Example of Mitigation within the OSP



Rights Limitation and Due Process (check all that apply)

☐ **Individual and/or guardian approval (Release signed specific to plan restrictions):**

Limitation/Intervention:

Money Secured – Jordan's debit card will be stored in his locked safe where he is able to access it with support from his staff.

Specific, individualized assessed need:

Jordan enjoys shopping and often makes impulsive purchases online without fully understanding the total cost or how recurring charges work.

Positive interventions/supports tried but not effective:

Jordan was previously able to freely access his debit card. With this free access, he made several purchases, including subscription purchases, across Amazon, Walmart, and the WhatNot app. The team supported Jordan to turn off the app notifications across Amazon, Walmart, and WhatNot to assist with impulse control, however this helped only marginally, and Jordan continually overdrew his bank account.

Data reviewed to measure effectiveness:

Jordan likes for his bank account to be reviewed with him weekly. Jordan is supported to reconcile the recent weeks purchases and review his remaining balance. Most recently, Jordan overdrew his account in 7 out of the last 12 weeks. The team will review data around Jordan's level of independence while reviewing/reconciling his purchases and his remaining balance remaining above $0 monthly to determine if Jordan is making progress with money management throughout the year.

Time limits for review:

This restriction will be monitored monthly to determine if Jordan is making progress with money management. The restriction was last reviewed by HRC on 12/10/25 and will be reviewed with HRC annually at minimum.

Consent and No Harm Assurance:

The person and their legal guardian have been informed of the rights restriction, understand its purpose, and provided written consent. The team has reviewed the restriction and agrees that it is necessary, least restrictive, and will not cause harm to the person.

For this example, "Rights Limitation and Due Process" would be checked in the "Where are the strategies to reduce risk identified in the plan?" portion of the RMAP example item noted above as the mitigation is documented in this section.

OSP Section/Subsection Crosswalk

OSP Section	OSP Subsections
Virtual Supports	• NA
Outcomes	• Overall Goals • Learning Objectives • Support Objectives
Assessment Review	• Review of Plan and Progress Toward Outcomes • Review of the Self-Assessment • Review of the Risk Assessment • Review of the Residential Assessment • Vocational/employment/Day Supports/VR
Health Status Review	• Physical Exam • Nursing Services (Public/Home Health) • Diagnosis Review • Medication Review • Lab Work • Allergies • Immunizations Up to Date • Review Checklist for recommended • Nutrition/Dietary • Vision • Hearing • Dental Status • Psychological • Psychiatric • Neurological • Cardiac • Other • OT • PT • Speech • Adaptive, orthotic, corrective, communication equipment/supplies • Level of supervision/assistance for medical • Comments • Behavioral Health
Rights Limitation and Due Process	• Individual and/or guardian approval • Behavior Support Committee approval • Human Rights Committee approval • Review Dates for limitation • Review of Guardianship Status • Specific guardian requests • Representative Payee • Durable Power of Attorney • Healthcare Directives • Living Will • Other Income/Benefit • Earnings from Employment • Trust/Estate/Special Needs Trust-Contact • Burial Account • Medicaid • Recipient Liability/Worker's with Disabilities Premium • Medicare Type • Private Insurance(s) • Room and Board Costs • Housing Assistance • Food Stamps • LIHEAP • Phone Assistance • Other
Benefits and Insurance	• SSI • SSDI
Additional Safeguards	• Level of supervision for work, home and medical • Emergency Back-Up Plan • Emergency Contact Numbers

Sections I-V: Risk Categories and Sub-Categories

Disclaimer:

This portion of the instructions is intended to serve as a resource to support critical thinking and idea generation during the risk assessment and service planning process. The probing questions, example mitigation strategies, potentially restrictive mitigation strategies, fictional profiles, and sample learning objectives included in this document are for illustrative purposes only. The probing questions and mitigation strategies listed are not exhaustive, nor are they intended to represent all possible risks, supports, or planning approaches that may be appropriate for every person.

Mitigation strategies must always be tailored to the unique needs, strengths, preferences, and circumstances of each person. The strategies presented here should not be interpreted as universally applicable, nor should their inclusion be considered a recommendation for use with any specific person or situation.

The sample learning objectives provided are examples for demonstration purposes only. Their presence in this guide does not indicate that they meet all required components of a well-written goal, nor should they be adopted without careful team consideration, professional judgement, and alignment with organizational or regulatory standards.

All fictional profiles in this guide are entirely hypothetical. Any resemblance to actual people is purely coincidental.

This portion of the instructions should be used solely as a supportive reference tool to facilitate discussion, spark ideas, and enhance understanding – not as a directive or prescriptive standard of practice.

Reminder: Mitigation strategies are documented in the person's Overall Service Plan, not in the RMAP.

I. Activities of Daily Living (ADLs)

1. Eating and Nutrition

Probing Questions	Mitigation Strategies
• *Are there doctor's orders, recommended/specialized diet?* • *What is their level of independence in following this diet?* • *What happens if they don't follow the diet?* • *Do they utilize adaptive equipment, supplements, thickened liquids, food consistency or size, rights limitations?* • *Indicate abilities/level of independence?* • *Are there cultural considerations/preferences?* • *Does the person utilize a feeding tube, etc.?* • *Does the person eat at a pace that is problematic?* • *Does the person over-stuff or pocket food in their mouth?* • *Can the person monitor their own nutritional status?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Built-up/weighted utensils, dinnerware • Verbal praise and encouragement • Education • For tube feedings, indicate the level and frequency of nurse involvement and oversight. • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Dietary Limitations: Calorie Restrictions, Specific Food/Drink Restrictions • Limiting eating to scheduled times or places • Supervised or staff-assisted eating only • Using feeding tubes or supplements against preferences

Risk Mitigation Example:

Profile: Eileen, age 26, diagnosed with Prader-Willi syndrome, experiences chronic hyperphagia, difficulty sensing fullness, and challenges with impulse control around food. She struggles with portion control, food selection, and maintaining a balanced diet.

Risk Mitigation Strategies Identified in Eileen's Plan:

- Staff support to create a balanced weekly menu.
- Calorie-controlled, pre-portioned meals prepared with Eileen in advance.
- Visual portion plate to guide serving sizes and visual menu showing meal components to support predictability.

Potential Learning Objective:

Given a visual menu, Eileen will assemble and consume meals using only the provided portions and menu items with no more than one prompt per meal to follow portion guidelines in 9 of 10 meals each week for 8 consecutive weeks.

2. Mobility

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment?* • *Does the person have balance or other gross motor challenges?* • *Are there terrain or environmental considerations?* • *Does the person have a history of falls?* • *Has the person had proper medical assessments?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Walker, cane, gait belt, wheelchair, one/two person assist, etc. • Verbal praise and encouragement • Education • Environmental modifications • Special equipment: Hoyer lift, etc. • Repositioning schedules • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Restricting independent movement • Restricting/removing walking aids • Requiring staff supervision for any movement • Restricting access to certain areas • Limiting movement to set times • Using restraints or confining devices (e.g., seat belts, lap trays, wheelchair brakes, bed rails, bed alarm, etc.)

Risk Mitigation Example:

Profile: Avery, 33, has Down syndrome. She walks independently but has low muscle tone and balance challenges, especially on uneven surfaces or moving between different areas.

Risk Mitigation Strategies Identified in Avery's Plan:

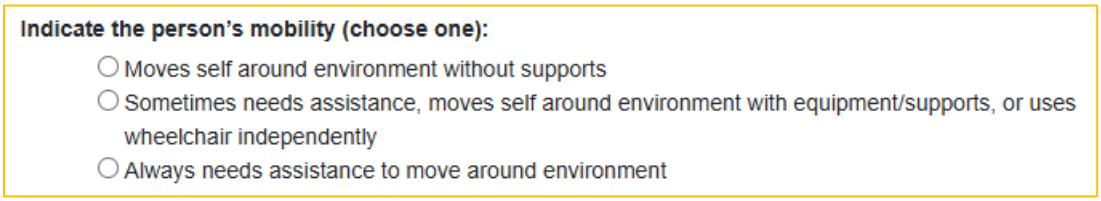
- Use of grab bars and handrails in key areas (hallways, bathrooms).
- Staff supervision or standby assistance in areas with uneven flooring or stairs.
- Daily mobility/balance exercises recommended by her physical therapist.
- Non-slip footwear for improved stability.
- Visual cues (colored tape or floor markers) to guide safe pathways.

Potential Learning Objective:

Given handrails, visual walking cues, and staff support as needed, Avery will walk safely within her home and community by using supports, avoiding obstacles, and maintaining balance with no more than one safety prompt per walking routine in 4 of 5 mobility opportunities per week for 6 consecutive weeks.

Indicate the person's mobility (choose one)

Choose the selection that best describes the person's mobility.



Mobility Option	Defined Mobility Options
Moves self around environment without supports	The person is able to walk or move independently in all typical environments without physical assistance or mobility devices.
Sometimes needs assistance, uses mobility equipment/supports, or uses wheelchair independently.	The person is generally mobile but may require intermittent support, use assistive devices, or independently use a manual or power wheelchair. They do not require continuous hands-on help.
Always needs assistance to move around the environment.	The person required continuous assistance from another person for all mobility, regardless of environment or situation.

3. Transfers

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment?* • *Are there environmental considerations?* • *What is the level of assistance needed?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Walker, etc. • Verbal praise and encouragement • Education • Environmental modifications • Special equipment: Hoyer lift, gait belt, bed rails, grab bars, toilet, shower chair, etc. • Repositioning schedules • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Special Equipment: Bedrails, bed alarm, etc. • Prohibiting independent transfers • Mandating two-person assistance for all transfers • Mandating the use of mechanical lifting devices

Risk Mitigation Example:

Profile: Ethan, 29, has Cerebral Palsy and uses a manual wheelchair for mobility. He can move short distances independently but requires support when transferring to/from a bed, chair, or toilet.

Risk Mitigation Strategies Identified in Ethan's Plan:

- Transfer training with a physical therapist to practice safe techniques.
- Use of transfer board, grab bars, non-slip mats.
- Scheduled breaks to reduce fatigue during multiple transfers.

Potential Learning Objective:

Given a transfer aid, Ethan will transfer safely between his wheelchair and bed, chair, or toilet, using transfer aids correctly with no more than one prompt per transfer in 4 of 5 opportunities over 6 consecutive weeks.

4. Using the Toilet

This includes going to the bathroom for bowel and urine elimination, wiping self, menstruation care, brief changes, and ostomy/catheter care.

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment?* • *Does the person have full bowel and/or bladder control?* • *What are the person's support needs (including overnight support)?* • *Does the person require ostomy care or catheter care?* • *Are there environmental considerations?* • *What is the level of assistance needed?* • *Is there a bathroom routine, teaching program, bowel/urination program, etc.?* • *Does the person have specific preferences (sex of caregiver, cultural/religious)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Raised toilet seat, briefs, catheter, etc. • Verbal praise and encouragement • Education • Environmental modifications • Special equipment: Hoyer lift, etc. • For ostomy and/or catheter care, indicate the level and frequency of nurse involvement and oversight. • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Restricting unsupervised access to bathrooms • Preventing access during certain times • Restricting access to toilet paper, wipes, or cleaning supplies • Controlling when or how a person asks to use the toilet

Risk Mitigation Example:

Profile: Liam, 15, has autism. He is able to use the toilet independently, but often forgets steps in the process, such as wiping, flushing, or washing his hands afterward.

Risk Mitigation Strategies Identified in Liam Plan:

- Visual checklist showing each step (use toilet, wipe, flush, wash hands).
- Verbal prompts until routine is mastered.
- Adaptive supports (e.g., stool for foot placement, hand sanitizer as backup).
- Scheduled toilet breaks to reduce accidents.

Potential Learning Objective:

With verbal prompts, Liam will complete all steps of the toilet routine independently, following the visual checklist with no more than one prompt per step in 4 of 5 daily opportunities for 6 consecutive weeks.

5. Personal Hygiene

<table>
<tr><th>Probing Questions</th><th>Mitigation Strategies</th></tr>
<tr><td rowspan="2">What are the person's abilities and support needs?
Does the person require adaptive equipment?
Does the person require support with specific personal hygiene tasks (e.g., toothbrushing, menses, deodorant, hair care, nail care, shaving including face, arms, legs, pubic area, armpits, etc.)?
Does the person have specific preferences (sex of caregiver, cultural/religious)?
Etc.</td><td>Prompts: Visual, Gestural, Verbal, Modeling
Adaptive/Assistive Equipment: Hoyer, gait belt, grab bars, shower chair, etc.)
Verbal praise and encouragement
Education
Environmental modifications
Special equipment
Visuals, role-play, social stories, etc.</td></tr>
<tr><td>Potentially Restrictive Strategies</td></tr>
<tr><td></td><td>Prompts: Positional, Partial Physical, Full Physical
Restricting access to personal hygiene products
Allowing only staff-led hygiene routines
Prohibiting certain products (e.g., deodorant, perfume, razors, etc.)
Limiting hygiene activities to certain times or under supervision only
Controlling menstrual hygiene</td></tr>
<tr><td colspan="2">Risk Mitigation Example:</td></tr>
<tr><td colspan="2">Profile: Kayla, 28, has autism. She can perform basic hygiene tasks but often misses steps in her daily routine (e.g., brushing teeth, washing hands, using deodorant) due to difficulty with sequencing and sensory sensitivities.

Risk Mitigation Strategies Identified in Kayla's Plan:
- Visual toothbrushing task analysis posted inside of her bathroom cabinet per her choice.
- Adaptive triple sided toothbrush and prescription toothpaste
- Verbal prompts to complete toothbrushing steps and/or to brush specific areas more thoroughly.

Potential Learning Objective:
Using her visual task analysis, Kayla will brush her teeth with no more than one prompt per task in 4 of 5 weekly opportunities for 6 consecutive weeks.</td></tr>
</table>

6. Bathing/Showering

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment?* • *Does the person require support with specific bathing/showering tasks (e.g., adjusting water temperature, hair care, washing, etc.)?* • *Are there environmental considerations? Does the person have a specific bathing/shower routine/teaching program? Does the person have specific preferences (shower or bath, time of day, sex of caregiver, cultural/religious)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Shower chair, grab bars, bath brush, etc. • Verbal praise and encouragement • Education • Environmental modifications • Special equipment • Monitoring per seizure precautions • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Restricting unsupervised access to bathrooms • Enforcing staff monitoring/supervision while bathing/showering • Limiting frequency or duration of baths/showers • Restricting control over water temperature or tap access • Restricting access to personal hygiene products

Risk Mitigation Example:

Profile: AshLee, 19, has Down syndrome. She can stand and more independently, but sometimes forgets steps in her bathing routine, particularly washing her hair thoroughly, including rinsing and applying shampoo evenly.

Risk Mitigation Strategies Identified in AshLee's Plan:

- Adaptive brush or applicator to reach all scalp areas.
- Shampoo and conditioner bottles with a pump to assist with challenges with standard bottle lids and portioning of products.
- Staff modeling or guided prompts as needed.

Potential Learning Objective:

Provided a step-by-step visual guide, AshLee will apply shampoo, lather, and wash all areas of her hair/scalp, including rinsing thoroughly in 4 out of 5 bathing opportunities over 6 consecutive weeks.

7. Dressing

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment?* • *Are there special methods due to physical limitations or coordination?* • *Does the person require assistance to button, zip, tie, mend, etc.?* • *Is the person able to dress appropriately for weather conditions?* • *Does the person have specific preferences (sex of caregiver, cultural/religious)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Devices to assist with buttons, putting socks/shoes on, Velcro, visual for how to dress appropriately for weather, etc. • Verbal praise and encouragement • Education • Environmental modifications • Special equipment • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Locking away/limiting access to certain clothes or wardrobes • Limiting a person's clothing choices and/or staff choosing clothing • Enforcing dress codes • Clothing checks (e.g., making sure someone is wearing underwear, etc.)

Risk Mitigation Example:

Profile: Claire, 27, has an intellectual disability. She can dress independently for simple outfits but has difficulty choosing clothing that is appropriate for the weather conditions.

Risk Mitigation Strategies Identified in Claire's Plan:

- Visual dressing checklist showing temperature ranges with corresponding clothing items that should be worn.
- Use of the Weather app on her phone or smart device to check the weather conditions forecasted for the day.
- Organized clothing storage with seasonal clothing clearly labeled.
- Practice sessions for new clothing types or seasonal items.

Potential Learning Objective:

After checking the daily weather forecast, Claire will choose and put on clothing that aligns with the temperature range and clothing guidelines with no more than one prompt in 4 out of 5 morning dressing routines for 6 consecutive weeks.

8. Communication

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment? Is the person able to operate this independently?* • *What is the person's preferred language if not English? Does the person have/need an interpreter?* • *Is the person understood by the general public?* • *Can the person state or share accurate or current information (name, address, phone number, provider, etc.)* • *What is the person's ability to report injury, pain, illness, or seek assistance for medical concerns, report suspected abuse, neglect, or exploitation?* • *What are the person's comprehension skills?* • *Does the person have compromised communication skills that have led to legal issues or relaying/receiving medical information?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Alternative communication methods: Manual or sign language, written words, pictures, communication board/apps, gestures, eye gaze, facial expressions, etc. • Adaptive/Assistive Equipment: Tablet, apps, switches, buttons, etc. • Speech Therapy • Assistance with receiving, understanding, and relaying information and settings where this may be needed – Detail what this support looks like. • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Removal/limiting access to communication device • Controlling/restricting social interactions • Limiting specific words, topics, or communication styles • Communication privacy limitations

Risk Mitigation Example:

Profile: Tucker, 22, has Down Syndrome and experiences challenges with expressing his wants, needs, and safety concerns. He speaks in short sentences, but sometimes struggles with clarity, sequencing words, or finding the right vocabulary.

Risk Mitigation Strategies Identified in Tucker's Plan:

- Communication device or picture board available at home, work, and community.
- Staff modeling and prompts for using clear speech or communication tools during natural opportunities.
- Visual schedules and cue cards to reduce frustration during routines.
- Role-play scenarios for social interactions, asking for help, and reporting safety issues.

Potential Learning Objective:

With verbal prompts, Tucker will request needed items, indicate discomfort or pain, or ask for assistance using speech, gestures, or a communication device with 80% accuracy in response to opportunities in 3 of 4 daily routines for 6 consecutive weeks.

What is the person's preferred means of communication

Choose the option that best describes the person's preferred method(s) for communicating their wants, needs, feelings, and information.

What is the person's preferred means of communication:

- Spoken
- Gestures/body language
- Sign language or finger spelling
- Communication aid/device
- Other

Does the person have cultural and/or linguistic preferences (preferred language other than English, need for interpreter services, etc.)?

Indicate whether the person has specific cultural or linguistic preferences that should be considered in planning and providing supports.

Does the person have cultural and/or linguistic preferences (preferred language other than English, need for interpreter services, etc.)?

- Yes
- No

9. Poor Follow Through/Declines Treatments, Services, and/or Supports

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person require adaptive equipment?* • *Has the person not followed through with or declines treatments, medical care, services, and/or supports despite being well-informed?* • *Are there specific barriers/reasons the person has had difficulty with following through or declines?* • *What is the person's ability to consent to refusal?* • *Are there unmet needs?* • *Are there specific situations, people, or events that trigger poor follow through or declining?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Verbal praise and encouragement • Education • Identifying potential barriers to follow through (staff turnover/attendance, staff's familiarity with the person, etc.) • Identifying a trusted family member/friend the person can rely on to help them make decisions • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Mandating treatment or services without consent • Imposing rigid appointment or treatment schedules • Withholding other supports or services as a consequence • Restricting access to information or choices

Risk Mitigation Example:

Profile: Alex, 27, has autism and often refuses or avoids participation in scheduled therapies or support services due to anxiety, difficulty with transitions, and sensory sensitivities.

Risk Mitigation Strategies Identified in Alex's Plan:

- Simplified, plain-language instructions with visual supports.
- Flexible scheduling with gradual exposure to new or challenging tasks.
- Staff modeling and guided participation during initial sessions.
- Sensory accommodations (quiet room, weighted vest, noise-cancelling headphones).

Potential Learning Objective:

With staff support, Alex will engage in assigned therapies or support activities by arriving on time, following instructions, using materials as directed, and remaining in the session for at least 10 minutes per session on 4 of 5 scheduled opportunities each week for 6 consecutive weeks.

10. Other ADL Risk Factors Not Identified Above

Use this section to document any activities of daily living not covered by the standard subcategories. Provide specific details, including the nature of the activity, the individual's level of independence, any assistance required, and any associated risks. If applicable, consider adaptive equipment or environmental modifications used to support the activity.

II. Instrumental Activities of Daily Living (IADLs)

1. Food Preparation

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *What is their level of independence for meal/snack preparation (including getting food out of the cupboard or refrigerator, measuring, making food into appropriate consistency such as ground up, specified piece size, pureed, or liquified)?* • *Does the person have any difficulty following recipes?* • *Is the person able to perform kitchen tasks such as chopping, cooking, and/or using appliances?* • *Is the person able to handle food safely (e.g., cooking at the right temperature, preventing cross-contamination, etc.)* • *Is the person able to use specific kitchen equipment more independently than other equipment?* • *Does the person prefer to determine meals on a day-to-day basis, prepare a meal plan, or a combination of both?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Specialized tools, non-slip mats, oven mitts, reach extender/grabber tool, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. • Environmental modifications (lowered countertops, accessible storage, etc.) • Specialized equipment: Induction cooktops, knives/scissors with specialized blades that do not cut skin, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Locking access to the kitchen or any part of the kitchen • Disabling/removing appliances • Enforcing staff-supervised meal/snack prep only • Restricting access to certain foods • Limiting meal/snack preparation • Imposing pre-planned menus or menus that are not of the person's choosing

Risk Mitigation Example:

Profile: Haley, 35, has a moderate intellectual disability and fine motor coordination delays. She can prepare simple meals but struggles with sequencing steps and remembering safety precautions.

Risk Mitigation Strategies Identified in Haley's Plan:

- Visual recipe cards for each meal.
- Supervised practice during meal prep with reminder for appliances.

Potential Learning Objective:

Given a visual recipe card, Haley will prepare a simple meal safely with 90% accuracy in 4 of 5 opportunities over 6 consecutive weeks.

2. Shopping

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Is the person able to make a shopping list?* • *Is the person able to navigate the grocery store, department store, online shopping, including finding specific items (groceries, household items, clothing in right sizes, etc.) or comparing prices?* • *Does the person have a preference in where they shop (big department stores, smaller stores, online, etc.)* • *Is the person able to complete check-out successfully (putting up/scanning items for purchase, bagging items, paying for items)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: scooters, specialized shopping cart, reach extender/grabber tool, magnifier to read labels/price tags, lists, service animal, etc. • Verbal praise and encouragement • Education **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Limiting shopping trips to supervised outings only • Restricting access to money or payment methods • Mandating shopping times or places • Restricting the types of items that can be purchased

Risk Mitigation Example:

Profile: Jared, age 29, has a mild intellectual disability and executive-functioning deficits. He struggles with navigating stores, finding items on shelves, and completing multi-step shopping tasks. Without guidance, he may become disoriented, forget items, or leave the store without completing his list.

Risk Mitigation Strategies Identified in Jared's Plan:

- Pre-trip store map or visual layout showing item locations.
- Checklist of shopping tasks (e.g., find items, place in cart, proceed to check out).
- Staff accompaniment or nearby supervision during initial practice trips.
- Practice sessions in less crowded stores before transitioning to busier environments.
- Use of visual cues/signage in stores to identify sections (produce, dairy, etc.).

Potential Learning Objective:

With staff assistance as needed, Jared will navigate a store, locate all items on his shopping list, and complete the shopping task independently with no more than one staff prompt per trip in 4 of 5 practice trips over 6 consecutive weeks.

3. Laundry/Care of Clothing

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person have access to laundry facilities? Does the person need coins to access laundry machines?* • *Is the person able to properly adjust washing/drying settings on the machine based on load size, etc.?* • *Does the person complete the entire laundry process (washing, drying, folding, putting away, completing when necessary, etc.)* • *Does the person have a preference on how their laundry is sorted, the type of laundry soap they use, etc.?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: reach extender/grabber tool, laundry basket with wheels, prepackaged soap pods, magnifier to read labels, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Prohibiting/limiting independent use of laundry machines • Restricting access to laundry supplies (detergents, bleach, etc.) • Mandating staff-only laundering of personal clothing • Restricting use of certain cleaning products or methods • Scheduling laundry only at staff-determined times

Risk Mitigation Example:

Profile: Nora, 41, has a moderate intellectual disability and a developmental learning disability that affects sequencing. She frequently forgets steps in the laundry process, including sorting clothes, selecting correct settings, and transferring items between washer and dryer.

Risk Mitigation Strategies Identified in Nora's Plan:

- Step-by-step laundry chart posted inside of her laundry cabinet.
- Color-coded baskets for sorting lights, darks, and delicates.
- Hands-on practice sessions with modeling and guided prompts.
- Staff check-ins for safety and accuracy

Potential Learning Objective:

Given a step-by-step laundry chart, Nora will complete a full laundry cycle from sorting to folding with no more than one reminder per cycle in 4 of 5 scheduled laundry opportunities for 6 consecutive weeks.

4. Living Conditions/Home Maintenance

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Is the person able to maintain their living environment to the extent that the person's health and safety are not compromised?* • *What is the person's level of independence in maintaining their home (e.g., dusting, vacuuming, floor care, garbage removal-including spoiled food, changing linens, etc.)?* • *Do they have a tendency to hoard?* • *Is the person unable to complete the tasks or do they choose not to complete the tasks?* • *Is there a risk of eviction/homelessness due to inability to maintain their environment?* • *What is the person's level of independence in completing or coordinating home repairs* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: reach extender/grabber tool, checklist for cleaning/maintenance, extended-handle tools • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Restricting access to certain rooms or areas, Mandating staff-controlled cleaning or maintenance only • Restricting use of appliances (e.g., stove, heater, etc.) • Imposing rules on clutter and cleanliness • Limiting visitors or time spent in home areas

Risk Mitigation Example:

Profile: Elliot, 37, has mild intellectual disability and autism. He struggles to maintain a clean and safe environment, often overlooking clutter, spills, or broken items. These difficulties increase risk for falls, hygiene challenges, and general household safety hazards.

Risk Mitigation Strategies Identified in Elliot's Plan:

- Weekly cleaning schedule with clear zones and tasks.
- Visual "Clean vs Messy" comparison chart to guide expectations.
- Staff-assisted decluttering sessions to teach organization strategies.
- Step-by-step instructions for laundry, dishes, trash disposal, and general maintenance.
- Positive reinforcement for maintaining clean and safe spaces.

Potential Learning Objective:

Given a weekly cleaning schedule, visual guides, and staff support, Elliot will maintain his living area in a safe and clutter-free condition with no more than two safety hazards present at any time for 6 consecutive weeks.

5. Ability to Use Telephone

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person have the ability to utilize a telephone for communication?* • *Does the person have access to a telephone or cellular phone?* • *Does the person know how to make/end a phone call?* • *Does the person feel comfortable making/receiving phone calls?* • *Is the person able to identify potential spam phone calls?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Large button phones, smartphones with accessibility features, amplified telephones, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Restricting access to the telephone • Limiting phone use to certain types, times, or purposes • Requiring staff to handle phone calls • Monitoring or recording calls • Applications that monitor phone usage • Requiring the phone to be turned in or stored in a specific location

Risk Mitigation Example:

Profile: Rosie, age 22, has a mild intellectual disability and a language processing disorder. She struggles to operate her phone independently, often forgetting steps to make or answer calls. She may dial the wrong number, struggle with verbal instructions over the phone, or fail to recognize unsafe or spam calls, creating potential safety and social risks.

Risk Mitigation Strategies Identified in Rosie's Plan:

- Pre-programmed contacts with photos and names for family, staff, and emergency numbers.
- Step-by-step visual guide for making and receiving calls.
- Staff-assisted practice sessions in safe settings.
- Role-play scenarios for emergency vs non-emergency calls.
- Phone etiquette coaching, including how to leave/receive messages.
- Positive reinforcement for successful independent calls.

Potential Learning Objective:

Given a visual calling guide and pre-programmed contacts, Rosie will successfully make and answer phone calls with 80% accuracy in following the steps independently in 4 of 5 opportunities over 6 consecutive weeks.

6. Community Access/Transportation

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person properly use a seatbelt?* • *Is the person able to arrange/access transportation?* • *Are there equipment needs or environmental considerations?* • *Does the person demonstrate pedestrian skills and/or transportation safety skills?* • *Is the person able to respond to emergencies?* • *Do they know how/who to contact in an emergency?* • *Does the person carry an ID card?* • *What are the person's preferred modes of transportation (city bus, ParaTransit, taxi, ride share, personal vehicle, etc.?)* • *Is the person familiar with bus routes and navigating to their desired location?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: ramps, lifts, tie downs, accessible vehicles, specialized vehicles, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Restricting community access to supervised outings only • Limiting use of public transport or travel times • Restricting access to certain modes of transportation • Monitoring travel (e.g., GPS tracking)

Risk Mitigation Example:

Profile: Gideon, age 34, has moderate intellectual disability and developmental coordination disorder. Uses public transportation to get to work, but may become confused during route changes, crowded arrivals, or transfers, which can lead to boarding the wrong bus or missing his stop.

Risk Mitigation Strategies Identified in Gideon's Plan:

- Color-coded bus route card that matches his regular routes.
- Laminated step-by-step travel routine (e.g., wait, confirm bus number, board, sit near front, pull stop cord).
- Scheduled travel training sessions with staff for real-route practice.
- GPS-enabled mobile app set to notify staff if Gideon deviates from his route.
- Practice trips during less busy times to build confidence.
- Check-in calls or tests upon boarding and exiting the bus.
- Role-play for unexpected situations (e.g., missed stop, route detours, bus full, etc.).

Potential Learning Objective:

Given a color-coded bus route card, Gideon will navigate his bus route to and from work safely and correctly with no more than one prompt per trip in 3 out of 4 travel opportunities over 8 consecutive weeks.

7. Environmental Safety in Home and Community

This subsection assesses risk in the areas of kitchen safety, use of cleaning supplies, electrical safety, adjust water, bathroom safety, home security, small objects, sharp objects, and cords/strings.

<table>
<tr><th>Probing Questions</th><th>Mitigation Strategies</th></tr>
<tr><td rowspan="2">What are the person's abilities and support needs?
What are the person's abilities to safely use hot items (stove, oven, irons, etc.)?
What is their ability to safely use cleaning supplies?
What is their ability to adjust water temperature safely on faucets (shower, bath, community)?
What is their ability to safely utilize the tub, shower, toilet, etc.?
Is the person at risk for lack of home security (e.g., opening doors to strangers, leaving windows/doors unlocked, etc.)? What is their ability to safely use sharp objects?
Can the person safely access small objects, cords, and/or strings?
Etc.</td><td>Prompts: Visual, Gestural, Verbal, Modeling
Adaptive/Assistive Equipment: grab bars, handrails, etc.
Verbal praise and encouragement
Education
Visuals, role-play, social stories, etc.</td></tr>
<tr><td>Potentially Restrictive Strategies
Prompts: Positional, Partial Physical, Full Physical
Imposing strict rules on environmental conditions
Use of physical barriers or alarms
Emergency alert systems, smart home safety features</td></tr>
<tr><td colspan="2">Risk Mitigation Example:</td></tr>
<tr><td colspan="2">Profile: Diana, 46, has a mild intellectual disability and executive-functioning deficits that affect her awareness of household safety tasks such as locking doors and turning off appliances.

Risk Mitigation Strategies Identified in Diana's Plan:
- Safety checklist was developed with Diana.
- Automatic door locks and stove alarms.
- Staff safety walkthroughs to review the items noted on Diana's list.
- Weekly safety skill-building sessions with staff. These occur in partnership with local health and safety officials monthly.

Potential Learning Objective:
With a home-safety checklist and staff walk-throughs, Diana will complete all required safety checks with 90% accuracy on 5 of 7 days per week for 8 consecutive weeks.</td></tr>
</table>

8. Emergency Preparedness (Fire, Tornado, or Other Emergency)

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *How does the person respond to an alarm/alert?* • *What is the person's level of independence to evacuate or seek shelter in an emergency (ability to find exits, respond to drills, evacuate to or seek shelter in designated area, etc.)?* • *Are there sensory (visual, auditory, etc.) and/or mobility considerations for evacuation?* • *Is the person able to access emergency services or call 911?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: First aid kit, sprinkler system, emergency contact list, duplicate or back-up equipment/supplies, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Restricting independent movement during emergencies • Excluding the person from emergency planning • Limiting access to alarms or communication devices • Prohibiting use of elevators, certain routes, or equipment • Requiring staff-controlled emergency response

Risk Mitigation Example:

Profile: Elias, 25, has autism and a mild intellectual disability. He becomes anxious during emergency drills and struggles with remembering evacuation steps.

Risk Mitigation Strategies Identified in Elias's Plan:

- Visual map of escape route specific to Elias's apartment building.
- Monthly practice drills with clear steps for responding to emergency events.
- Role-play of tornado, fire, and other emergency events.
- Staff coaching using calm, simple directions.

Potential Learning Objective:

Given visual evacuation maps and monthly practice drills, Elias will follow the full evacuation route with no more than one prompt in 3 of 4 drills over 8 weeks.

9. Medication Management

Please Note: Medications/dosages do not need to be listed here.

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Does the person take over the counter, prescribed, or herbal medication(s)* ***and what conditions are these taken for?*** • *Does the person understand the side effects of the medication and possible medication interactions?* • *Is there access to medical and/or pharmacy reviews of medications?* • *Are there side effects experienced?* • *Has the person experienced any previous adverse reactions to medications or allergies?* • *What is the person's level of independence with medication administration, ordering, and monitoring medications?* • *Does the person experience any difficulty with the administration of medications (e.g., taking as prescribed, swallowing pills, measuring liquid doses, opening medication containers, etc.)?* • *Does the person take psychotropic medications?* • *Are medications locked/set up?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: pill organizers, automated pill dispensers, smartphone apps, calendar reminders, large print labels/MARs, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Locking away medication • Requiring staff to administer all medications • Withholding PRN (as-needed) medications unless staff deem it necessary • Preventing use of over the counter (OTC) or natural remedies • Not involving the person in medication planning

Risk Mitigation Example:

Profile: Erin, 60, has a moderate intellectual disability and age-related cognitive decline. She often has trouble remembering medication times and confuses morning and evening doses.

Risk Mitigation Strategies Identified in Erin's Plan:

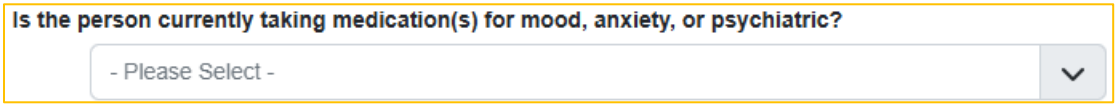
- Medication box with timed compartments.
- Nurse assistance for initial medication box setup.
- Medication calendar with checkboxes.
- Positive reinforcement for timely adherence.

Potential Learning Objective:

With a timed medication box and staff guidance, Erin will take medications as prescribed with 90% accuracy over 10 consecutive weeks.

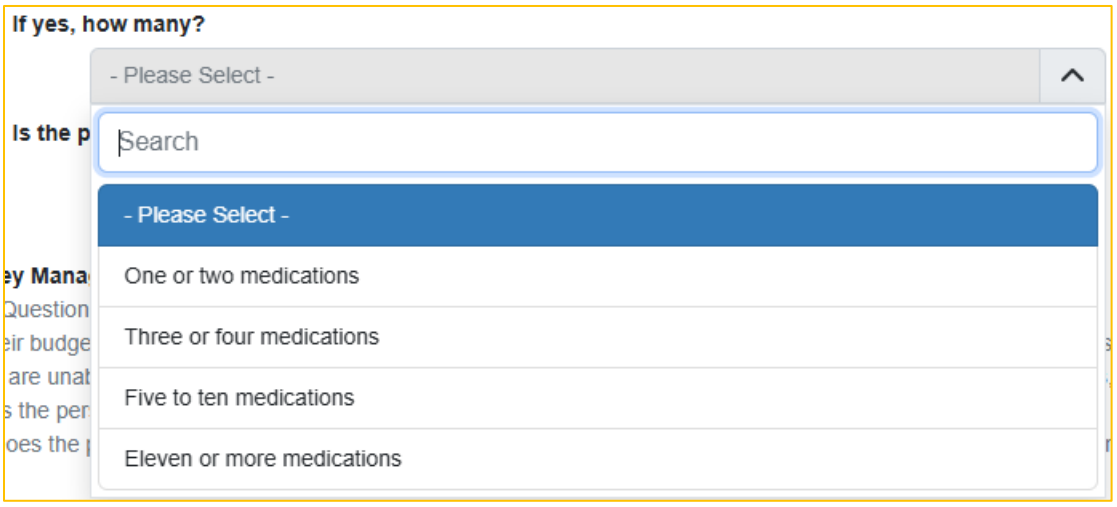
Is the person currently taking medication(s) for mood, anxiety, or psychiatric?

Indicate whether the person currently takes medication(s) for mood anxiety, or psychiatric.



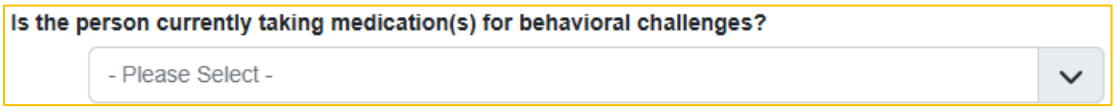
If yes, how many?

If "yes" is selected, an additional question will appear. Indicate the number of medications the person currently takes for mood, anxiety, or psychiatric.



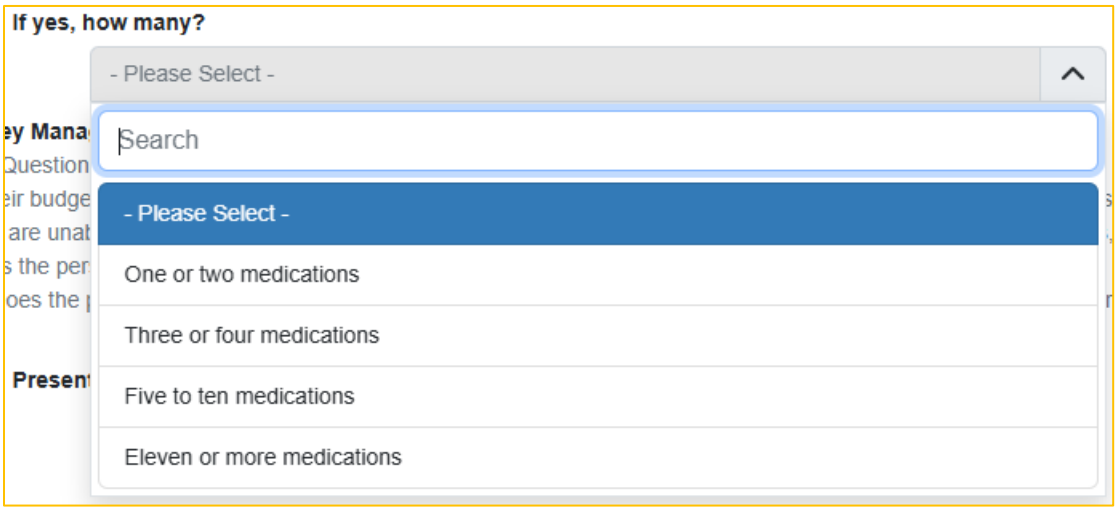
Is the person currently taking medication(s) for behavioral challenges?

Indicate whether the person currently takes medication(s) for behavioral challenges.



If yes, how many?

If "yes" is selected, an additional question will appear. Indicate the number of medications the person currently takes for behavioral challenges.



10. Money Management

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *What is the person's ability to handle their money (credit card, ATM, checkbook, etc.) budget, remain within their budget, and pay their bills?* • *Has the person accrued debt, borrowed money, or made excessive purchases that they are unable to repay?* • *Have they over-drafted their account?* • *Does the person gamble or over-purchase apps/games, etc.?* • *Has the person been financially exploited or exploited others?* • *Does the person loan money to others and to what extent?* • *Does the person have other recurring expenses for consideration (e.g., garnished wages, child support, restitution, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: visual budget planners, spending journal, prepaid debit cards, cash envelopes, budgeting apps, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Locking away the person's money • Requiring the person to "earn" money that is rightfully theirs • Limitations to the amount of money the person is able to have on hand • Requiring approval for purchases over a specific dollar amount

Risk Mitigation Example:

Profile: Emily, 26, has an intellectual disability and struggles with counting money, making correct change, and tracking spending. She sometimes overspends or forgets to pay bills on time.

Risk Mitigation Strategies Identified in Emily's Plan:

- Visual budget chart showing income, expenses, and savings goals.
- Staff support or prompts when making purchases or paying bills.
- Use of envelopes, prepaid cards, or digital apps to separate funds.
- Practice counting money and making correct change through role-play.
- Positive reinforcement when Emily follows her budget or pays bills on time.

Potential Learning Objective:

With verbal prompts as needed, Emily will make purchases and pay bills without exceeding her budget each month for 4 consecutive months.

11. Employment

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *What are the person's preferences for employment?* • *If the person is employed, do they maintain their employment independently?* • *Are there barriers to finding employment, maintaining employment, etc.?* • *Does the person experience frequent job changes? If so, why?* • *Does the person experience financial difficulty due to current employment or non-employment?* • *Are there medical or behavioral factors that may affect employment?* • *Does the person have challenges with soft skills (punctuality, hygiene, etc.) or job specific tasks that challenge their employment?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: extra time for training or breaks, modified equipment or workstations, job coach support, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Discouraging or blocking employment opportunities • Limiting job types based on assumptions or diagnosis • Requiring supervision at all times • Controlling or filtering job applications • Restriction workplace communication or technology use

Risk Mitigation Example:

Profile: David, 24, has an intellectual disability and difficulty with time management and task sequencing at work. He sometimes forgets steps in routines or arrives late, which affects his job performance.

Risk Mitigation Strategies Identified in David's Plan:

- Visual checklist for each work task.
- Staff or job coach provides reminders for arrival times and task steps.
- Breaks scheduled at predictable times to reduce stress.
- Role-play and practice of workplace routines.
- Positive reinforcement for completing tasks on time and following routines.

Potential Learning Objective:

With access to a visual task checklist and staff prompts, David will complete assigned tasks on schedule in 4 out of 5 workdays for 6 consecutive weeks.

12. Economic Assistance/Benefits

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *What is the person's ability to apply for and maintain benefits (Medicaid, Medicare, LIHEAP, SNAP, housing, etc.)?* • *What is the person's ability to provide appropriate follow-up and information (e.g. reporting income, monitoring limits/spend downs, completing applications and timelines for redetermination, etc.)?* • *What is the person's ability to obtain, understand, and submit information to the appropriate entities?* • *Does the person rely on benefits to maintain financial stability?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: calendar reminders, etc. • Benefits counseling, budget coaching, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Rep payee, guardianship • Restricting access to benefits without full explanation or appeal • Mandating financial representatives or guardianship for access to benefits • Limiting use of funds to specific expenses only

Risk Mitigation Example:

Profile: Tara, 27, has an intellectual disability and limited understanding of government benefits. She struggles to complete forms and misses deadlines, which has led to interruptions in receiving food assistance and housing assistance.

Risk Mitigation Strategies Identified in Tara's Plan:

- Step-by-step visual guides for completing forms.
- Staff or support person reviews deadlines, assists Tara to add reminders to her cell phone, and reminds Tara verbally as deadlines approach.
- Organized folder and digital calendar for benefits-related documents.
- Practice role-play of phone calls or office visits related to benefits.
- Positive reinforcement when Tara successfully submits forms or meets deadlines.

Potential Learning Objective:

Given step-by-step visual guides and staff reminders, Tara will complete and submit required benefits forms on time in 90% of opportunities over 6 consecutive months.

13. Excessive Living Costs

Probing Questions	Mitigation Strategies
• *What are the person's abilities and support needs?* • *Can the person afford their current living expenses (e.g. housing, utilities, vehicle, home maintenance, etc.)?* • *Are these costs a result of personal decisions or are they imposed by external factors?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Visual budget planners, spending journal, Section 8 Voucher, utility and service cost assistance, etc. • Verbal praise and encouragement • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Limiting housing choices to the cheapest options only • Shared or group living arrangements • Forcing frequent moves to lower-cost housing

Risk Mitigation Example:

Profile: Aaron, 32, has an intellectual disability and difficulty managing money. He often spends most of his monthly allowance on snacks, online games, and small impulse purchases, leaving little for rent, utilities, or other necessities.

Risk Mitigation Strategies Identified in Aaron's Plan:

- Visual budget chart showing income and planned expenses.
- Staff support for weekly check-ins on spending and savings.
- Prepaid cards/envelopes for discretionary spending with essential funds kept separate.
- Role-play and social stories about prioritizing needs versus wants.

Potential Learning Objective:

With access to a visual budget chart and staff check-ins, Aaron will follow his planned spending limits each week, in 3 out of 4 weeks for 6 consecutive months.

14. Other IADL Risk Factors Not Identified Above

Use this section to document any activities of daily living not covered by the standard subcategories. Provide specific details, including the nature of the activity, the individual's level of independence, any assistance required, and any associated risks. If applicable, consider adaptive equipment or environmental modifications used to support the activity.

III. Behavioral

1. Self-Injury

Includes behavior which harms one's physical self, such as head banging, biting/hitting, self-skin picking, scratching self, etc.

Probing Questions	Mitigation Strategies
• *Has the person engaged in self-injury?* • *How often/severe?* • *What forms of self-injury occur?* • *Are there specific situations, people, or events that trigger self-injurious behavior?* • *Are there patterns or warning signs that precede these behaviors?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *When is self-injurious behavior exhibited (ex. when afraid, scared, threatened, etc.)?* • *Has it required/warranted medical intervention?* • *Does the person utilize equipment?* • *Etc.*	• Prompts: Visual, Gestural, Verbal • Sensory tools/adaptive equipment • Relaxation/calming strategies • Praise for using coping skills • Education, visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Medication to suppress the behavior • Protective equipment/restraints • Limiting access to sharp/harmful objects • Restricting communication or expression of distress • Isolating or removing the person

Risk Mitigation Example:

Profile: Jordan, 28, has autism and developmental trauma. Routine changes trigger anxiety. During high stress, she scratches her arms or pulls her hair.

Risk Mitigation Strategies Identified in Plan:

- Predictable routine with controlled flexibility. Jordan's visual schedule includes "surprise card" spaces to assist her in slowly learning to tolerate small changes.
- Jordan is encouraged to choose from a basket of sensory items (cooling packs, stress putty, weighted scarf) that she can access independently.
- Staff support Jordan in pointing to "anxious," "frustrated," or "confused" when she cannot verbalize her feelings.

Potential Learning Objective:

Given access to her sensory kit and a visual schedule during daily routines, Jordan will use an identified coping tool instead of scratching herself or pulling her hair when frustrated in 80% of observed opportunities across at least two settings for 8 consecutive weeks.

2. Verbal Aggression

This may include swearing, cursing, yelling, name-calling, insulting, making significant threats to the safety of others, bullying, etc.

Probing Questions	Mitigation Strategies
• *Does the person engage in verbal aggression?* • *How does the person express verbal aggression?* • *How often does the person use verbal aggression?* • *How intense is the verbal aggression (ex. Mild frustration versus threatening language)?* • *Are there specific situations, people, or events that tend to trigger verbal aggression?* • *Does the person target specific people?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Medication to suppress the behavior • Isolating or removing the person • Restricting communication or expression of distress • Loss of privileges

Risk Mitigation Example:

Profile: Penelope, 23, has an intellectual disability and difficulty managing frustration. When upset, she sometimes yells, swears, or insults others.

Risk Mitigation Strategies Identified in Penelope's Plan:

- Access to a quiet space or preferred sensory tools.
- Predictable routines and clear instructions to reduce frustration.
- Staff model and prompt using words or gestures to request help instead of yelling.
- Visual "Calm Down Steps" chart to guide responses when upset.
- Positive reinforcement for using calm communication.

Potential Learning Objective:

When given access to calming tools and visual supports, Penelope will use respectful words or gestures instead of yelling or insulting others in 85% of opportunities across two settings for 6 consecutive weeks.

3. Physical Aggression/Assault

This may include pushing, grabbing, spitting, biting, punching, attacking, breaking objects, throwing things, etc.

Probing Questions	Mitigation Strategies
• *Does the person engage in physical aggression or assault?* • *How does the person express physical aggression?* • *How often does the person use physical aggression?* • *How intense is the physical aggression?* • *Are there specific situations, people, or events that tend to trigger physical aggression?* • *Does the person target specific people?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Medication to suppress the behavior • Isolating or removing the person • Restricting communication or expression of distress • Loss of privileges

Risk Mitigation Example:

Profile: Jennifer, 34, has autism and an intellectual disability. When frustrated or anxious, he sometimes hits or pushes others to communicate his feelings.

Risk Mitigation Strategies Identified in Jennifer's Plan:

- Access to quiet space or sensory tools when upset.
- Staff model and prompt using words or gestures to express frustration.
- Visual "Feelings Thermometer" to help Jennifer identify her stress level.
- Positive reinforcement for using safe communication strategies.
- Structured breaks and predicable routines to reduce triggers.

Potential Learning Objective:

Given access to coping tools and a quiet space, Jennifer will use safe communication instead of hitting or pushing others in 90% of opportunities across settings for 6 consecutive weeks.

4. Property Destruction

This may include intentional or non-intentional damage, destruction, or vandalism of real or personal property and may include destruction due to failure to take proper care of something, etc.

Probing Questions	Mitigation Strategies
• *Does the person engage in property destruction?* • *To what extent is the property destruction?* • *Are there specific situations, people, or events that tend to trigger property destruction?* • *Does the person target specific objects?* • *Whose property is damaged?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Increased supervision or 1:1 Staffing • Environmental modification (removing fragile or dangerous items) • Medication to suppress the behavior • Isolating or removing the person • Restricting communication or expressions of distress • Loss of privileges

Risk Mitigation Example:

Profile: Spencer, 12, has an intellectual disability and gets frustrated when tasks are difficult. He sometimes throws or breaks objects (toys, dishes, classroom materials) when upset.

Risk Mitigation Strategies Identified in Spencer's Plan:

- Access to stress-relief items (soft ball, putty, sensory toys).
- Redirection to items that can be thrown (play basketball into the basketball hoop behind his door).
- Break card or quiet space when feeling upset.
- Staff model asking for help or using coping skills/tools.
- Clear rules and visual reminders about safe handling of items.

Potential Learning Objective:

When given access to coping tools and a break space, Spencer will use a tool or take a break instead of throwing or breaking objects in 80% of opportunities for 6 consecutive weeks.

5. Criminal/Offending Behavior

Probing Questions	Mitigation Strategies
• *What types of criminal behavior/offenses has the person been involved in (theft, assault, drug related offenses, fraud, etc.)?* • *What was the person's role (e.g., leader, follower, involved under duress)?* • *History of predatory or sexual offending behavior?* • *Who is preferred target?* • *Is it impulsive or pre-meditated?* • *Excessive fascination with children/others or a history of sexual abuse?* • *Fascination with fire or history of fire setting?* • *Specific situations, stressors, or emotions that trigger offending behavior?* • *Determination of fitness to proceed; are there other reporting requirements (e.g., probation or stipulation)?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Individual Justice Plan (IJP) • Electronic monitoring or GPS Tracking • Restricting access to certain environments or content (e.g., community, internet, materials, etc.) • Property checks (pocket checks, backpack checks, etc.) • Increased supervision or 1:1 • Loss of privileges

Risk Mitigation Example:

Profile: Maya, 22, has an intellectual disability and difficulty understanding social boundaries with property. She sometimes takes items she likes while in community settings (coworker's phone charger, decorations, etc.).

Risk Mitigation Strategies Identified in Maya Plan:

- "Mine vs Not Mine visual chart reviewed before going to activities in the community.
- Staff model asking: "Is this for everyone?" before touching items.
- Role-play scenarios about sharing, borrowing, and returning objects.
- Preferred items kept in her bag so she has alternatives.
- Praise when Maya asks permission or confirms ownership appropriately.

Potential Learning Objective:

With access to a "Mine vs. Note Mine" visual support, Maya will ask permission before taking or using items in shared or community spaces in 85% of opportunities for 8 consecutive weeks.

6. Sexual Activity

Probing Questions	Mitigation Strategies
• *Does the person understand consensual and non-consensual?* • *Do they understand the rights of others/personal boundaries?* • *Does the person understand the risks associated with sexual activity (ex. Spread of STIs, HIV, unintended pregnancies, etc.)?* • *Does the person practice safe sex?* • *Does the person participate in any risky sexual practices?* • *Is the person able to avoid being taken advantage of sexually?* • *Does the person know who to report to if they experience sexual abuse?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Restricting access to others/specific people • Increased supervision or 1:1 • Environmental controls (e.g., visual barriers like frosted windows, etc.) • Loss of privileges

Risk Mitigation Example:

Profile: Leo, 24, has an intellectual disability and limited understanding of privacy and consent. He has approached strangers for hugs and has attempted to follow a peer into a private area, not recognizing that this behavior makes others uncomfortable.

Risk Mitigation Strategies Identified in Leo's Plan:

- Visual "Public vs Private" chart reviewed daily.
- Social stories that teach consent, personal space, and asking permission.
- Staff prompt Leo to use a script: "Can I have a hug?" and accept "no."
- Access to private spaces when he needs time alone.
- Positive reinforcement when he uses safe, appropriate boundaries.

Potential Learning Objective:

With verbal prompting and access to a boundaries chart, Leo will ask permission before initiating physical contact, in 80% of opportunities for 6 consecutive weeks.

7. Elopement

Includes intentional act of escaping, fleeing, running off, bolting, or darting away.

Probing Questions	Mitigation Strategies
• *Does the person frequently attempt to leave or wander?* • *What triggers the desire to leave (anxiety, boredom, confusion, frustration, etc.)?* • *Past elopement circumstances?* • *What was the objective for the person (why did they leave, what did they want, where did they go, etc.)?* • *What was the outcome; Do they have skills to return by self (e.g., recognize landmarks, able to state their address, provide ID, etc.)?* • *Does the person have any cognitive impairments (e.g., dementia, history of brain injury, etc.) that may contribute to the risk?* • *Are there specific situations, people, or events that tend to trigger elopement?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment, Relaxation techniques, etc. • Verbal praise for positive coping • Education, visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Physical or Environmental barriers (e.g., locked doors, high fencing, secure perimeters, window restrictions, etc.) • Alarm and/or monitoring systems • Electronic monitoring or GPS Tracking • Loss of privileges/access to keys, etc. • Medication to suppress the behavior • Isolating or removing the person • Restricted communication or expression of distress

Risk Mitigation Example:

Profile: Tessa, 19, has autism and an intellectual disability. She sometimes leaves supervised areas when she is overwhelmed by noise or when she sees water (fountains, pools, etc.).

Risk Mitigation Strategies Identified in Tessa's Plan:

- Visual schedule with transition warnings and sensory expectations (noisy, hot, etc.).
- Safe water-related outings are built into her weekly routine so her interest in water is supported rather than restricted.
- "I need a break" card/script for requesting quiet time from staff.
- Sensory tools available anytime (noise-cancelling headphones, chewy jewelry, etc.)

Potential Learning Objective:

Given access to her sensory tools and "I need a break" card, Tessa will request a break instead of leaving the supervised area without notification, in 80% of opportunities across three different settings for 6 consecutive weeks.

8. Contacts with Emergency Medical Services or Law Enforcement

Probing Questions	Mitigation Strategies
• *Has the person initiated 911 calls without a true emergency?* • *Does the person fabricate illness for admission to the ER or ambulance use* • *Are there specific situations, stressors, or emotions that seem to trigger the person's desire to contact Emergency Medical Services or Law Enforcement?* • *Is there a medical/psychiatric condition that may contribute to these contacts?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Identified contact person or other alternatives that the person supported can call when it is not a true emergency • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Restricted access to phones or emergency call devices • Increased supervision or 1:1 • Environmental controls • Loss of privileges

Risk Mitigation Example:

Profile:

Eli, 29, has an intellectual disability and generalized anxiety. When he feels lonely, confused about what to do, or believes a minor problem is "dangerous," he calls 911 or the non-emergency police line.

Risk Mitigation Strategies Identified in Eli's Plan:

- Color-coded "What is an Emergency?" visual chart (green: handle myself, yellow: ask staff/friend, red: true emergency). He keeps this near his phone and on his refrigerator.
- A "Call These People First" card that lists staff and trusted contacts; role-play use.
- Scenario practice (e.g., power flickers, dogs barking) helps Eli choose appropriate response.
- Since loneliness is a trigger, Eli receives predictable check-in calls at consistent times. This reduces impulsive emergency calls motivated by the need for reassurance.

Potential Learning Objective:

With access to the emergency decision guide and support list, Eli will choose a non-emergency contact over calling 911 for non-urgent concerns, in 90% of opportunities over 8 consecutive weeks, with no more than one non-emergency call per month.

9. Substance Use

Includes use of legal/illegal drugs - may include, but is not limited to prescription medications, over-the-counter medications, alcohol, tobacco, inhalants such as paint, etc.

Probing Questions	Mitigation Strategies
• *Does the person engage in substance abuse?* • *Which substances does the person use?* • *Have they experienced negative legal, job, health, or personal issues as a result of using of the listed substances?* • *Are there specific situations, people, environments, or events that trigger substance use?* • *Is there a family history of substance abuse?* • *Has the person received treatment?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive equipment and relaxation techniques, etc. • Verbal praise for positive coping • Identified non-emergency contacts • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Search and confiscation protocols • Restricted access to people/places/content • Electronic monitoring or GPS Tracking • Increased supervision or 1:1 • Loss of privileges

Risk Mitigation Example:

Profile: Devin, 34, has mild intellectual disability and a history of alcohol and marijuana use. He struggles with peer pressure and recognizing high-risk situations.

Risk Mitigation Strategies Identified in Devin's Plan:

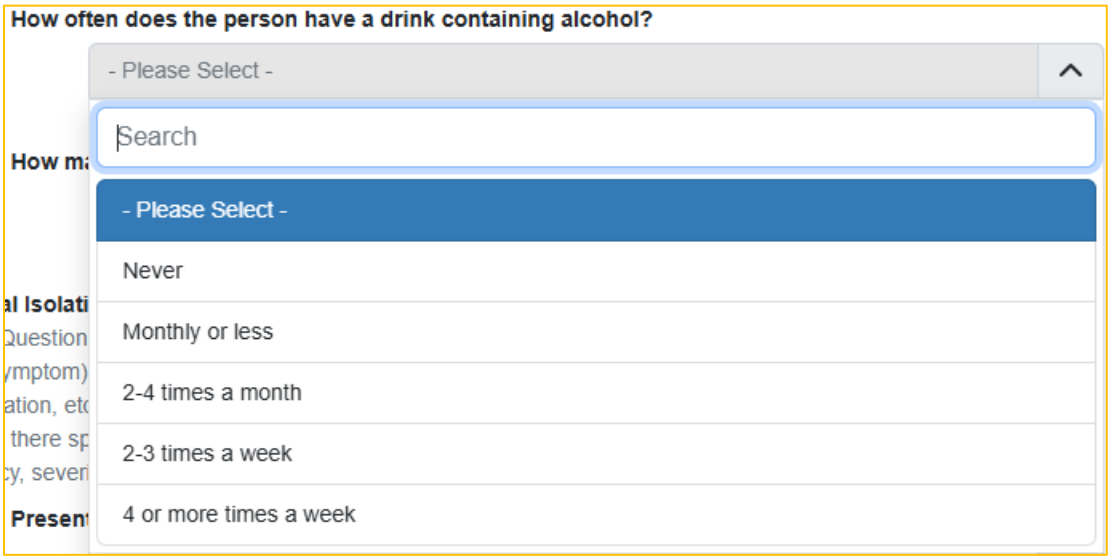
- Substance-free guidelines using simple language and visuals.
- Scheduled check-ins to discuss stressors.
- Coping strategies (e.g., walking, music, calling a trusted support person).
- Avoidance of high-risk environments or peers who use substances.
- Education on refusal skills and recognizing unsafe situations.
- Role-play of difficult situations to practice declining of substance use.
- Coordination with medical and behavioral health providers.

Potential Learning Objective:

During weekly practice sessions with staff, Devin will demonstrate one refusal skill – such as saying "no," walking away, or calling staff for help – in at least 4 out of 5 structured role-play scenarios each week for 8 consecutive weeks.

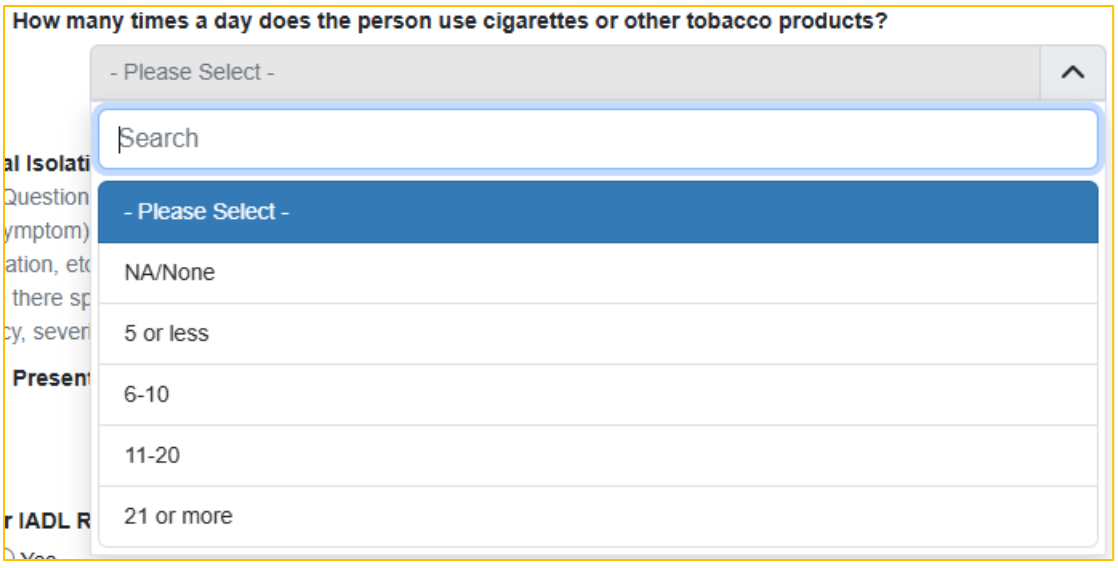
How often does the person have a drink containing alcohol?

Select the option that most accurately reflects the person's typical pattern of alcohol use. Consider all types of alcoholic beverages, including beer, wine, and spirits.



How many times a day does the person use cigarettes or other tobacco products?

Select the option that best reflects how many times per day the person typically uses cigarettes, cigars, vaping devices, or other tobacco products. Include all forms of tobacco in your response.



10. Social Isolation

Probing Questions	Mitigation Strategies
• *Does the person spend time in isolation?* • *Why does the person spend time in isolation (preference, forced, symptom)?* • *Are there barriers that may contribute to isolation (lack of social skills, physical/mental health, lack of transportation, etc.)?* • *Which methods for social interaction does the person prefer (in-person, online, one-on-one, group, etc.)?* • *Are there specific situations, people, environments, or events that trigger isolation?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Relaxation techniques, etc. • Verbal praise and encouragement for utilizing positive coping skills • Education • Identified contact person or other alternatives that the person supported can call when it is not a true emergency • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Restricted/Forced access to others/specific people • Restricted/forced access to certain environments or content (e.g., community, internet, materials, etc.) • Loss of privileges

Risk Mitigation Example:

Profile: Lilly, 48, has mild intellectual disability and experiences social isolation, often choosing solitary activities and declining invitations to group events.

Risk Mitigation Strategies Identified in Lilly's Plan:

- Staff encourage social engagement and provide structured opportunities.
- Social skills modeling and encouragement during activities.
- Tracking of participation patterns to identify barriers.
- Provide positive reinforcement attempts at engagement.

Potential Learning Objective:

With staff support, Lilly will participate in one planned social activity by responding verbally to conversations and following all steps in group activity instructions at least 3 times per week without signs of distress (crying, leaving the area, shutting down, or verbal refusal) for 8 consecutive weeks.

11. Other Behavioral Risk Factors Not Identified Above

Use this section to document any activities of daily living not covered by the standard subcategories. Provide specific details, including the nature of the activity, the individual's level of independence, any assistance required, and any associated risks. If applicable, consider adaptive equipment or environmental modifications used to support the activity.

IV. Medical and Psychological

1. Gastrointestinal

Probing Questions	Mitigation Strategies
• *Does the person have any gastrointestinal diagnoses (Gastroesophageal reflux (GERD), Crohn's disease, gluten intolerance, Diverticuli disease; fistulas, abscesses; colon polyps, colon cancer, Colitis, Irritable bowel syndrome (IBS), constipation, ulcers, etc.)?* • *What are the symptoms?* • *Are there identified triggers that may worsen symptoms?* • *Does the person allow/comply with supports?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Adaptive/Assistive Equipment: G-Tube, feeding pump, etc. • Dietary restrictions and/or texture modifications • Increased supervision • Feeding tube or enteral nutrition • Bowel management programs with restrictive interventions (scheduled laxatives, suppositories, enemas, etc.) • Restricted access to unsafe foods or substances

Risk Mitigation Example:

Profile: Carla, 41, mild ID, GERD, Irritable Bowel Syndrome (IBS). Experiences abdominal pain, nausea, and irregular bowel movements, with symptoms triggered by certain foods, stress, and eating too quickly.

Risk Mitigation Strategies Identified in Carla's Plan:

- Symptom monitoring log tracking pain, bowel changes, and food-related triggers.
- Encourage dietary modifications for meal planning and avoidance of trigger foods.
- Pace portions and provide verbal prompts to eat slowly.
- Stress-management supports to reduce IBS flare-ups.
- Regular GI and primary care follow-ups to review symptoms and treatment.

Potential Learning Objective:

With staff support, Carla will follow her modified diet and pacing strategies during meals at least 5 days per week, without increased abdominal pain or nausea for 6 consecutive weeks.

2. Neurological/Seizures

Probing Questions	Mitigation Strategies
• *Does the person experience seizures? If so, what type?* • *What do they typically look like?* • *How often does the person experience seizures?* • *Are the seizures controlled with medication?* • *Are there identified stimuli or triggers that may contribute to seizure activity (flashing lights, stress, fatigue, alcohol, loud noises, low blood sugar, drinking lots of water, fever, constipation, etc.)?* • *Does the person utilize equipment (helmet, monitoring systems, etc.)?* • *Are there environmental considerations?* • *Does the person have other neurological conditions?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Adaptive/Assistive Equipment: helmet, etc. • Increased supervision • Environmental modifications • Medication access restrictions • Restricted activities during high-risk periods • Seizure alarms, video monitoring, etc.

Risk Mitigation Example:

Profile: Jason, 29, has epilepsy and moderate intellectual disability. He experiences seizures triggered by sleep deprivation, stress, and flashing lights. During seizures, he is at risk of falls and impact injuries, and he does not consistently use protective headgear or environmental safety equipment.

Risk Mitigation Strategies Identified in Jason's Plan:

- Staff will assess environments in advance for potential visual triggers.
- Monitor and document stress warning signs (e.g., pacing, irritability, verbal agitation) and use calming strategies (deep-pressure input, quiet space, or preferred activities).
- Staff will encourage Jason to wear protective headgear during all high-risk times (e.g., community outings, transitions, outdoor activities, bathroom access with hard surfaces, etc.)
- Environmental modifications: corner guards, fall mats near bed, removal of tripping hazards, ensure walking paths are clear, etc.

Potential Learning Objective:

Given a verbal prompt at the start of any activity requiring head protection, Jason will independently put on and secure his protective headgear in at least 80% of opportunities across 3 consecutive weeks in at least two different settings (home and community).

3. Emergency Meds Needed (for seizures, allergies, cardiac concerns, etc.)

Probing Questions	Mitigation Strategies
• *Does the person require emergency medications (e.g., Epi-Pen for bee stings, nitro for heart condition, or Vagus nerve stimulator (VNS) for seizures, etc.)?* • *What are these medications taken for?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Adaptive/Assistive Equipment: helmet, etc. • Increased supervision • Medication access restrictions • Restricted use or removal • Required administration by staff

Risk Mitigation Example:

Profile: Jason, 29, has epilepsy and moderate intellectual disability. He experiences unpredictable seizures that require emergency administration of rescue medication (e.g., rectal diazepam or intranasal midazolam). Jason often forgets to bring his emergency medication with him when leaving his home.

Risk Mitigation Strategies Identified in Jason's Plan:

- A personal emergency medication pouch was prepared with Jason for him to carry when leaving. The kit includes a checklist to ensure it's packed with all necessary equipment.
- Jason has decided that he would like a visual reminder near the exit of his home to remind him to bring his medication pouch. Seizure response protocol developed and stored in MAR, with emergency medication, and is also available via a QR code on his emergency medical bracelet.
- Seizure diary is maintained to track frequency, triggers, and response times.
- Regular check-ups with neurologist and epilepsy nurse specialist for ongoing review.

Potential Learning Objective:

With staff support and visual reminders, Jason will carry his emergency seizure medication with him on 90% of outings over the next 3 months.

4. Cardiac/Respiratory

Probing Questions	Mitigation Strategies
• *History of or currently a diagnosis of heart condition (e.g., congestive heart failure (CHF), COPD, asthma, heart attack, high blood pressure/hypertension, etc.)?* • *What symptoms does the person experience as a result of this diagnosis?* • *Does the person have a diagnosis that requires the use of oxygen; nebulizer treatments, inhaler, respiratory suctioning, postural drainage, ventilator, CPAP?* • *Do activities/weather affect the condition?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Behavior Support Plan • Restricted physical activity • Medication access restrictions • Environmental restrictions (e.g., no exposure to smoke, allergens, cold air, or exertional heat) • Constant health monitoring • Supervised community access

Risk Mitigation Example:

Profile: Tanya, 52, has congestive heart failure (CHF) and moderate intellectual disability. She experiences shortness of breath with minimal exertion and occasional swelling in her legs. Tanya relies on staff to monitor her symptoms and assist with medication and daily activities.

Risk Mitigation Strategies Identified in Tanya's Plan:

- Daily weight monitoring to detect fluid retention early.
- Scheduled medication administration with visual reminders and double-checks.
- Low-impact exercise plan was developed with physical therapists to improve endurance safely.
- Regular check-ins with nurse and cardiologist to review symptoms and treatment.
- Environmental modifications to reduce exertion during daily activities (e.g., seated tasks).

Potential Learning Objective:

With staff support, Tanya will participate in a low-impact exercise routine for at least 20 minutes, 3 times per week, without increased shortness of breath or swelling over 2 months.

5. Diabetes

Probing Questions	Mitigation Strategies
• *Does the person have a diagnosis of Type I or II diabetes?* • *Is there a family history of diabetes?* • *Is the person at risk of developing diabetes?* • *Is their blood sugar typically high or low?* • *What symptoms does the person typically experience?* • *What is the person's ability to recognize their symptoms?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Restricted access to food and/or beverages (e.g., locked cupboards/fridges, controlled portions, etc.) • Adaptive equipment (insulin pump, remote glucose monitoring, etc.) • Supervised/staff only administered insulin and/or medication • Limited community access when glucose levels are unstable • Restricted participation in physical activity if glucose control is poor

Risk Mitigation Example:

Profile: Jefferson, 38, has type 2 diabetes and moderate intellectual disability. He requires support to manage his blood sugar levels but has difficulty understanding dietary restrictions and medication timing. Staff inconsistencies have led to missed insulin doses and irregular meal schedules.

Risk Mitigation Strategies Identified in Jefferson's Plan:

- Visual schedule and cell phone reminders were implemented for medication and meals.
- Daily blood sugar monitoring with results documented and reviewed by the agency nurse.
- Use of glucose monitoring devices with alarms to alert Jefferson and staff of dangerous levels.
- Regular health check-ups scheduled with endocrinologist and primary care provider.

Potential Learning Objective:

With visual reminders, Jefferson will take his prescribed insulin doses on schedule with no more than one missed dose over the next 3 months.

6. Skin Integrity/Breakdown

Probing Questions	Mitigation Strategies
• *Does the person have any skin conditions (psoriasis, eczema, pressure ulcers, etc.)?* • *Do they experience skin breakdown or are they at risk for skin breakdown (incontinence requiring briefs, repositioning)?* • *Have there been significant changes with the person (e.g., weight gained/lost, changes in mobility, etc.)?* • *Does the person have special sunburn precautions?* • *Can the person care for/clean skin folds properly?* • *How long does it take the person's skin to heal?* • *Does the person bruise easily?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Enforced repositioning schedules • Restricted use of mobility equipment or surfaces • Staff controlled hygiene routines • Preventing access to certain soaps, lotions, or irritants

Risk Mitigation Example:

Profile: Maria, 55, has limited mobility due to multiple sclerosis and uses a wheelchair for most of the day. She has a history of pressure ulcers on her lower back and heels. Recently, she developed redness and early signs of skin breakdown on her sacral area.

Risk Mitigation Strategies Identified in Maria's Plan:

- Maria will receive assistance from staff to reposition every 2 hours during waking hours.
- A pressure-relieving wheelchair cushion and specialized mattress were prescribed and will be maintained.
- Daily skin checks will be conducted daily by staff with documentation and immediate reporting of any concerns to the agency nurse.
- Daily moisturizing and skin care regimen implemented to maintain skin hydration and integrity.

Potential Learning Objective:

With staff assistance and pressure-relief equipment, Maria will maintain intact skin with no new areas of breakdown over the next 3 months.

7. Orthopedic

Probing Questions	Mitigation Strategies
• *Does the person have a history of or diagnosis of arthritis, bursitis, dislocations, fibromyalgia, foot pain/problems, fractures, gout, hip dysplasia, kyphosis, osteoporosis, Paget's Disease, ruptured disk, scoliosis, etc.?* • *Is there family history of orthopedic challenges?* • *Are there other factors that put them at risk?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Education • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Restricted movement or positioning • Use of orthotic devices • Supervised mobility or transfers • Restricted physical activity

Risk Mitigation Example:

Profile: Kimberly, 62, has severe osteoarthritis and a history of knee replacement surgery. She uses a walker for short distances but fatigues easily and avoids walking more than a few steps without support. Since moving into a group home, she has had difficulty accessing common areas and has experienced one fall in the hallway.

Risk Mitigation Strategies Identified in Kimberly's Plan:

- Kimberly will meet with an Occupational Therapist who will develop a mobility support plan and recommend environmental modifications.
- Grab bars and non-slip flooring have been installed in her bedroom, bathroom and hallways.
- A shower chair and elevated toilet seat were provided to assist with safer self-care routines.
- Staff encourage Kimberly to take short walks two times daily with rest breaks built in.
- Pain management plans are reviewed monthly with Kimberly's physician to monitor effectiveness and adjust.

Potential Learning Objective:

With staff supervision and assistive devices, Kimberly will walk from her bedroom to the dining room and back with no falls or requests to stop due to pain, at least 5 days per week for 4 consecutive weeks.

8. Sensory

Includes conditions/impairments related to taste, touch, smell, sound, temperature, or sight.

Probing Questions	Mitigation Strategies
• *Does the person experience hearing limitations, vision issues, tactile defensiveness, sensory integration, PICA, and/or sensitivity/lack of sensitivity to touch, light, smell, taste, or sound?* • *Are there environmental factors that contribute to these challenges?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Restricted access to sensory environments • Removal of sensory-seeking items/behaviors • Use of protective devices (arm splints, helmets, padded mitts, etc.) • Restricting clothing or dressing choices • Limited access to stimming behaviors

Risk Mitigation Example:

Profile: Chris, 21, with autism and severe auditory sensitivity. Loud public spaces trigger meltdowns with hitting and head-banging.

Risk Mitigation Strategies Identified in Chris's Plan:

- Chris uses noise-canceling headphones with preferred calming audio (e.g., nature sounds, music, etc.) available at all times when in the community.
- Visual schedule with clear warnings about noisy outings and built-in breaks in quiet areas. Shopping during quiet hours with visual checklist will also be offered.
- Chris uses a "red-yellow-green" scale to express stress.
- A safe calming space is available at home and in day program for Chris to use as he wishes.

Potential Learning Objective:

With access to coping tools, Chris will participate in at least one 20-minute community outing per week without exhibiting hitting or head banging behaviors for 6 consecutive weeks.

9. Vision

Probing Questions	Mitigation Strategies
• *Does the person have any vision impairments or eye conditions?* • *Is the person able to see clearly at various distances (near and far)?* • *Does the person have difficulty seeing in low/high light conditions?* • *Is the person able to distinguish colors or perceive contrasts clearly?* • *Has the person recently experienced any changes in their vision, such as blurriness, double vision, or loss of vision?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Environmental restrictions (lighting, layout, access, etc.) • Forcing a person to move from an independent setting into a group living setting • Restricted use of tools or appliances • Restricted participation in group activities • Restricted/Limited access to vision aids (e.g., glasses must be stored in the kitchen overnight, only allowed to wear contacts if staff applies/removes, etc.) • Sedation for exams/procedures

Risk Mitigation Example:

Profile: Malik, 44, is legally blind due to retinitis pigmentosa and recently moved into supported housing. He's unfamiliar with the layout and has had two minor falls.

Mitigation Strategies Added to Malik's Plan:

- Environmental modifications: added tactile markers to stairs, handrails, and kitchen controls.
- Malik begins Orientation & Mobility training to navigate the building and surrounding area safely.
- Uses a talking watch, voice-controlled assistant, and audio medication reminders.
- Staff accompany him outdoors initially, with gradual plan to support independent travel.

Potential Learning Objective:

With verbal orientation cues from staff, Malik will safely navigate to the kitchen, bathroom, and front door with no falls or near-falls for 30 consecutive days within a 2-month period.

10. Hearing

Probing Questions	Mitigation Strategies
• *Does the person have any hearing impairment or hearing loss?* • *Does the person have difficulty hearing in noisy environments or where there is background noise?* • *Can the person hear high-pitched sounds, such as alarms or sirens, clearly?* • *Does the person have difficulty hearing people speaking in normal conversational tones?* • *Has the person experienced any recent changes in their hearing, such as muffled sounds, ringing in the ears (tinnitus), or sudden loss of hearing?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Environmental restrictions (supervision in the community, etc.) • Restricting use of tools or appliances • Use of staff-dependent communication only • Restricting use/availability of hearing devices • Limited access to hearing devices (e.g., must be stored in the kitchen overnight, etc.) • Sedation for exams/procedures

Risk Mitigation Example:

Profile: Profile: Jenna, 30, is Deaf and uses ASL. She lives in a group home with staff who don't know sign language and has missed medication and emergency cues due to communication gaps.

Mitigation Strategies Identified in Jenna's Plan:

- Video phone and tablet with ASL interpreter access installed.
- Weekly staff ASL training and visual signage available for staff in the home.
- Video remote interpreting (VRI) system installed and available 24/7 for emergencies and routine communication.
- Emergency alert system updated with flashing lights and vibration alerts in Jenna's bedroom and bathroom.
- Jenna supported to create a visual medication checklist and morning routine chart.

Potential Learning Objective:

With staff using visual support and basic ASL, Jenna will independently follow her daily medication routine with no more than one missed dose per month over the next 3 months.

11. Dental

Probing Questions	Mitigation Strategies
• *Does the person have any dental issues, such as cavities, gum disease, or tooth loss?* • *Has the person had any recent dental treatments or procedures (e.g., fillings, extractions, cleanings, orthodontics)?* • *Does the person have any dental conditions that require ongoing care or special attention, such as dry mouth or sensitive teeth?* • *Has the person experienced any difficulty with dental care or hygiene (e.g., fear of dentists, inability to follow instructions)?* • *Has the person experienced pain, discomfort, or sensitivity in their teeth or gums?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Triple sided toothbrush, etc. • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Staff controlled or assisted oral hygiene • Implementing a dental desensitization program • Restricting access to certain food/drink • Restricting use/availability of dental aids • Limited access to dental devices (e.g., must be stored in the kitchen overnight, etc.) • Sedation for exams/procedures • Restraining a person during dental procedures (holding head, arms, etc.)

Risk Mitigation Example:

Profile: Tasha, 33, has moderate intellectual disability and extreme anxiety during dental visits. She had to be restrained during her last cleaning and now refuses to go.

Mitigation Strategies Added to Tasha's plan:

- Uses a personalized visual schedule and social story to prepare for visits.
- Staff assist with daily brushing using visual task analysis and an electric triple-sided toothbrush. Tasha also receives verbal praise while working through the task.
- Sedation consults to explore safe, trauma-free care options.
- Desensitization plan developed with Behavior Analyst and dental team with weekly short visits to dental office to build comfort.
- Partnered with disability-competent dentist open to gradual, trauma-informed care.

Potential Learning Objective:

With visual support and calming strategies, Tasha will complete at least one dental exam without physical restraint or sedation within 6 months.

12. Occupational/Physical Therapy

Probing Questions	Mitigation Strategies
• *Does the person have any dental issues, such as cavities, gum disease, or tooth loss?* • *Has the person had any recent dental treatments or procedures (e.g., fillings, extractions, cleanings, orthodontics)?* • *Does the person have any dental conditions that require ongoing care or special attention, such as dry mouth or sensitive teeth?* • *Has the person experienced any difficulty with dental care or hygiene (e.g., fear of dentists, inability to follow instructions)?* • *Has the person experienced pain, discomfort, or sensitivity in their teeth or gums?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. • Embedding therapy activities into preferred tasks **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Use of physical restraints or positioning aids • Restricted movement post-surgery or injury • Use of protective equipment enforced by staff (helmets, padding, orthotics, gait belt, etc.) • Limited use of mobility aids

Risk Mitigation Example:

Profile: Dwayne, 48, has cerebral palsy and moderate intellectual disability. He stopped attending physical therapy due to fatigue and anxiety and now shows signs of hip tightness and reduced mobility.

Mitigation Strategies Added to Dwayne's plan:

- PT develops a home-based movement plan involving stretching during favorite music time.
- Custom seating cushion and lap tray prescribed to maintain posture and reduce pain.
- Daily walking included with staff after lunch to increase strength and endurance.
- Behavioral therapist consults with PT to address refusal patterns and build rapport.

Potential Learning Objective:

With verbal support from staff, Dwayne will complete at least 80% of scheduled physical therapy sessions within 3 months.

13. Change in Health or Mental Status

Includes a noticeable and impactful alteration in someone's physical well-being and psychological state, which could manifest as changes in mood, energy levels, sleep patterns, appetite, behavior, or ability to function in daily life, often triggered by major life events, stress, illness, or other factors; this could include both positive and negative shifts in one's overall health status.

Probing Questions	Mitigation Strategies
• *Have there been positive or negative shifts in the person's overall health status?* • *Has a standardized tool and/or assessment been completed to assess cognitive functioning (e.g. dementia) and mental health status - if completed by their physician, this can be reflected here.* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Restricted access to others/the community • Increased supervision or 1:1 • Restricted access to potentially dangerous items • Involuntary medical or psychiatric admission

Risk Mitigation Example:

Profile: Maria, 62, with dementia, recently showed increased confusion and agitation, refusing meals and medication.

Mitigation Strategies Added to Maria's plan:

- Introduce calming sensory activities (e.g., music therapy, deep breathing, etc.)
- Establish predictable daily routines to reduce anxiety.
- Train staff to recognize early signs of agitation and implement de-escalation techniques.
- Use simple verbal reassurance and maintain a calm tone during interactions.
- Redirect Maria to her family photos or her baby doll, "Lucy."
- Crisis plan developed with family and healthcare team.

Potential Learning Objective:

During instances of agitation, Maria will use at least two calming strategies (e.g., music, viewing of family photos, deep breathing, etc.) to reduce agitation in 4 out of 5 instances within 6 weeks.

Cognitive Screening

This is a required annual assessment element per the CMS's Quality Measure Set for which data is collected for those 18 years old and older. However, CMS has not provided a recommended age to complete the assessment. Best practice is for the team to consider the timing depending on the person and how they are aging; people with Down Syndrome may want to consider completing these assessments earlier.

Please note, these screenings are not used to diagnose any particular illness and do not replace consultation with a qualified physician or other healthcare professional.

Important Consideration

The required screening tools were developed to identify cognitive changes associated with dementia and do not adjust for lifelong cognitive differences related to developmental, intellectual, or neurological disabilities.

For people with known baseline cognitive differences:

- Administer the tool and document the score.
- Consider the results in the context of the person's usual functioning.
- If the score reflects longstanding abilities rather than new decline, note this (e.g., "Score consistent with baseline functioning; no new concerns observed.")

Which screening do we use?

A cognitive screening should be completed with the person's primary physician, who can determine the appropriate screening tool. If a recent cognitive/dementia screening from a physician or clinician (within the past year) is not available, provider staff may administer the Brief Interview for Mental Status (BIMS); however, they may not interpret the results.

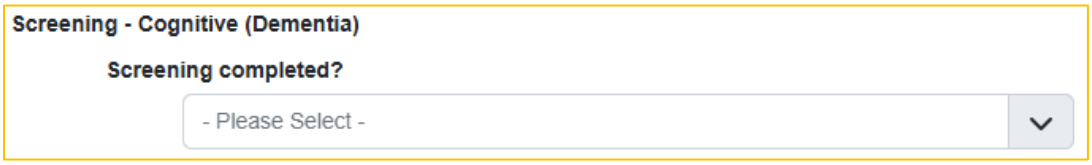
Brief Interview for Mental Status (BIMS)

- Designed for medical practitioners, however, may be completed by provider staff.
- It takes ~ 4 to 6 minutes to complete.
- A BIMS score ranges from 0-15. If the score is 0-12, the team should discuss whether further screening or evaluation by a medical professional is needed.
- **Retain a copy of the assessment results and keep in the person's record/file.**

- Learn more here: Brief Interview for Mental Status (BIMS): A Comprehensive Tool for Cognitive Assessment
- Brief Interview for Mental Status Printable Version with Instructions
- Brief Interview for Mental Status Printable Version
- The printable version can also be found in the Appendix

Screening – Cognitive (Dementia) → Screening completed?

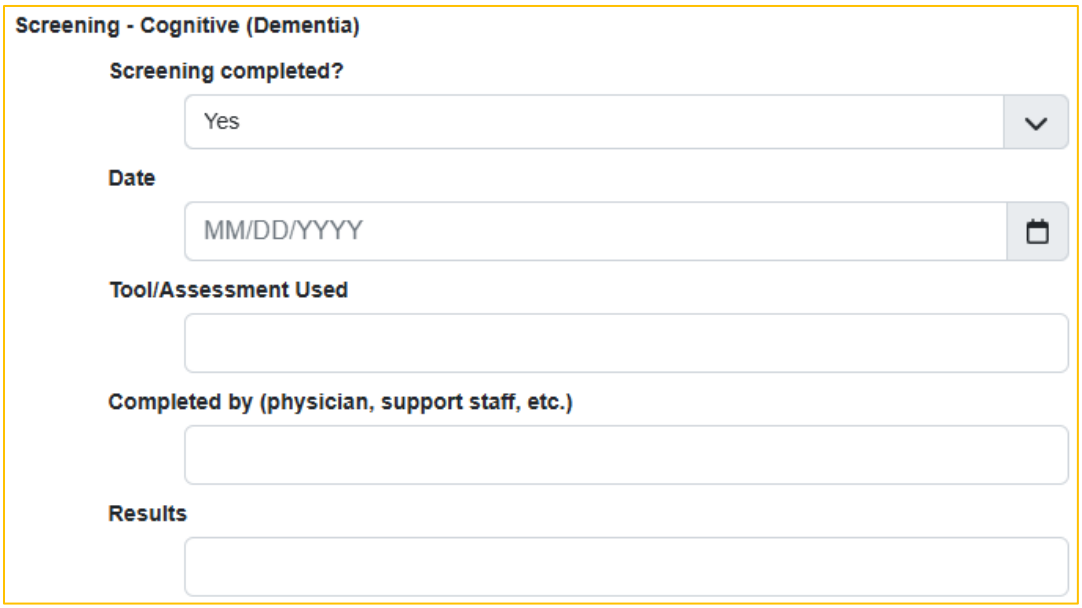
Select whether a cognitive screening has been completed within the last year.



Screening Completed?	Description
Yes	Select this value when, within the past year: • A cognitive screening was administered by the person's physician/clinician, and the result is readily available. • A cognitive screening (e.g., BIMS) was completed by you or another trained team member.
No	Select this value when, within the past year: • No cognitive screening has been completed for the person. • The person was unable to complete the screening and did not have a proxy available to complete the assessment on their behalf. • The person likely completed a screening with their physician, but results are not available.

If yes:

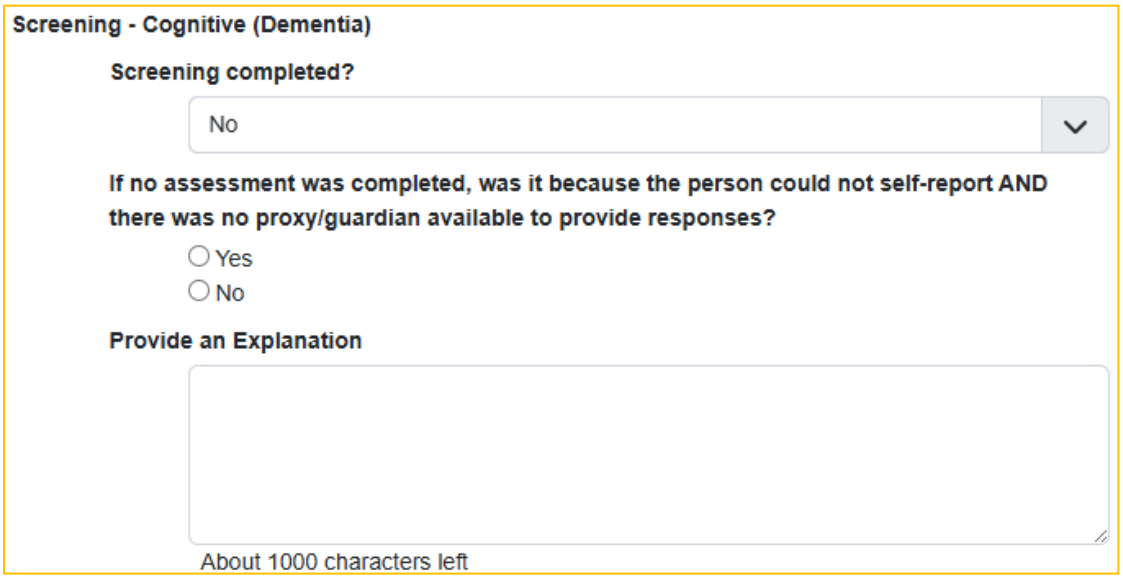
If "yes" is selected, fields for Date, Tool/Assessment Used, Completed by, and Results will appear.



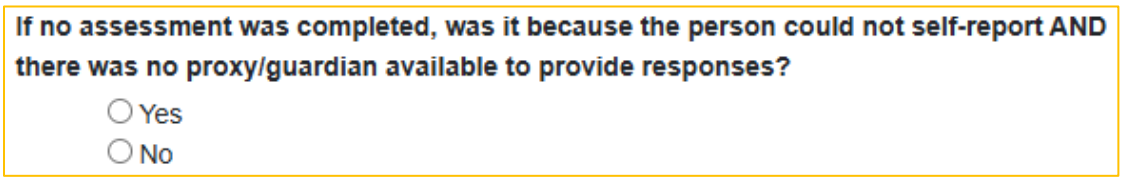
Complete the fields with the corresponding information. If the score reflects longstanding abilities rather than new decline, note this (e.g., "Score consistent with baseline functioning; no new concerns observed.")

If no:

If "no" is selected, additional fields will appear inquiring about why the assessment wasn't completed and comments.

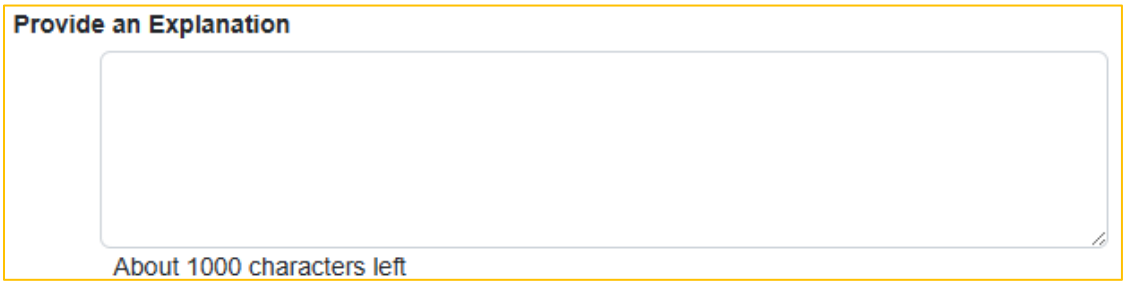


If no assessment was completed, we must document why no assessment was completed.



Because person could not self-report AND no proxy/guardian?	Description
Yes	Select this value if: • The *only* reason the assessment wasn't completed is because the person couldn't self-report **AND** no proxy/guardian was available to answer for them.
No	Select this value if: • The person is less than 18 years of age. • The team does not feel the assessment is needed as no cognitive decline is noted. • The person could self-report but refused or was unavailable. • There was a proxy/guardian available, but the assessment still didn't get done for another reason. May indicate in the comments the reason the screening was not completed, to include

Users may provide additional information regarding why the assessment was not completed in the following text box.



Mental Health Screening

CMS's Quality Measures Set requires that all service participants 18 years old and older receive a mental health screening annually which must be documented within the risk assessment.

Please note, these screenings are not used to diagnose any particular illness and do not replace consultation with a qualified physician or other healthcare professional.

Important Consideration

The required screening tools were developed for the general population and do not adjust for communication differences or lifelong developmental, intellectual, or neurological disabilities. Emotional terms (e.g., "depressed," "little interest") may not align with how people with these disabilities express or understand mood changes.

For people with known baseline cognitive or communication differences:

- Administer the tool and document the score.
- Consider the results in the context of the person's typical behavior, communication style, and baseline functioning. Consider behavioral changes, such as withdrawal, irritability, loss of interest in usual activities, sleep or appetite changes, or regression in skills – these may indicate depression even if the person does not verbalize sadness.

Which screening do we use?

A mental health screening should be completed with the person's primary physician, who can determine the appropriate screening tool. If a recent mental health screening from a physician or clinician (within the past year) is not available, provider staff may administer the PHQ-2; however, they may not interpret the results.

Patient Health Questionnaire 2-item (PHQ-2)

- PHQ-2 is a self-report screening tool that is used to assess symptoms of depression over the last two weeks. The person's legal decision maker may answer the questions on behalf of the person.
- It takes ~ 1 to 2 minutes to complete.
- A PHQ-2 score ranges from 0-6. If the score is 3 or above, the team should discuss whether further screening or evaluation by a medical professional is needed.
- **Retain a copy of the assessment results and keep in the person's record/file.**

- Learn more here: Patient Health Questionnaire (PHQ-2)
- PHQ-2 Paper Version
- The printable version can also be found in the Appendix

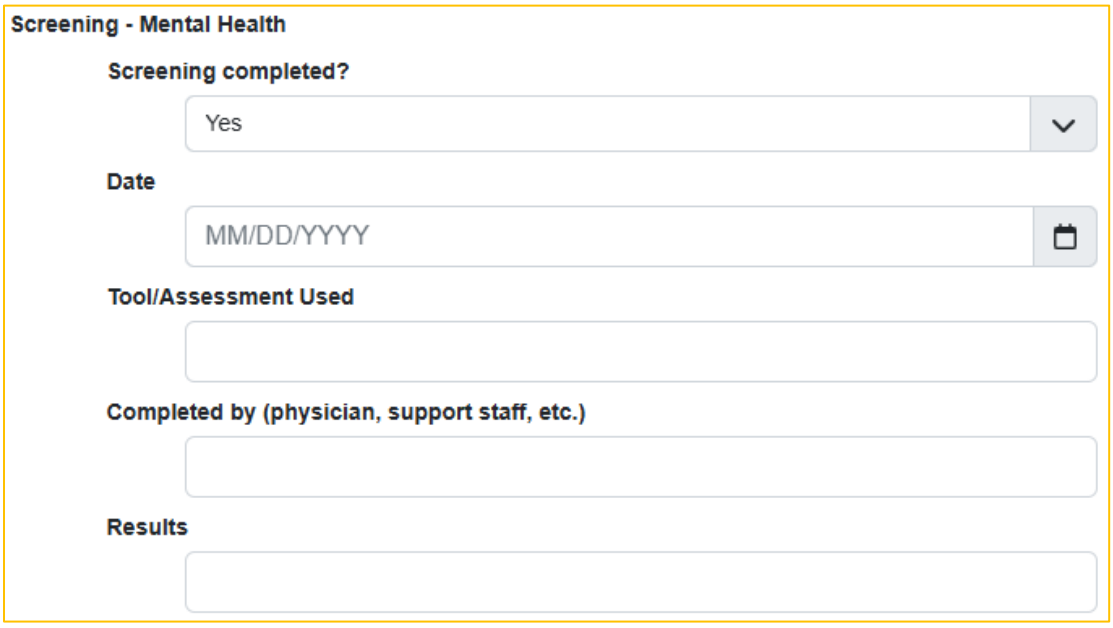
Screening – Mental Health → Screening completed?

Select whether a mental health screening has been completed within the last year.

Screening Completed?	Description
Yes	Select this value when, within the past year: • A mental health screening (PHQ-2) was administered by the person's physician/clinician, and the result is readily available. • A mental health screening (e.g., PHQ-2) was completed by you, another trained team member.
No	Select this value when, within the past year: • No mental health screening has been completed for the person during this assessment period. • The person was unable to complete the screening and did not have a proxy available to complete the assessment on their behalf. • It is believed the person completed a screening with their physician/clinician, but the results are not available.

If yes:

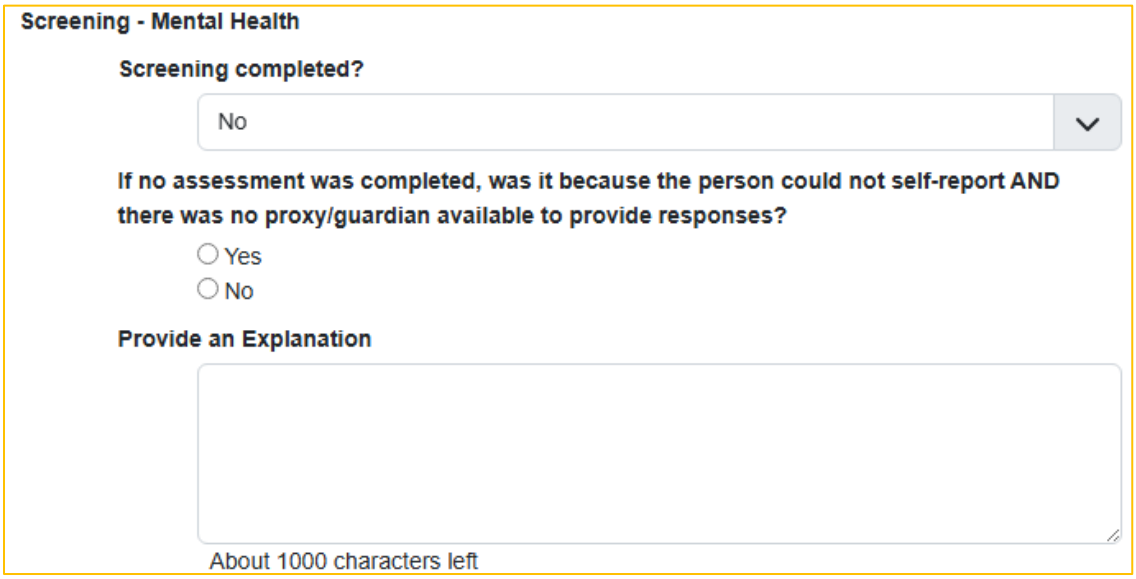
If "yes" is selected, fields for Date, Tool/Assessment Used, Completed by, and Results will appear.



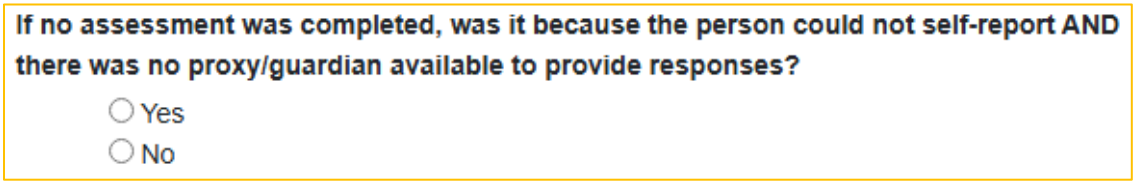
Complete the fields with the corresponding information.

If no:

If "no" is selected, additional fields will appear inquiring about why the assessment wasn't completed and comments.

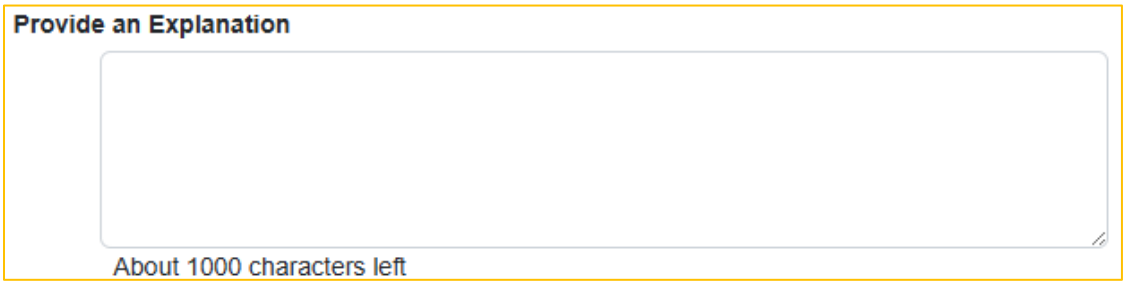


If no assessment was completed, we must document why no assessment was completed.



Because person could not self-report AND no proxy/guardian?	Description
Yes	Select this value if: • The *only* reason the assessment wasn't completed is because the person couldn't self-report **AND** no proxy/guardian was available to answer for them.
No	Select this value if: • The person is less than 18 years of age (though this can be used for those below age 18). • The person could self-report but refused or was unavailable. • There was a proxy/guardian available, but the assessment still didn't get done for another reason. May indicate in the comments the reason the screening was not completed.

Users may provide additional information regarding why the assessment was not completed in the following text box.



14. Loss of Significant Others in the Person's Life

This subsection assesses risk around the loss or potential loss of a caregiver, family member, someone significant (staff member, other natural supports), and/or pets.

Probing Questions	Mitigation Strategies
• *Is there a potential for loss, has the person experienced a loss, or are they no longer in contact with someone who is important to them? If so, identify who - caregiver, boyfriend, girlfriend, staff, family member, friends, pets, etc.* • *When did this loss occur?* • *How has this affected the person?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted access to potentially dangerous items • Removal from certain activities or environments • Limited communication about the loss

Risk Mitigation Example:

Profile: Darnell, 35, with intellectual disability, recently lost his mother and primary caregiver. He became withdrawn, refused meals, and stopped participating in his day program.

Mitigation Strategies Added to Darnell's plan:

- Provide grief counseling arranged with a therapist trained in IDD support.
- Use a social story to explain and a photo album to help him remember his mother.
- Support Darnell to create a small memorial at home if he would like.
- Encourage gradual re-engagement with meals and day program activities using positive reinforcement.
- Train staff to recognize and respond sensitively to signs of withdrawal or distress.
- Develop a routine that includes calming activities and opportunities for social connection.

Potential Learning Objective:

During day program sessions, Darnell will attend and actively contribute to day program activities 4 out of 5 times per week within 3 months.

15. Suicidal Ideation or Attempt

Means wanting to take one's own life or thinking about suicide with or without making plans to commit suicide.

Probing Questions	Mitigation Strategies
• *Has the person ever indicated thoughts of or attempts to harm themselves or take their own life?* • *How often does the person exhibit suicidal ideation or make attempts?* • *Are there specific situations, people, or events that trigger suicidal ideation or attempts?* • *Are there patterns or warning signs that precede this?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *When is the suicidal ideation or attempt exhibited (e.g., when afraid, scared, threatened, etc.)?* • *Has it required/warranted medical intervention?* • *Has the person been diagnosed with any mental health conditions that may contribute to suicidal ideation/attempts?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted access to potentially dangerous items • Restricted access to others/the community • Removal from certain activities or environments • Property checks (pocket checks, backpack checks, etc.) • Involuntary medical or psychiatric admission

Risk Mitigation Example:

Profile: Jordan, 27, with autism and depression, told staff he "doesn't want to live anymore" after a recent job loss and loss of a friend.

Mitigation Strategies Added to Jordan's plan:

- Immediate assessment completed by a mental health professional.
- Create safety plan with visuals, coping strategies, contacts, and reasons for hope.
- Teach coping strategies (e.g., grounding, mindfulness) for managing distress.
- 1:1 supervision added temporarily; plan reviewed weekly for reduction.
- Peer mentor with lived experience visits weekly to provide connection and hope.

Potential Learning Objective:

Within 3 months, Jordan will report no active suicidal ideation and will utilize coping strategies or contact a support person during moments of crisis, with support from his mental health team.

16. Recent/Repeated Use of Medical/Psychiatric Services

Probing Questions	Mitigation Strategies
• *Have there been recent/repeated medical/psychiatric events requiring use of services (e.g., ER, hospitalization, home health, skilled nursing facility, ND State hospital, etc.)?* • *Is there a medical/psychiatric condition that may contribute to these events?* • *What does the data show (frequency, severity, increase/decrease over the past year, patterns, etc.)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted access to potentially dangerous items • Restricted access to others/the community • Removal from certain activities or environments • Property checks (pocket checks, backpack checks, etc.) • Involuntary medical or psychiatric admission

Risk Mitigation Example:

Profile: Lisa, 30, has moderate IDD and bipolar disorder. She has had multiple recent psychiatric hospitalizations due to mood instability and medication non-compliance.

Mitigation Strategies Added to Lisa's plan:

- Develop a clear, individualized crisis prevention and intervention plan.
- Provide regular medication management support, including reminders and monitoring.
- Schedule frequent mental health check-ins with a psychiatrist or counselor.
- Teach Lisa coping skills and early warning signs of mood changes.
- Engage family and support staff in recognizing and responding to symptoms early.
- Coordinate with healthcare providers to adjust treatment plans as needed.

Potential Learning Objective:

Within 6 months, during regular mental health check-ins and with medication management support, Lisa will maintain mood stability and medication adherence, with no more than one crisis requiring emergency services.

Has the person had recent or repeated use of medical services?

Indicate whether the person has accessed medical services frequently or recently. This includes visits to emergency departments, hospitalizations, home health, or skilled nursing facilities. Consider both scheduled and unscheduled visits, as well as repeated visits for the same or related health concerns.

Has the person had recent or repeated use of medical services?

- ○ Yes
- ○ No

If yes, what sort of medical services were accessed?

If "Yes" to recent or repeated use of medical services, indicate the type(s) of services the person has used. Select all that apply from the available options.

If yes, what sort of medical services were accessed?

- ☐ ER
- ☐ Hospitalization
- ☐ Home Health
- ☐ Skilled Nursing

Select any of the applicable conditions for hospitalization:

If the person has been hospitalized, select any of the applicable conditions or reasons for hospitalization from the list provided. Multiple selections are allowed.

Select any of the applicable conditions for hospitalization:

- ☐ Dehydration
- ☐ Bowel Obstruction
- ☐ Seizure
- ☐ Aspiration
- ☐ Gastroesophageal reflux (GERD)
- ☐ Pneumonia
- ☐ Other

17. Inability to Tolerate a Medical Exam/Procedure

Probing Questions	Mitigation Strategies
• *Are there specific types of exams, procedures, or medical settings that the person finds particularly difficult to tolerate (e.g., blood draws, imaging tests, physical exams)?* • *What is the person's reaction to these procedures (emotional, physical, behavioral, etc.)?* • *What are the risks if the procedures cannot be completed?* • *Are there factors that impact the person's level of comfort in tolerating exams/procedures?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Physical/Mechanical restraints • Sedation for procedures • Forced/Involuntary exams • Limiting the person's ability to make exam/procedure decisions • Staff controlled information disclosure

Risk Mitigation Example:

Profile: James, 40, has moderate IDD and sensory sensitivities. He becomes highly anxious and sometimes refuses or resists routine medical exams like blood draws or vaccinations.

Mitigation Strategies Added to James's plan:

- Use social stories and visual schedules explaining each step of the procedure to prepare James.
- Use calming techniques (deep breathing, sensory tools) before and during the exam.
- Schedule appointments at times when James is typically calm and rested.
- Allow a trusted staff member or family member to be present for reassurance.
- Collaborate with medical staff on gentle approaches and use of distraction or sedation if needed.
- Gradually desensitize James through exposure to medical equipment and settings.

Potential Learning Objective:

Within 3 months, James will tolerate routine medical exams (e.g., blood draw, vaccination) with minimal resistance in 4 out of 5 appointments when prepared with supports.

18. Obesity/Anorexia/Bulimia

Probing Questions	Mitigation Strategies
• *Does the person have an identified eating disorder or diagnosis of obesity that affects their health?* • *Does the person binge eat, purge after eating, severely restrict their eating?* • *Do they have feelings of extreme distress or concern about body weight or shape?* • *Are there identified triggers that increase the frequency of the person binging, purging, restricting food, etc.?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Supervised meals • Restricted access to food • Behavioral contracts with caloric monitoring • Use of nutritional supplements or enteral feeding • Restricted post-meal bathroom access

Risk Mitigation Example:

Profile: Brianna, 25, has mild IDD and anxiety. She has a history of restrictive eating and occasional binge eating followed by purging. She often expresses fear of gaining weight and avoids meals in group settings.

Mitigation Strategies Added to Brianna's plan:

- Coordinate with a physician, nutritionist, and a mental health professional.
- Provide education on balanced nutrition using visual supports and simplified language.
- Offer private, judgment-free spaces for eating when needed to reduce anxiety.
- Monitor for patterns of restriction, binging, or purging, and document incidents for team review.
- Work with therapist to address body image and anxiety triggers.

Potential Learning Objective:

Within 3 months, during staff-supported mealtimes, Brianna will participate in at least 2 structured meals daily and refrain from purging behaviors in 9 out of 10 days.

19. Swallowing Disorder/Choking or Aspiration

Probing Questions	Mitigation Strategies
• *Does the person have a diagnosed swallowing disorder, difficulties with biting, chewing, moving, or swallowing food?* • *Has the person had recent/repeated instances of choking or aspiration?* • *Has there been a medical evaluation with proper follow up for diagnosis?* • *Is Speech/ENT involved?* • *Etc.* ***Please note: For any specific food/diet modifications, list in ADLs-Eating/Meal Preparation/Nutrition.***	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Supervised meals • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted access to food • Modified Diets (Texture-Restricted food and/or thickened liquids) • Restricted independent eating/drinking • Enteral feeding (e.g., g-tube) • Timed or pacing devices • Restricted positioning or special seating

Risk Mitigation Example:

Profile: Daniel, 41, has moderate IDD and a diagnosed swallowing disorder. He eats quickly, does not always chew thoroughly, and has had two prior choking incidents at his day program.

Mitigation Strategies Added to Daniel's plan:

- Provide direct supervision during all meals and snacks.
- Use adaptive utensils and encourage pacing strategies (e.g., placing utensils down between bites).
- Conduct staff training on choking response and safe eating practices.
- Reinforce safe eating behaviors through visual cues and step-by-step mealtime reminders.

Potential Learning Objective:

Within 2 months, Daniel will follow safe eating guidelines (appropriate food texture, pacing, chewing) in 9 out of 10 meals, with no choking incidents reported.

20. Abuse, Neglect, and/or Exploitation

Probing Questions	Mitigation Strategies
• *In a review of GERs and incidents of ANE over the last 12 months, has the person experienced abuse, neglect, or exploitation?* • *If so, what types?* • *Are there continued impacts that the person is experiencing from these incidents?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted access to others/specific people/community • Limited control over finances • Changes to living arrangements/staffing

Risk Mitigation Example:

Profile: Jason, 29, who has a mild intellectual disability and autism, is being financially exploited by a new "friend" who pressures him to give money and becomes upset when he refuses.

Mitigation Strategies Added to Jason's plan:

- Teach Jason about healthy vs unhealthy relationships using visuals and role-play.
- Review bank statements weekly with staff support.
- Transition to a prepaid debit card with spending limits.
- Encourage safe social opportunities (e.g., job support group).
- Ensure Jason knows how to report concerns safely.

Potential Learning Objective:

Within 3 months, when Jason is considering giving money or personal items to someone, he will seek staff support before doing so in 4 out of 5 opportunities.

21. Other Medical / Psychological Risk Factors Not Identified Above

Use this section to document any activities of daily living not covered by the standard subcategories. Provide specific details, including the nature of the activity, the individual's level of independence, any assistance required, and any associated risks. If applicable, consider adaptive equipment or environmental modifications used to support the activity.

V. Community and Social

1. Community Living

Probing Questions	Mitigation Strategies
• *What is the person's ability to live in the community* • *Are there barriers that challenge the person's ability to live in the community (e.g., is the person at risk for eviction or being homeless, are there frequent moves for seemingly unjustified reasons, are there difficulties with the person's landlord or neighbors, are there safety concerns regarding the person's neighborhood, are they being discriminated against, etc.)*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted access to the community/ alone time • Limited/no choice in roommate(s) • Environmental controls (e.g., locked doors, cameras, door alarms, etc.) • Staff/provider-controlled schedules • Visitor limitations (visiting hours, pre-approval, notice, etc.) • Limited control over finances • Changes to living arrangements/staffing

Risk Mitigation Example:

Profile: Jonah, 32, with autism and bipolar disorder, lives in a supported apartment. He has previously flooded the unit and allowed strangers inside, resulting in property damage and theft.

Mitigation Strategies Added to Jonah's plan:

- Install automatic shut-off devices on faucets.
- Teach and role-play how to identify safe visitors and when *not* to open the door.
- Jonah participates in all planning and helps choose safety tech (e.g., door chime, doorbell camera, standalone camera, etc.).
- Encourage Jonah to call staff if he is unsure whether he should open the door.
- Increase staff check-ins during periods of mental health instability.

Potential Learning Objective:

Within 3 months, Jonah will demonstrate safe apartment habits (no flooding incidents and no unauthorized visitors) for 4 consecutive weeks with no direct staff interventions.

2. Leisure Activities

Probing Questions	Mitigation Strategies
• *Does the person establish and maintain friendships and relationships?* • *Are there particular people, groups, or settings where the person might be more at risk for tension or miscommunication?* • *Are there situations where social interactions could lead to unexpected consequences?* • *What is the person's ability to engage and be safe on the Internet, social media platforms, or electronic devices?* • *Are there patterns in social interactions that could possibly lead to negative outcomes?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Blunt-tip scissors, 3 wheeled vs 2 wheeled bike, etc. • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restriction or supervision of specific activities (e.g., swimming, biking, etc.) • Time limits on leisure activities • Restricted access to certain equipment or materials (e.g., knives for cooking, craft tools, art supplies, etc.) • Restricted access to the community/ alone time

Risk Mitigation Example:

Profile: Lena, 24, with sensory processing disorder and mild IDD. She loves arts and crafts but has injured herself with scissors several times.

Mitigation Strategies Added to Lena's plan:

- Scissors only used with staff supervision.
- Provide safer alternatives like blunt-tipped scissors and adult scissors.
- Weekly craft schedule with choice of projects.
- Teach safe handling and first aid basics for minor cuts.

Potential Learning Objective:

After 3 months of consistent safe practice, Lena will independently participate in craft activities using blunt tipped scissors with supervision reduced to periodic check-ins.

3. Social Interaction and Relationships

Probing Questions	Mitigation Strategies
• *Do they establish and maintain friendships and relationships?* • *Are there particular people, groups, or settings where the person might be more at risk for tension or miscommunication?* • *Are there situations where social interactions could lead to unexpected consequences?* • *What is the person's ability to engage and be safe on the Internet, social media platforms, or electronic devices?* • *Are there patterns in social interactions that could possibly lead to negative outcomes?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment: Blunt-tip scissors, 3 wheeled vs 2 wheeled bike, etc. • Visuals, role-play, social stories, etc. **Potentially Restrictive Strategies** • Prompts: Positional, Partial Physical, Full Physical • Increased supervision (Line-of-sight, 1:1, etc.) • Restricted/Forced access to others/specific people • Restricted/forced access to certain environments or content (e.g., community, internet, materials, etc.) • Restriction on online communication and/or social media • Limitations on intimate or romantic relationships

Risk Mitigation Example:

Profile: Mike, 29, with moderate intellectual disability and social anxiety, wants to make friends but struggles to recognize social cues and has been taken advantage of by peers in the past.

Mitigation Strategies Added to Mike's plan:

- Staff accompany Mike on new social outings for initial support.
- Mike attends weekly social skills classes focused on boundaries and social cues.
- Role-play common social situations and how to respond safely.
- Regular discussions about healthy relationships with trusted counselors.

Potential Learning Objective:

Within 4 months, Mike will demonstrate improved recognition of social cues and report any unsafe interactions in 4 out of 5 relevant situations.

4. Parenthood

Probing Questions	Mitigation Strategies
• *Does the person have a child or express the wish to have children?* • *Do they understand the responsibilities?* • *Are there religious or cultural considerations?* • *Are they the primary caregiver for their child(ren)?* • *Is there another agency involved with the care or protection of the child(ren)?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Forced/non-consensual birth control • Restricted access to reproductive health care • Increased supervision (Line-of-sight, 1:1, etc.) • Removal of children from parental custody • Restricted decision-making authority

Risk Mitigation Example:

Profile: Rochelle, 35, has a mild intellectual disability and is a single mother to a 2-year-old. Child protective services (CPS) became involved after concerns about supervision and hygiene.

Mitigation Strategies Added to Rochelle's plan:

- Rochelle agrees to 3x/week in-home parenting coaching.
- Uses a visual baby care schedule (feeding, bathing, diapering).
- Matched with a peer parent mentor for emotional support.
- Respite care arranged twice a month to prevent caregiver burnout.

Potential Learning Objective:

Within 3 months, Rochelle will independently complete daily childcare routines – including supervision and hygiene tasks – in 4 out of 5 days.

Is the person a parent (this includes adult children)?

Indicate whether the person is a parent (e.g., biological, adoptive, or adult children, children placed for adoption, or children for whom they no longer have legal parental rights).

Is the person a parent (this includes adult children)?

- ○ Yes
- ○ No

What age is/are the child/children?

If the person is a parent, indicate the age(s) of their child or children by selecting the most appropriate option(s).

What age is/are the child/children?

(Select all that apply)

- ☐ Over the age of 18
- ☐ Under the age of 18
- ☐ Unknown age

If the child is under 18, do they live with the person?

If the person has a child under 18, indicate whether the child lives with the person. If not applicable, no response is required.

If the child is under 18, do they live with the person?

- ○ Yes
- ○ No

5. Family Dynamics

Probing Questions	Mitigation Strategies
• *Are there significant family relationships or other dynamics?* • *Etc.*	• Prompts: Visual, Gestural, Verbal, Modeling • Adaptive/Assistive Equipment • Visuals, role-play, social stories, etc.
	Potentially Restrictive Strategies
	• Prompts: Positional, Partial Physical, Full Physical • Restricted/Limited contact with certain family members • Increased supervision (Line-of-sight, 1:1, etc.) • Mediation or family therapy as a condition of contact

Risk Mitigation Example:

Profile: Sarah, 27, has Down syndrome and lives with her parents. There is ongoing conflict about her level of independence and social activities.

Mitigation Strategies Added to Sarah's plan:

- Family attends facilitated meetings to improve communication.
- Parents participate in workshops on promoting independence.
- Sarah meets regularly with an advocate to express her wishes.
- Develop a written independence plan outlining Sarah's choice, safety guidelines, and agreed boundaries.
- Gradual transition plan developed for Sarah to live semi-independently.

Potential Learning Objective:

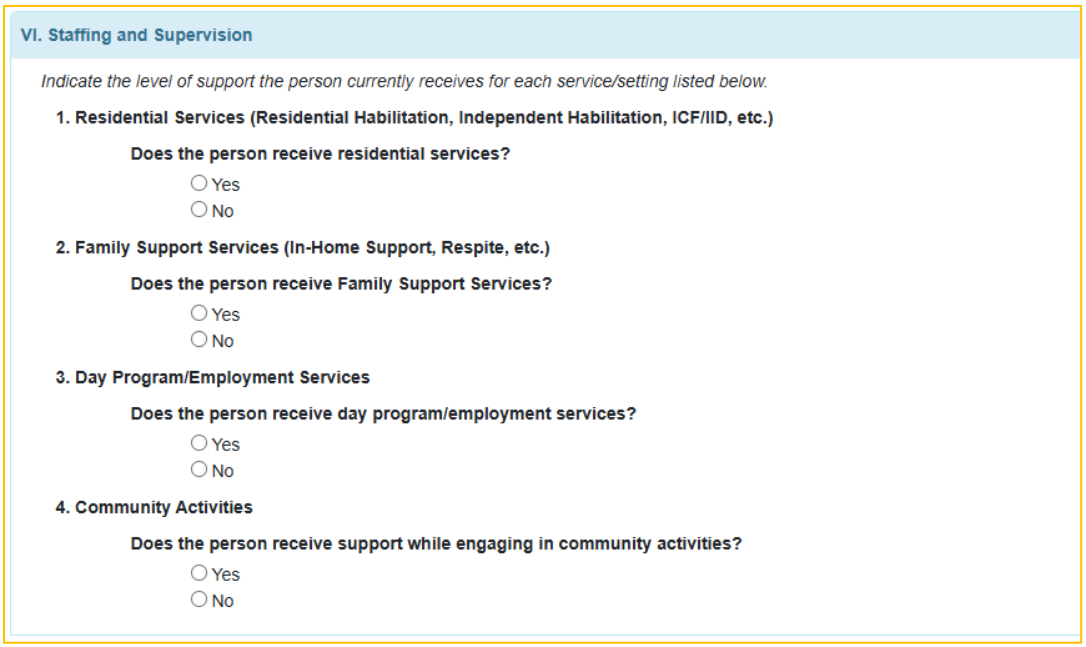
Within 4 months, Sarah and her parents will follow a shared independence plan with reduced conflicts in 4 out of 5 family meetings.

6. Other Community and Social Risk Factors Not Identified Above

Use this section to document any activities of daily living not covered by the standard subcategories. Provide specific details, including the nature of the activity, the individual's level of independence, any assistance required, and any associated risks. If applicable, consider adaptive equipment or environmental modifications used to support the activity.

VI. Staffing and Supervision

This section assesses whether the person receives Residential Services, Family Support Services, Day Program/Employment Services, and/or receives support while engaging in community activities.



VI. Staffing and Supervision

Indicate the level of support the person currently receives for each service/setting listed below.

1. Residential Services (Residential Habilitation, Independent Habilitation, ICF/IID, etc.)

Does the person receive residential services?

- ○ Yes
- ○ No

2. Family Support Services (In-Home Support, Respite, etc.)

Does the person receive Family Support Services?

- ○ Yes
- ○ No

3. Day Program/Employment Services

Does the person receive day program/employment services?

- ○ Yes
- ○ No

4. Community Activities

Does the person receive support while engaging in community activities?

- ○ Yes
- ○ No

1. Residential Services

This section assesses supervision needs while receiving Residential Services (Residential Habilitation, Independent Habilitation, ICF/IID, etc.). If "yes" is selected, additional questions will appear to assess supervision needs during the day, supervision during overnight hours, how long the person can be left alone during the day and night, and any required staff proximity.

Supervision during the day (when the person is awake)

Select the option that best indicates the level of supervision needed for the person during the day (when the person is awake). These have been organized from least to most intrusive.

Supervision during the day (when the person is awake):

- ○ As needed supports (periodic or follow-along support)
- ○ Scheduled, less frequent than daily support
- ○ Daily support (person receives regular peak time support for a limited number of hours per day)
- ○ Person receives 24-hour residential support with basic staff supervision. Staff is not required to have continuous visual observation of the person and staff can support others.
- ○ Line-of-sight supervision (Staff must always have a visual of the person – staff may support more than one person, but cannot perform other duties that conflict with the line-of-sight)
- ○ 1:1 supervision – One staff is dedicated and responsible for the person (Staff must always have a visual of the person – staff cannot support more than one person and cannot perform other duties that conflict with the one-on-one support/visual).

Supervision during overnight hours

Select the option that best indicates the level of supervision needed for the person during overnight hours. These have been organized from least to most intrusive.

Supervision during overnight hours:

- ○ No support provided during sleep hours.
- ○ As needed supports (On-call or nearby access to support)
- ○ Asleep overnight support on site
- ○ Awake overnight support on site
- ○ Awake overnight support with line of sight (e.g., visual observation of bedroom)

If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions

If the person can safely be alone for a specific amount of time, specify how long the person can be alone (ex., 30 minutes, 2 hours, all day) and any conditions that apply (ex., as long as a phone or emergency contact is available, during daytime hours but not at night, etc.).

If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions.

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If the person requires staff to be within a certain distance, indicate this

Specify how close staff needs to be to ensure safety or provide immediate help if needed (ex., staff must be within arms-reach, staff must be within the same room, etc.).

If the person requires staff to be within a certain distance, indicate this.

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2. Family Support Services

This section assesses supervision needs while receiving Family Support Services (In-Home Support, Respite, etc.). If "yes" is selected, additional questions will appear to assess supervision needs during the day, supervision during overnight hours, how long the person can be left alone during the day and night, and any required staff proximity.

Supervision during awake hours

Select the option that best indicates the level of supervision needed for the person when the person is awake.

Supervision during awake hours:

- ○ Non-Continuous – Staff is not required to have visual observation of the person but must be able to assist when needed.
- ○ Continuous - Staff must always have a visual of the person.

In the event the person needed overnight supports, what are their supervision needs during overnight hours

Select the option that best indicates the level of supervision needed for the person during overnight hours. These have been organized from least to most intrusive.

In the event the person needed overnight supports, what are their supervision needs during overnight hours:

- ○ No support provided during sleep hours.
- ○ As needed supports (On-call or nearby access to support)
- ○ Asleep overnight support on site
- ○ Awake overnight support on site
- ○ Awake overnight support with line of sight (e.g., visual observation of bedroom)

Is staff required to remain with the person until primary caregiver returns

Select the option that best indicates whether staff are required to stay with the person until the primary caregiver returns and responsibility for supervision is transferred.

Is staff required to remain with the person until primary caregiver returns?

- ○ Yes
- ○ No

If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions

If the person can safely be alone for a specific amount of time, specify how long the person can be alone (ex., 30 minutes, 2 hours, all day) and any conditions that apply (ex., as long as a phone or emergency contact is available, during daytime hours but not at night, etc.).

If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions.

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If the person requires staff to be within a certain distance, indicate this

Specify how close staff needs to be to ensure safety or provide immediate help if needed (ex., staff must be within arms-reach, staff must be within the same room, etc.).

If the person requires staff to be within a certain distance, indicate this.

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3. Day Program/Employment Services

This section assesses supervision needs while receiving Day Program/Employment Services. If "yes" is selected, additional questions will appear to assess supervision needs during day program/employment, how long the person can be left alone, and any required staff proximity.

Supervision during day program/employment:

Select the option that best indicates the level of supervision needed for the person during the day (when the person is awake). These have been organized from least to most intrusive.

Supervision during day program/employment:

- ○ As needed supports (periodic or follow-along support)
- ○ Scheduled or peak time support for a limited number of hours per day
- ○ Person receives basic staff supervision. Staff is not required to have continuous visual observation of the person and staff can support others.
- ○ Line-of-sight supervision (Staff must always have a visual of the person – staff may support more than one person, but cannot perform other duties that conflict with the line-of-sight)
- ○ 1:1 supervision – One staff is dedicated and responsible for the person (Staff must always have a visual of the person – staff cannot support more than one person and cannot perform other duties that conflict with the one-on-one support/visual).

If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions

If the person can safely be alone for a specific amount of time, specify how long the person can be alone (ex., 30 minutes, 2 hours, all day) and any conditions that apply (ex., as long as a phone or emergency contact is available, etc.).

If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions.

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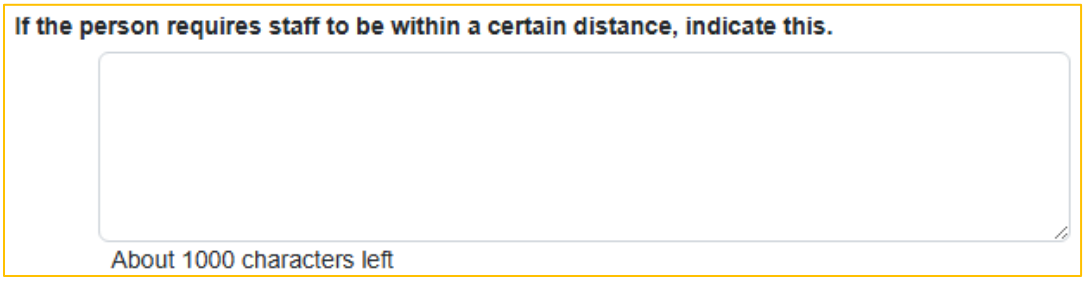
If the person requires staff to be within a certain distance, indicate this

Specify how close staff needs to be to ensure safety or provide immediate help if needed (ex., staff must be within arms-reach, staff must be within the same room, etc.).

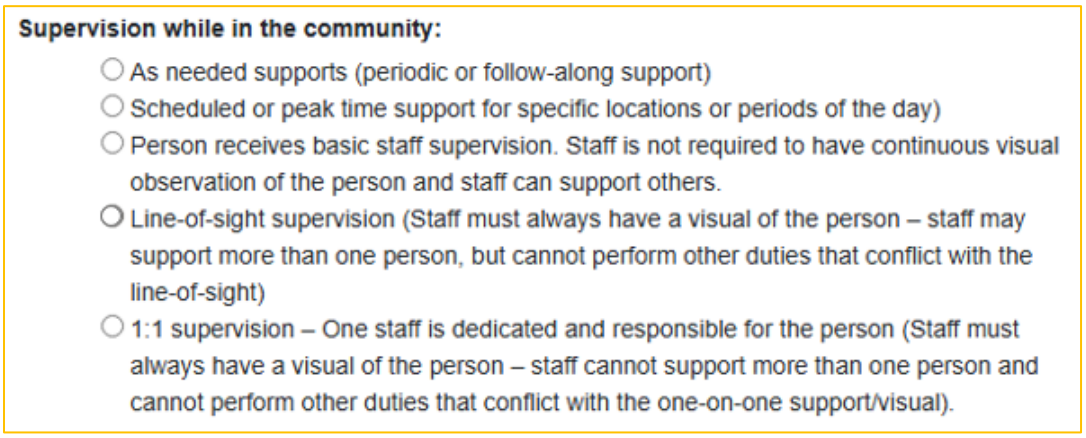


4. Community Activities

This section assesses supervision needs while receiving support while participating in community activities. If "yes" is selected, additional questions will appear to assess supervision needs while in the community, how long the person can be left alone, and any required staff proximity.

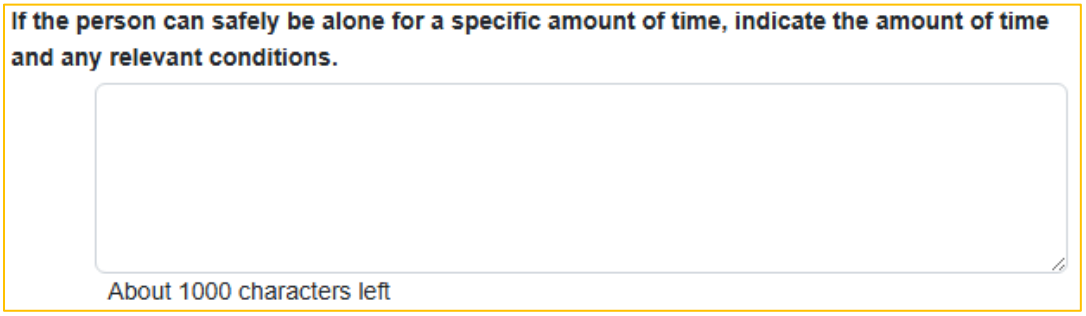
Supervision while in the community

Select the option that best indicates the level of supervision needed for the person while in the community. These have been organized from least to most intrusive.



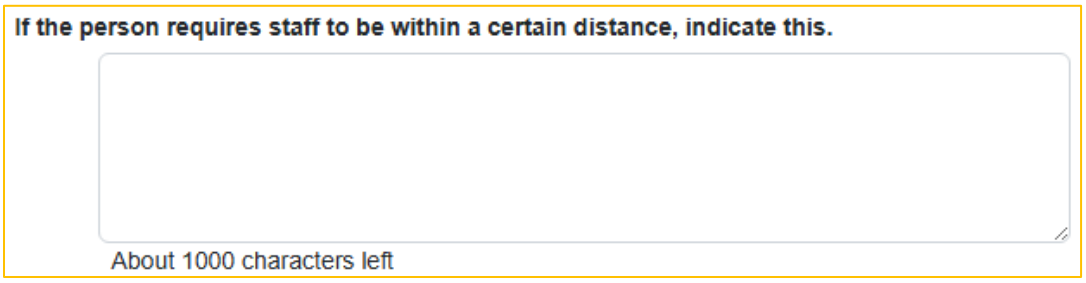
If the person can safely be alone for a specific amount of time, indicate the amount of time and any relevant conditions.

If the person can safely be alone for a specific amount of time, specify how long the person can be alone (ex., 30 minutes, 2 hours, all day) and any conditions that apply (ex., as long as a phone or emergency contact is available, etc.).



If the person requires staff to be within a certain distance, indicate this

Specify how close staff need to be to ensure safety or provide immediate help if needed (ex., staff must be within arms-reach, staff must be within the same room, etc.).



Additional References:

- Person-Centered Approach to Risk Toolkit.pdf
- Person-Centered Approach to Risk Quick Reference.pdf
- hrc-bsc-guidebook.pdf

Appendix 1: What is Risk Mitigation

Risk mitigation is the plan, services, supports, interventions, or strategies to minimize or manage the risk. Mitigation may take various forms, such as a goal; learning objective; support objective; descriptive statement; consumer training; safeguard; etc.

States cannot guarantee that people will never experience risk or a negative outcome. Life happens to all of us. However, people with disabilities may be more vulnerable and have more difficulty in making informed decisions about risky behaviors and their possible consequences. Therefore, it is essential that potential risks are identified, and a plan is developed to minimize or manage the risks through interventions, services and supports.

All people, disabled or not, have potential risks, take risks, and have a right to risks. Dignity of risk reflects a person's right to control their destiny and fully experience life, both the good and bad. Similar to the individual needs and preferences that are addressed in planning, risks are also highly individualized. Risk is a combination of individual circumstances, events and perceptions.

Risks must not only be identified but also addressed as fully as possible during the development of strategies, supports and services that will mitigate those risks.

Balancing a person's right to make choices, including potentially unhealthy or unsafe ones, with the State's need to assure the health and welfare of a person is an over-riding concern for States. Health and welfare safety are not an absence of risk, instead it is matching the level of risk to the person's wellbeing, which leads to the challenge of managing the risk.

"Choice is the most powerful word and the most abused word in the current lexicon of the disabilities service system." Michael Smull.

Risk identification is more than a conversation between people, their families, program managers and others. **It also involves comprehensive documentation of that conversation. Such documentation provides the context and rationale for elements in the service plan and provides evidence that a risk management process is in place.**

It includes three related and embedded concepts: preference, opportunities and control. The team needs to start planning with an understanding of what people need for their happiness and then examine the risks entailed, as risk is both relative and contextual. The degree of risk is determined by weighing the dangers in the environment, individual skills, experiences, and supports. No specific guidelines can ensure unquestionable safety for everybody.

CMS has not published thresholds for acceptable levels of risk because risk is highly individualized. Risk identification and mitigation is not to prevent people from living in the community. In addressing trade-offs between choice and safety, States will best be served by documenting:

- the concerns of the person, staff, providers, and any other stakeholders.
- the negotiations process and the analysis and rationale for decisions made and actions taken.

When states document these aspects of their monitoring activities, they will have solid evidence to support their policies and individual plans.

Appendix 2: RMAP Crosswalk with CMS Quality Measures Set and NCI Background Information

This table crosswalks RMAP sections to LTSS Quality Measure 1 elements and to applicable National Core Indicators (NCI) Background Information components.

RMAP Section	CMS Requirement	NCI Component
General Information		
Primary Language		BI-15
Residence Type	Core Element 8	BI-36
Number of People Residing in Home	Core Element 8	BI-36
Caregiver Information	Core Element 9	
Known Providers	Core Element 10	
Guardian Name	Core Element 9	
I. Activities of Daily Living (ADLs)		
1. Eating and Nutrition	Core Element 1	
2. Mobility	Core Element 1 Supp Element 2 Supp Element 10	
Person's Mobility	Core Element 1, Supp Element 2	BI-17
3. Transfers	Core Element 1	
4. Using the Toilet	Core Element 1	
5. Personal Hygiene	Core Element 1	
6. Bathing/Showering	Core Element 1	
7. Dressing	Core Element 1	
8. Communication	Supp Element 8	
Preferred Means of Communication		BI-16
Cultural/Linguistic Preferences	Supp Element 15	
II. Instrumental Activities of Daily Living (IADLs)		
1. Food Preparation	Supp Element 1	
2. Shopping	Supp Element 1	
3. Laundry/Care of Clothing	Supp Element 1	
4. Living Conditions/Home Maintenance	Supp Element 1	
5. Ability to Use Telephone	Supp Element 1	
6. Community Access/Transportation	Supp Element 1	
7. Environmental Safety in Home and Community	Core Element 7	
8. Emergency Preparedness (Fire, Tornado, or Other Emergency)	Core Element 7	
9. Medication Management	Core Element 3 Supp Element 1	

Taking medication(s) for mood, anxiety, or psychiatric?		BI-30
If yes, how many?		BI-31
Taking medication(s) for behavior?		BI-32
If yes, how many?		BI-33
10. Money Management	Supp Element 1	
11. Employment	Supp Element 17	
12. Economic Assistance/Benefits	Supp Element 12	
13. Excessive Living Costs	Supp Element 12	
III. Behavioral		
1. Self-Injury	Supp Element 4	BI-59
2. Verbal Aggression	Supp Element 4	BI-60
3. Physical Aggression/Assault	Supp Element 4	BI-61
4. Property Destruction	Supp Element 4	BI-61
5. Criminal/Offending Behavior	Supp Element 4	
6. Sexual Activity	Supp Element 4	
7. Elopement	Supp Element 4	
8. Contacts with Emergency Med/LE	Supp Element 18	
9. Substance Use	Supp Element 4	
Alcohol Use	Core Element 6	
Cigarettes/Tobacco Use	Supp Element 11	BI-26
10. Social Isolation	Supp Element 13	
12. Behavior Plan		BI-34
IV. Medical and Psychological		
1. Gastrointestinal	Core Element 2	
2. Neurological/Seizures	Core Element 2	
3. Cardiac/Respiratory	Core Element 2	
4. Diabetes	Core Element 2	
5. Skin Integrity/Breakdown	Core Element 2	
6. Orthopedic	Core Element 2	
7. Sensory	Core Element 2	
8. Vision	Supp Element 6	
9. Hearing	Supp Element 7	
10. Dental	Core Element 2	
11. Occupational/Physical Therapy	Supp Element 9	
12. Change in Health or Mental Status	Supp Element 4	
Cognitive Assessment	Core Element 4	
Mental Health Assessment	Core Element 5	
13. Loss of Significant Others	Supp Element 13	
14. Suicidal Ideation or Attempt	Supp Element 4	
15. Recent/Repeated Use of Medical	Supp Element 18	
Recent/Repeat Use?	Supp Element 18	
Services Accessed?	Supp Element 18	BI-14
18. Obesity/Anorexia/Bulimia	Core Element 2	

	Supp Element 4	
V. Community and Social		
1. Community Living	Supp Element 13	
2. Leisure Activities	Supp Element 13	
3. Social Interaction and Relationships	Supp Element 13	
4. Parenthood		
Is the Person a Parent?		BI-8
What age is/are the child/children?		BI-8
If the child is under 18, do they live with the person?		BI-9
5. Family Dynamics	Supp Element 13	
VI. Staffing and Supervision		
1. Residential Services	Core Element 8	BI-39
2. Family Support Services	Core Element 8	BI-39
3. Day Program/Employment Services		BI-39
4. Community Activities		BI-39