

Risk Management Assessment Plan (RMAP)

Instructions

North Dakota Developmental Disabilities Section

These instructions are for the required RMAP template that is completed in the web-based system, Therap-Version ND 2016.10. Refer to the Overall Service Plan (OSP) Instructions for additional instructions on using the RMAP for service planning.

RMAP Selection Buttons:

- **Save**-document is still being worked on and not fully completed.
- **Approve**-document has been reviewed and updated by the provider prior to the OSP meeting. Once "approved" the document will show up for the DDPM to "acknowledge".
 - Reviewer Comments section-DDPM can add any comments before selecting "acknowledge".
- **Copy as Draft**-select when you are creating a new RMAP if there is already an existing RMAP. This feature will be used for the annual RMAP or when risks change between the annual reviews. This creates a whole new RMAP.
- **Update**-use after the document has been "approved" to correct any errors or complete updates/additional information that resulted from the team meeting. Note-do not use this option for annual RMAPs or when risks change between the annual review. This will result in the original past versions within the RMAP module not being available for comparison or to show what has changed year to year.
- **Discontinue**-select this for any previous RMAP that is no longer current.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. Past versions will still be accessible but will show up as "discontinued" which is similar to how OSPs are displayed. Note-in order to work off or make updates using the previous RMAP, it must be copied over as a draft first before discontinuing. Once an RMAP is discontinued, it cannot be copied forward.

Cover page

Period from and To:

- "From" should reflect the date (month, day, and year) that the Risk Assessment was completed by the DDPM or Program Coordinator/QIDP.
- The "To" date is not required. Policy requires that the Risk Assessment be updated annually prior to the PCSP meeting and sent out to team members at least 2 weeks prior to the meeting for individuals receiving 24/7 services.
 - If completing the "To" date, it can be reflected as one year from the date it was completed (month/year will suffice).
- It is recommended that the Risk Assessments not be completed more than 3 months prior to the annual PCSP meeting to ensure that the information is accurate and up to date at the time of the planning meeting.
 - **The person completing the Risk Assessment (DDPM or PC) is responsible to ensure that the information in the assessment is current at the time of the referral, admission, and annual meeting.**

Person completing the report:

- The name, title, and agency of the person completing the assessment should be indicated (DDPM for referral or Program Coordinator once the person has been enrolled in a 24/7 service).
 - For example: Sally Johnson, DD Program Manager, Westeast Human Service Center, or, Kathy Smith, Program Coordinator/QIDP, Res-Care ICF/IID residential services.

Day Program:

- If the person is enrolled in a day program, list the name of the type of day program, e.g., Day Supports and name of the provider agency, if not listed above.

Other licensed providers:

- List other licensed providers if applicable (type of program, e.g., Extended Services and name of agency provider).

Guardianship/Conservatorship status:

- Indicate whether the individual has a guardian and the type of guardian e.g., (natural guardian of minor child; limited guardian; full guardian) and/or the type of conservatorship, if applicable.
 - If the individual does not have a guardian or conservator, indicate "none".

Check boxes/Names/Signatures:

This section indicates that the assessment was completed in consultation and coordination with the following individuals and organizations which have knowledge about the individual.

- Check the box the appropriate boxes; list the person's name

Dates of Team Reviews:

The Risk Assessment and PCSP will be reviewed by the team after it is completed.

Dates of Team Reviews may include the following

- Date of Interim (admission) PCSP prior to service initiation.
 - The RA completed by the DDPM and included in the referral packet is reviewed at the admission/interim meeting to develop the admission/interim plan.
- Date of 30 Day Comprehensive PCSP
 - The RA completed by the DDPM is reviewed again at the 30-day comprehensive PCSP following admission and may be revised/updated OR
 - The provider Program Coordinator may choose to complete a new RA to reflect changes noted during the 30 days following admission and to get in the cycle for the next annual plan meeting.
- Date of annual PCSP
 - Document team review of RA at the PCSP meeting.
- Date of any reviews during the year, due to significant changes in person's mental, physical, or behavioral status that result in new identified risks and need for additional or different mitigation strategies in the PCSP.

General Instructions

Quality of life starts with those who work most closely with the person receiving services and supports.

- ❖ **The Risk Assessment is to be completed with the individual and/or the legal decision maker.**
 - They may choose not to participate, but they must be given the opportunity. They will also have the opportunity to review the assessment prior to the PCSP meeting.
 - The information in the assessment is critical to the development of the Person-Centered Service Plan, not only to ensure the health and safety of the individual but to develop risk management strategies that respect the person's preferences and dignity of risk.
 - The individual and/or their legal decision maker should be asked if there are any issues that they do not feel comfortable discussing at the team meeting. Their wishes should be respected, but it should be explained that the issues will be addressed in another venue (perhaps another meeting) with staff on a need-to-know basis.

- ❖ **The Program Coordinator MUST coordinate the completion of the risk assessment with other licensed providers of services.** For example, if the residential PC is responsible to complete the assessment and the person is also receiving Day Supports, the residential PC must coordinate the assessment with the coordinator of Day Supports. If a Day Support provider is responsible for completion of the assessment, and the person is receiving In-Home Family Support Services, the PC for Day Supports must coordinate the completion of the Risk Assessment with the Family Support service provider.

Complete the assessment considering ONLY THE INDIVIDUAL'S SKILLS AND ABILITIES, independent of staffing patterns, supervision plans, the environment, or other situational elements.

The Risk Assessment is evaluating the individual's skills and abilities to determine what supports the person needs.

- What potential risks do they have without support?
- What does the person need help with?
- Why do they need services/supports?

The Risk Assessment is completed and sent to team members 2 weeks prior to the annual PCSP meeting. All team members are expected to review the assessment prior to the meeting and come to the meeting prepared to discuss. The primary program coordinator will ask for any updates or discussion relative to the RMAP at the team meeting and make any necessary updates to the RMAP as needed before attaching it to the plan.

Only the risks identified on the RMAP need to be discussed and mitigated.

The Person-Centered Service Plan must describe specifically how the risk will be managed and how support needs will be met.

- What actions will be taken to protect the consumer?
- Who is responsible to arrange for or provide the supports, e.g., nurse, program coordinator, direct support staff, etc.?

The probing questions are provided as a guide; questions or issues to think about regarding a particular risk factor including possible risk management strategies.

Present – is the Risk present “yes” or “no”

This section must be completed.

Determine whether or not the individual is at risk or believed to be at risk by checking the appropriate box.

Use the “other” category or comments section to address issues that relate to the individual's risk but are not listed in any of the listed risk areas.

It may seem unreasonable to identify some of the areas as being a risk for persons living in a setting where staff is continually present and have overall responsibility for environmental upkeep (such as, an ICF/IID or waiver group home). The area that seems to cause the most difficulty is under the Environmental Section of the Risk Assessment: unsanitary living conditions, home is in significant disrepair, necessary equipment is broken or in disrepair. The underlying premise is, if the person has the skills to maintain their home environment so that it is reasonably clean or has the ability to repair or replace necessary equipment, the risk would not be present. If the person is unable to, then the risk would be present.

Historical – how far back do we go in identifying risk factors?

In general, IDENTIFY AS “YES” RISK PRESENT IF RISK:

1. HAS BEEN DISPLAYED OR PRESENTED WITHIN THE PAST YEAR.

2. The risk is currently being addressed and necessary supports and mitigation strategies will continue. OR
3. The team agrees that the risk is significant and there is reasonable potential or likelihood that it may occur if not addressed.

If the risk occurred in the past but has not been an issue within the past year **and** there are no concerns on the part of team members that it continues to be a risk and no mitigation strategies are necessary then a specific mitigation strategy does not need to be incorporated into the plan. It is recommended that this be reflected in the Comment Section of the Risk Assessment to indicate that it had been a risk but is no longer an issue that requires mitigation.

- ❖ If there is concern that the risk was significant and historical information be preserved, the team may want to ensure that narrative is included in the appropriate section in the PCSP.

Severity of Risk:

- The instructions have not changed. The severity of risk section does not need to be completed unless it is helpful to provide additional information or clarification.
- The only required sections that must be completed:
 - Present - "yes" or "no"

Comments Section: Use of the comment section is encouraged for explanation and clarification purposes and to provide additional information.

Mitigation Plan Location

In the far-right column of the Risk Assessment checklist, document what **specific section of the plan** (where in the plan) the risk management strategies are located for the identified risk area.

For each area that poses a risk to the individual, the plan must document why the individual is vulnerable and the plan/strategies to minimize or manage the risk. Plans that only identify general supervision, monitoring, or assistance for the person are generally not sufficient.

If staff is to assist the person, the type of assistance should be specified (verbal, physical, etc). In addition, the assistance provided, and methods used should reflect the individual's preferences and choices.

Mitigation strategies within the PCSP should be written clearly so that anyone could read the plan, understand the risk and be able to implement without needing additional clarification.

If the methodology/plan for addressing a risk area is provided in another document **attach a copy of the referenced document to the PCSP as well for team review and approval.**

Some Risk Factors appear to be very similar.

Examples: Risk Factor - "Loss of caregiver or close family member" and next Risk Factor - "Loss of someone significant".

Eating/swallowing and chewing, etc.

- Addressing one of the Risk Factors is sufficient.
 - In the comment section and mitigation section indicate "see _____ section," if is a risk factor and has already been addressed.

Activities of Daily Living

Eating

Consider the ability to use fork or spoon from plate to mouth and to cut food. Note - Chewing or swallowing are addressed in another section.

- Eats independently. May use assistive devices.
- Eats with reminders, prompting, or encouragement. May need assistance with cutting food or prompting for pace.
- Requires hands on assistance with putting food on utensil or requires hand over hand feeding.
- Requires assistance for NF, G, o r J tube feeding.

Consider the following:

- Are there any rights restrictions?

- Cultural or religious considerations?
- Are there any foods the person particularly likes or dislikes?

Mitigation strategy examples: description of altered diet and dining plan (methodology to be implemented when the person is eating, including positioning, special or adaptive equipment, location, and actions of staff persons, etc., as applicable.

For tube feedings, indicate level and frequency of nurse involvement and oversight.

Ambulation

- ❖ Consider the ability to move around inside the home or residence. How does this person usually get around inside the home?
- ❖ Consider the ability to move around outside and in the community. Do NOT include any transportation needs. Community access and transportation are addressed in another section.
 - Walks by self or without assistance devices such as a brace, walker, cane, prosthesis, etc.
 - Walks by self but may require physical support or assistance from another person, use of gait belt.
 - Does not walk. Uses wheelchair or scooter independently to get around.
 - Does not walk. Uses wheelchair with assurance from another person (such as to push wheelchair).
 - Does the person have a history of falls? (This is also addressed under section "Multiple Falls/Fractures.").
 - Difficulty ambulating under certain conditions such as navigating stairs, curbs, or in certain weather conditions?

Mitigation strategies may include description of assistance required, any environmental modifications, and mobility devices. Describe process to ensure equipment is used and maintained and that the person and/or staff know how to use correctly.

Transfers

- ❖ Consider ability to move from a bed to a chair or wheelchair
 - Moves in and out of bed or chair independently. May use assistive devices.
 - Moves in and out of bed or chair with monitoring, prompting, or encouragement
 - Requires hands on assistance to transfer.
- ❖ Also consider ability to change position in bed or chair
 - Changes position in bed/chair independently. May use assistive devices.
 - Changes position in bed/chair with some prompting or encouragement.
 - Requires hands on assistance to change position in bed/chair.

Mitigation strategies may include description of assistance required (assistance of one person; assistance of two people); any environmental modifications; Special equipment such as Hoyer lift, bedrails, bed alarm, safety belt, etc. Re-positioning schedules.

Describe process to ensure equipment is used and maintained and that the person and/or staff know how to use correctly.

Using the toilet/toileting

- ❖ Includes going to the bathroom for bowel and urine elimination, wiping self, menstruation care, diaper care, and ostomy/catheter care.
 - Uses toilet independently, may use assistive devices such as a raised toilet seat, etc.
 - Uses the toilet and wipes self with reminders, prompting, or encouragement.
 - Requires hands on assistance for toileting needs. May be incontinent. Includes those individuals' using diapers, catheter, or ostomy.
 - Is there a preference or concern regarding sex of caregiver or person assisting?
 - Cultural or religious issues?

Mitigation strategies may include a description of assistance required; assistive devices utilized; training program; scheduled toileting/changing times; nighttime checks, pericare, bowel program, etc. Describe process to ensure equipment is used and maintained and that the person and/or staff know how to use correctly.

For ostomy or catheter care indicate level and frequency of nurse involvement and oversight.

Bathing or showering

Includes sponge bath, tub bath, or shower.

- Draws bath and washes self independently, may use assistive devices, such as grab bars, bath brush, etc.
- Able to bathe self but may need help regulating water temperature or some type of prompting, monitoring or encouragement. May need help washing back or shampooing/rinsing hair.
- Requires hands on assistance to wash self and/or to get in and out of tub or shower or use of Hoyer lift.
Consider individual's preferences regarding bath or shower, time of day, etc.
- Is there a preference or concern regarding sex of caregiver or person assisting?
- Cultural or religious issues?

Mitigation strategies may include description of level of assistance needed; monitoring per seizure precautions, anti-scald devices; special tub; training program.

Communication

The communication risk factor is currently addressed in 3 sections of the Risk Assessment.

Describe HOW the person communicates and their ability to communicate in their home, day program, and community.

- Verbal communication with little or no difficulty, both expressing (sending), and receiving language.
- Verbal communication with some difficulty or limited skills either expressing or receiving messages.
- Severely limited verbal (cannot easily form words) or is basically nonverbal. Uses alternative method of communicating such as manual or sign language, written words, pictures, electronic systems, communication board, etc.
- Non-verbal with severe communication difficulties. Little or no expressive communication but may use some non-verbal communication skills such as gesturing, pointing, eye gazing, or facial expressions.
- Unable to communicate and rely on people who know them and can anticipate their needs.
- Can the person operate communication devices by self or require assistance from others?
- Does the person speak English? Is an interpreter needed?
- Is the person understood by the general public?
- Can they state or share current information (name, address, telephone #, caregiver/service provider, or someone to contact in the event of an emergency)?
- Consider comprehension and understanding
 - Can the person understand simple instructions or questions (for example, "Did you like your dinner? Or "Raise your arms.")
 - Can the person understand complex instructions or questions with two different parts (for example "Did you need eggs from the grocery store?" or, "Please put on your coat and take these letters to the mailbox.")
 - Can the person read at a 5th grade level? E.g., read the local newspaper, read, and understand signs in the community?
- Can they understand, comprehend, and communicate issues at medical, dental, or other appointments?
- Can they understand, comprehend, and communicate at the bank, store, restaurant, or church?
- Do they have compromised communication skills that might lead to legal issues such as use of vulgar language, a diagnosis of Tourette's? Are they aware of their boundaries and their audience?

- Does the person frequent places where people have become acquainted and familiar with them and provide natural supports so that paid assistance is not necessary?

Mitigation strategies may include a description of settings or activities in which the person requires assistance and the type of specific assistance required; training program; de-escalation techniques, etc.

Community Access and Transportation

- ❖ Consider whether the person has pedestrian skills e.g., can safely cross a street; obey streetlights or crossings without lights; and bicycle safety skills
- ❖ Consider response to emergencies such as who to contact in the event of emergency and carrying ID
- ❖ How does the person usually get to places, out of walking distance?
 - Uses a provider's van or vehicle
 - Gets ride from staff in staff person's car
 - Uses public transportation such as city bus
 - Uses a taxi service
 - Gets a ride from a family member or friend
 - Uses Paratransit, dial a ride, or handicapped van
 - Drives self
 - School bus
 - Other
- ❖ Does the person require a van with a lift?
- ❖ Does the person require vehicle modifications to travel safely such as grab bars, seat belt extenders, or wheelchair tie downs?
- ❖ Can the person independently ride all routes or are they trained for specific routes only?
- ❖ Does the person use reasonable caution with strangers?
- ❖ Does the person exhibit socially accepted behaviors in public?
- ❖ Does the person require support for his/her behaviors or for health reasons from other person(s) in addition to the driver while in a vehicle?

How much support does the person require to arrange or schedule his/her own transportation including looking up van schedule, calling for ride, canceling ride if not needed, or taking public transportation.

- Able to arrange or schedule own transportation independently after initial instruction.
- Able to arrange with prompting, monitoring or ongoing instruction. May need help dialing the phone or looking up bus/van schedule.
- Cannot arrange or schedule transportation at all.

Mitigation strategies - specify exact measures to take to ensure safety. May include training program; assistive devices such as speed dialing or phone amplifier etc. If assistance is provided by others describe level of assistance needed and who provides it.

Dressing and Care of Clothing

- ❖ Consider the ability to take clothes out of drawer, choose weather appropriate clothing, and use fasteners.
 - Dresses self independently. May use assistive devices such as a reacher/extender, Velcro, etc.
 - Able to get dressed but needs prompting or may need help with choosing weather appropriate clothing.
 - Requires hands on assistance with getting dressed.
- ❖ Consider laundry skills
 - Ability to sort, carry, utilize detergent, load and unload, fold and put away clothes. Consider the need to use coins for pay machines if required.
- ❖ Consider ability to shop for clothing
 - Plans and locates what items are needed, proper sizes
 - Pays cashier

Personal Hygiene

Includes brushing teeth, hair care, shaving, deodorant use, etc.

May address menses here if not addressed previously under toileting/use of toilet section.

Other

May Use this section to address Meal Planning and Preparation and Household Chores

Shopping and meal planning - including planning meals and shopping in stores

- Plans for meals and shops for groceries independently.
- Plans for meals and shops with prompting, monitoring, or instruction.
- Requires assistance for meal planning and shopping, such as someone to make the grocery list or pay the cashier or cannot do any part of shopping and meal planning at all.

Meal preparation and cooking - including getting food out of the cupboard or refrigerator, preparing food (including making food into appropriate consistency such as ground up, specified piece size, pureed, or liquefied), measuring, making cold meals (such as sandwiches or snacks), and cooking simple meals.

- Prepares and cooks food independently using either microwave or stove. May use assistive devices. Can make cold foods (sandwiches, cereal, toast, snacks) or simple meals.
- Prepares and cooks food such as sandwiches and simple meals with prompting, monitoring, or instruction. Can safely use a microwave with instructions, prompting, or monitoring
- Requires assistance to prepare and cook food. Cannot use either microwave or stove.

Doing Household Chores

Includes routine light cleaning such as dusting, vacuuming, floor care, garbage removal, changing linens, etc.

Behavior and Psychiatric

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

- Define specific self-abusive behaviors the person displays that place them at risk.
- When is the self abuse exhibited? e.g., when bored, afraid, threatened?)
- Does the person utilize objects to when self-abusing? If yes, identify.
- Does the person expose others to blood-borne pathogens?
- Has the person received medical attention beyond first aid due to self abuse within the past year?
- Does the person have a history of self abuse which has caused irreparable harm to the person?
- Does the person utilize any equipment such as padding, helmet or other protective equipment?

Is there a therapeutic support plan in place to address? Does the plan include antecedents, evaluation of the environment, positive supports, specific methods to be implemented, data collection methods, and review schedule?

What does behavioral data show? Increase or decrease within the past year?

Aggression

Mild physical assault or aggression which does not cause injury such as pushing, grabbing, or spitting.

Severe physical assault or aggression that can cause injury such as biting, or punching, or attacking.

Verbal aggression

Who does the person target? (Staff; Specific staff members; family members, Peers, public?)

Is there a therapeutic support plan in place to address? Does the plan include antecedents, evaluation of the environment, positive supports, specific methods to be implemented, data collection methods, and review schedule?

What does behavioral data show? Increase or decrease within the past year?

Property Destruction

Includes the intentional destruction of property.

Do they destroy their own property? Property of others?

Is there a therapeutic support plan in place to address? Does the plan include antecedents, evaluation of the environment, positive supports, specific methods to be implemented, data collection methods, and review schedule?

What does behavioral data show? Increase or decrease within the past year?

Use of Physical Restraint

Includes use of:

Mechanical Restraint: Any device attached or adjacent to an individual's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.

Personal Restraint: Personal restraint means the application of physical force without the use of any device, for the purposes of restraining the free movement of an individual's body.

Has the person been injured during restraint process?

Have others been injured during the restraint process?

Is there a therapeutic support plan in place to address? Does the plan include antecedents, evaluation of the environment, positive supports, specific methods to be implemented, data collection methods, and review schedule?

What does behavioral data show? Increase or decrease within the past year?

Have emergency restraints or techniques or unauthorized restraints been utilized within the past year?

Are physical restraints utilized during medical procedures or at the dentist? This may also be addressed in a following section.

Psychotropic /psychiatric medications

Most likely covered in Medical/nursing section

- List formal diagnosed conditions. (May include mental illness of schizophrenia, psychosis, schizoaffective disorder, etc; or mood or personality disorder such as obsessive compulsive, bipolar, anxiety, major depression, intermittent explosive disorder, etc.)
- Indicate whether the person is prescribed medication for each condition.
- Do Medications require careful monitoring for side effects? If so, describe effects, who monitors and how often?
- Is there long-term use of a psychotropic drug (Haldol, Ativan, Thorazine, Klonopin, Valium, Lithium, etc.?)
- Is the person prescribed any addictive medication (Codeine, Percocet, Vicodin, choloralhydrate, Oxycontin, etc?)
- Are there frequent changes in psychiatric/psychotropic medications?
- Has the person required psychiatric hospitalization within the past year?
- Describe level and frequency of nurse oversight, if applicable.
- Does the person receive chemical restraints (sedation) during medical or dental procedures?
- What is the person's response to prescribed medications?

Criminal behavior

Includes any criminal concerns, criminal justice issues or concerns, or problems with the law.

May provide additional information in the next 6 sections (Sexual risks, Predatory behavior, Excessive fascination with children or sexual abuse of children, Stealing, Assault, Making significant threats to the safety of others) particularly if the individual was not charged.

- ❖ Is the person an offender or a victim?
- ❖ If offender, has there been a disposition? Determination of fitness to proceed?
- ❖ If the person is an offender, are they on probation or parole or other have other stipulations?
- ❖ Is an Individual Justice Plan (IJP) in place?

Sexual Risks

Includes sexually inappropriate behavior and includes a wide range of behaviors such as disrobing, masturbating in public, sexually aggressive behavior, voyeurism/peeping tom, etc.

Consider whether the individual is sexually active and practices safe sex

- Birth control
- Sexually transmitted diseases

Does the person understand consensual and nonconsensual, rights and personal boundaries of others?

- Engaging in sexual activity with a minor?

Is the person able to avoid being taken advantage of sexually or is able to avoid sexual exploitation including when at home, in the community, or with strangers?

- Has the person been a victim of a sexual crime within the past year?
- Can they defend self against abuse?
- Report to the appropriate person?

Predatory behavior

Includes obtaining or trying to obtain sexual contact with another person in a metaphorically "predatory" manner and habitually seeks out sexual situations that are deemed exploitive.

- Who is the primary target?
- Is it impulsive or premeditated?

Excessive Fascination with children or sexual abuse of children

Does the person understand consensual and non consensual; rights and personal boundaries of others?

- Engaging in sexual activity with a minor is considered a crime?

Is the person sexually aggressive?

Stealing

Includes intentional act of taking someone else's property without permission or paying for it. (Burglary, larceny, shoplifting, embezzlement).

- Does the person have the cognitive ability to understand it is not acceptable and there may be legal consequences?
- In what settings does it occur?
- Has the person been caught stealing and how has it been handled?
- Has the person been charged with stealing?
 - Was a determination made regarding fitness to proceed?
 - Is the person on probation/parole or have other stipulations?
 - Has restitution been made?
 - IJP developed and implemented?

Assault

Includes physical attack, beating, stabbing, mugging, and battering.

Is the person a victim or offender?

What type of assault?

Were any weapons used?

If an offender, who are their targets?

If an offender, was the person been charged?

- Was a determination made regarding fitness to proceed?
- Is the person on probation/parole or have other stipulations?
- Has restitution been made?
- IJP developed and implemented?

If the person is a victim, do/did they receive training, self defense class, counseling or other program or supports?

- Can the person defend self?
- Report to the appropriate person?

Making significant threats to the safety of others

Includes intimidation, pressuring, bullying, instilling fear, terrorizing

Are threats carried out by the person?

Elopement

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

If the person wanders away, specifically state it as the risk, vs. bolting, fleeing, running off, etc.

Assess home and community settings.

- Does the person have a history of actually running off or wandering or attempting to?
 - If yes, describe the circumstances; why did the person leave, where did they go, what were they trying to obtain or get?
- If the person does not have a history, the team should consider the reasonable likelihood of it occurring and level of risk that it may present to the person.
 - Can the person open the door independently?

For example, an individual in an ICF/IID may not have a history of eloping or wandering away or attempting to do so, so the risk is probably quite low or determined not to be a risk.

 - The team should have a plan to determine what action would be taken based on the person's level of risk.
 - Is the person at immediate risk? E.g., do they have pedestrian skills and can they cross streets safely? Do they know their way around the immediate neighborhood? Would they accept a ride from a stranger? Is the residence located near a busy street or body of water? Can they be without supervision outside of the residence for a certain period of time? Where might the person go? If they were lost, could they present ID

or ask for assistance? What plan would be implemented if the person left?

For individuals residing in a setting with continual staff supervision, the facility should have a generic response for search and rescue in the event it would occur.

If an individual has a recent current history of running away or wandering away, there should be a specific mitigation plan in place that describes the mitigation strategies and level of supports utilized.

Suicidal ideation or attempt

Suicidal ideation means wanting to take one's own life or thinking about suicide without actually making plans to commit suicide. However, the term suicidal ideation is often used more generally to refer to having the intent to commit suicide, including planning how it will be done. Suicidal ideation is one of the symptoms of both major depression and bipolar depression.

Consider whether the person has a **feasible** plan. What is the cause or function?

E.g.:

Attention- seeking, depression etc.

Has the person actually attempted suicide?

Has the person been hospitalized as a result of suicidal thoughts or attempts?

Is there a crisis plan and has the team, including medical psychiatric professionals, discussed?

Poor follow through with treatments or supports

Also see section "Declines services/supports" and "History of poor decision-making despite being well informed". If all issues are addressed under one section, refer to the completed section in comments.

Is the person at risk because of refusal of critical services or supports?

- Does the person resist care or assistance? If so, why?
- Does the person have behaviors which disrupt or interfere with supports?

Consider whether the person experiences frequent absences or tardiness of his/her support staff OR frequently has staff unfamiliar with his/her support needs?

What are the consequences of poor follow through? Has the person experienced significant negative impact due to poor follow through? If so, describe.

Does the person have the ability to consent?
Is a legal decision maker in place?

Does the person have a family member or friend they rely on to help make decisions?

Declines services/supports- see poor follow through with treatment or supports and history of poor decision-making despite being well-informed.

What is the ability to consent to refusal?
What are the consequences or degree of consequences?
Is there a legal decision maker? Power of attorney? Etc.

Contacts with Emergency Medical Services or law enforcement

Initiates 911 calls inappropriately, feigns illness for admission to ER or ambulance. Also, may include excessive doctor visits without cause; "doctor shopping" etc.

Does the person have a medical/psychiatric condition that is the underlying cause?

Are there additional supports or equipment in place to reduce inappropriate contacts?

Does the person have an IJP?

Has ND Medicaid lock-in program been considered to help set limits?

Fascination with fire or history of fire setting

Does the person have access to matches/lighters?
Does the person smoke?
Are they safe smokers?

History of poor decision-making despite being well informed

See declines services/supports section and poor follow through with treatment and support sections.

What are the consequences of poor decision making?
Do they have a legal decision maker?

Frequent Job changes

What are the reasons for changing jobs frequently?

Has this led to financial difficulty?

Have the proper supports been provided/are they a good match for the jobs?

Substance abuse

Includes use of legal (prescription meds, over the counter, alcohol; inhalants such as paint, etc.) and illegal substances.

Has the person experienced negative legal, job, or personal issues as a result of using?

Has the person experienced any health problems due to substance abuse?

Hospitalizations etc?

Do certain environments or settings impact the person?

Does the person have a family history?

Has the person been offered treatment or support for recovery purposes?

Social Isolation

Does the person prefer to spend most of their time alone?

Is the person provided with enough opportunities to interact with others and participate in activities of their choice?

Does the person establish and maintain friendships and supportive relationships including friends, and family, getting in touch with them either by calling, emailing, in person at events, work, etc.?

Does the person host events, dinner parties in their home?

Does the person take part in leisure activities, hobbies or recreation in his/her home or residence including any leisure activities at home such as TV, music, reading, puzzles, etc.?

Does the person take part in activities in the community for recreation and enjoyment including movies, church, bowling, Special Olympics, YMCA classes, dances, civic organizations, Girl Scouts, Boy Scouts, etc.

How often does the person typically take part in activities in the community for recreation and enjoyment?

- Once a week or more
- Once or twice a month
- One to eleven times per year
- Never

What prevents the person from taking part in more activities in the community for recreation and enjoyment?

- Low motivation or interest
- Behavioral or emotional concerns
- Lack of social skills such as bossing others, talking too loud, interrupting, and invading others' personal space.
- Health concerns
- Money or cost concerns
- Inadequate transportation
- No one available to accompany the person
- Lack of available recreation activities
- Other
- Nothing prevents person - he or she is happy with current amount of recreation activities

Does the person take part in activities with non-paid supports e.g., family, friends, neighbors, etc?

Does this person typically take part in educational opportunities in their community, such as adult education, night school, or community college?

Compromised communication skills (leading to legal issues)

See Communication section

Other Are there situations which employees may consider their own safety and emergency needs as well as those they may have experienced while working with people supported which could be added to the tool manually.

An example of this might be a question such as "would the person know what to do if the driver of a vehicle in which they are riding experienced a life-threatening situation disabling their capacity to communicate to get help?".

Other

Medical and Physiological

Many of the following risk factors may be addressed and mitigated in the

The following comments in italics are not currently part of the risk assessment and are not required. However, if a person has significant health issues, it might be helpful for the team to discuss.

Medical/Nursing Section of the PCSP.

Does the person require any **hands-on** or **direct care** from a nurse (LPN or RN) to provide routine care? This does not include routine examinations or assessments such as blood pressure checks, incident monitoring, monthly assessments, etc.

If yes, how often is this hands-on or direct care from a nurse (RN or LPN) needed?

- 1-5 times a year
- 6-11 times a year
- Once a month
- 2-3 times a month
- Once a week
- 2-3 times per week
- 4-6- times a week
- At least once a day

Typical number of office visits person had in past year to see a licensed professional for medical or mental health care (such as a doctor, dentist, nurse, laboratory technician, physical, respiratory or speech therapist, podiatrist, psychiatrist, psychologist, or behavioral therapist). This does not include home visits. Consider off-site medical or mental health office visits only and emergency room visits.

- None in past year
- 1-5 times a year
- 6-11 times a year
- 12-23 times a year
- 2-3 times a month

- *Once a week*
- *2 or more times a week*

If known, what is the Code Level Status

- This is also on the PCSP checklist.

Are there questions or concerns regarding the code level?

Does the person understand the code level? Do they have a legal decision maker/DPA?

Gastrointestinal

Gastroesophageal reflux (GERD); Chron's disease; gluten intolerance; Diverticuli disease; fistulas, abscesses; colon polyps, colon cancer, Colitis; Irritable bowel syndrome (IBS); constipation; ulcers.

Does the person require tube feeding (NG, G, or J tube)?

Seizures

What type of seizures does the person have?

How often do they have them?

Are the seizures controlled with medication?

Is there an emergency response plan if the person experiences status epilepticus (uncontrolled seizures)?

Are the seizures triggered by any stimuli such as flashing lights, stress, fatigue, alcohol, loud noises, low blood sugar, drinking lots of water, fever, constipation?

Are there specific precautions that need to be taken for the person?

Does the person need to be monitored during certain activities such as bathing?

Emergency meds needed (for seizures, allergies, cardiac concerns, etc)

Is the person in need of medications immediately in an emergency situation such as Epi-Pen for bee stings, nitro for heart condition, or Vagus nerve stimulator for seizures?

Where emergency medications are located and how are they carried/stored to ensure the person has access to them when needed?

Who is responsible to monitor including check for expiration dates, re-ordering, and plan for administering?

Cardio/Respiratory

Is there a history of, or current diagnosis of a heart condition? If so, describe, e.g., Congestive Heart Failure (CHF); mitral valve prolapse; Angina Pectoris, Arrhythmias, Atherosclerosis, Atrial Fibrillation, Congenital heart defects, coronary heart disease, Cardiomyopathy, cardiac infarction (heart attack, heart valve disease, Pericarditis, Rheumatic Heart Disease, High Blood Pressure/Hypertension, heart murmur.

Are medications or blood thinners or diuretics used to treat?

Does the person require antibiotic therapy prior to dental appointments or other potentially invasive procedures?

Is there a history of, or current diagnosis of pulmonary/lung disease such as Chronic Obstructive Pulmonary Disorder (COPD), asthma emphysema, pneumonia, tuberculosis, or lung cancer?

Are medications used to treat the condition?

Does the condition limit the person's activity level or ability to be in certain environments?

Does the person receive the following and if so, how often and who is responsible to provide and monitor the treatment?

- Nebulizer treatments or inhalation therapy
- oxygen
- respiratory suctioning
- postural drainage
- ventilator
- Tracheotomy? What cares are related to the stoma, cannula, and any other trach care?

Does the person have sleep apnea?

Utilize a CPAP machine?

Nutritional

Can the person monitor their own nutritional status?

Are they on an increased or decreased calorie diet?

Do they have a medically prescribed diet e.g., diabetic, low salt/sodium, lactose intolerance, celiac diet?

Do they require Tube feeding (NG, G, or J?)

Do they have a history or risk of dehydration?

If the person has a medically ordered diet, is it followed?

Discuss risks if diet is not followed and specific methods used to manage.

Diabetes

Type I or Type II?

How is it managed?

- Needle injection required?
- Insulin pump
- Diet
- Glucose monitoring etc

Can the person recognize problems and manage their condition and/or seek assistance if necessary?

Is specialized equipment utilized?

What methods are used to support and/or mitigate risks and who is responsible.

Skin Integrity/Breakdown

- Some elements may be addressed in the "Transfer" section that also addresses ability to re-position.

Does the person have any skin condition such as psoriasis, eczema, etc?

Is the person able to re-position themselves independently in bed or in chair?

Have there been changes with the person such as weight gain or recent immobility?

Is the person incontinent, which puts them at risk for skin breakdown?

Does the person have decreased elasticity/thin skin that may tear easily?

Are there sunburn precautions due to medications etc?

Is the person diabetic and do they require a professional, such as a nurse or podiatrist to perform nail care and monitor skin?

Mitigation strategies include description of repositioning schedules; chair or bed adjustments; use of wedges or other devices; special nail care; skin care, such as lotion, massage, special bedding, and etc.

Orthopedic

Does the person have a history of, or diagnosis of osteoporosis; gout, amputations; fractures; hip dysplasia, kyphosis, lordosis, scoliosis, ruptured disc, Paget's disease, or other orthopedic conditions?

Is specialized equipment utilized or needed? Is it maintained and monitored?

Sensory

Conditions related to taste, touch, smell, sound, temperature, or sight.

Including but not limited to vision problems, hearing deficits, tactile defensiveness, sensory integration problems, PICA (eating and drinking nonfood items).

Does the person have hypersensitivity to touch and other stimulation such as light or sound?

Individuals with autism are frequently over sensitive.

Under sensitivity to sensory input which may cause self-stimulation or self injurious behavior?

Are changes documented; consistent approaches used, and environmental restructuring addressed if needed?

Taking three or more medications for chronic medical condition

The more drugs taken, the more likely a person is to have a drug interaction with other medications, food, or alcohol.

Does the person have access to a physician or pharmacist to help manage? Family, friends, public health nurse?

Does the person understand the side effects of the medication and possible medication interactions?

If no, how are medications managed for the person? Are medications locked up, set up, and proper medication administration methods followed?

Poor follow through on medical orders including post hospitalization/discharge orders

Does the person have the skills to understand the changes that may be implemented after a hospital stay e.g., change in medication; non-weight bearing; need for therapy; follow up appointments?

Does the person have a legal decision maker or representative that can assist?

What other supports and processes are in place if the person is not able to manage post hospitalization orders?

Significant change in health or mental status

Does the person have frequent fluctuations in their health or mental status due to a chronic condition?

What is the cause? Pattern?

How is this monitored?

Significant change in sleeping or eating habits

Does the person have frequent or cyclical changes in sleep or eating patterns?

What is the cause? (Pain, depression, reaction to medications, other)

Does the person have a sleep disorder or eating disorder?

- Eating disorder may be addressed in other section

How is this monitored and communicated to the team and what are the interventions?

Unmet medical needs

- Refusal of medical services is covered in the next section

Does the person have any medical needs that are not being addressed?

If so, describe and identify barriers, e.g., cost? Items or person not covered by insurance?

Is the person aware of the consequences?

Does the person have a legal decision maker?

Could an Ethics Committee assist?

What is being done to obtain the necessary medical treatment, equipment?

Declines Medical Services

Does the person refuse all or certain medical services?

If so, describe and reason for refusal if known (fear, anxiety, religious or cultural reasons)

Is the person informed of consequences?

Could this result in self-neglect?

Is there a legal decision maker?

If the legal decision maker is making the decision to not obtain medical treatment or services has this been discussed with the team, including the person's physician?

Would a consultation with an Ethics Committee assist?

Contact with the Protection and Advocacy Project?

Inability to tolerate a medical exam/procedure

May have been addressed under Physical Restraint section

- Chemical restraint (sedation)
- Physical restraint

Is there a desensitization program in place?

What other methods are used?

Obesity/Anorexia/Bulimia

- May have been addressed under "Nutritional" section.

Does the person have an eating disorder such as extreme reduction of food intake or extreme overeating, or feelings of extreme distress or concern about body weight or shape? Includes binge eating or compulsive, rapid ingestion of large quantities of food, or edible liquids.

Multiple Falls/Fractures

- May have been addressed in Ambulation

Mobility Impairment

- May have been addressed in Ambulation.

Does the person utilize any adaptive equipment? Describe type of assistance needed and how it is provided.

Swallowing disorder

- May have addressed on "Eating" or Nutrition

- May also be addressed in the next section History of choking or aspiration if applicable.

Does the person have dysphasia? Has the person been evaluated?

Require food or liquid to be in a particular consistency or size e.g., chopped into specific size pieces, group up, pureed, thickened, etc.?

History of choking or aspiration

- May have address in prior Section "Eating"
- May have addressed in prior Section "Swallowing disorder"

Does the person cough or choke while eating?

Stuff too much food into the mouth?

Gasp for air while eating?

Gulp liquids?

Have difficulty coordinating movements to bite, chew, move and swallow food?

Does the person have a positioning plan while dining?

Modified diet?

Has the person been evaluated by a Speech Therapist or Ear Nose and Throat Specialist?

Training in place to decrease restrictions?

Have all staff who work with the individual trained in the Heimlich maneuver?

Describe specific/exact methods used.

Compromised Communication Skills

May have been addressed in the Communication section

Lifestyle choices that negatively affect health (i.e., smoking, drinking, diet, promiscuity)

- Has the person been provided with educational information, training, treatment, and counseling?
- Do they understand the consequences of their behavior?

Other

Other

Environmental

Unsanitary living conditions

Includes routine light cleaning such as dusting, vacuuming, floor care, garbage removal, changing linens, etc.

- May be addressed in Doing household chores section

Is the person able to maintain their living environment to the extent that the person's health and safety are not compromised? (Does not mean that is has to meet the "white glove" test).

Is this self-neglect?
Choice or lack of ability?

Does the person have a tendency to hoard?
Can the person determine when food is spoiled or out of date?
Is "housekeeping" a priority for staff time?
Can the person benefit from training in this area?

*Does the person live with an unpaid caregiver? If the person is residing in the home of an unpaid caregiver (family member) observation of the general environment should suffice while completing the assessment. If there is significant concern about the unsanitary living conditions in the environment (home of an unpaid caregiver) then a report should be made to the Protection and Advocacy Project.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Home is in significant disrepair

Is the person able to maintain their living environment to the extent that the person's health and safety are not compromised?

Is cost an issue?
Is this self-neglect?
Choice or lack of ability?

Is the person at risk of homelessness due to the condition of the home?
Is it due to property destruction on the part of the person?

Are there programs such as weatherization program, community organized projects such as "Christmas in April" that could be accessed? Would family members or a church group, sorority, or fraternity be willing to assist with repairs?

*Does the person live with an unpaid caregiver? If the person is residing in the home of an unpaid caregiver (family member), observation of the general environment should suffice while completing the assessment. If there is significant concern about the unsanitary living conditions in the environment (home of an unpaid caregiver) then a report should be made to the Protection and Advocacy Project.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Necessary equipment in disrepair, broken or is lost

Is there a method/schedule to monitor equipment to ensure the person has access to it and that any maintenance or repairs or replacements are obtained?

Are there any supports needed or precautions taken when the person does not have access to necessary equipment?

Unmet equipment needs

- Could address in section above "Necessary equipment in disrepair, broken or lost".

What is needed?

Is cost an issue?

Who is responsible to make referrals and assist in obtaining necessary equipment?

*Good question for individuals who reside in the home of an unpaid caregiver. There may be services under the waiver and/or the Medicaid State Plan that could be accessed.

Necessary environmental modification not completed

What is needed?

Is cost an issue?

Who is responsible to make referrals and assist in obtaining necessary equipment?

*Good question for individuals who reside in the home of an unpaid caregiver. There may be services under the waiver and/or the Medicaid State Plan that could be accessed.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Evacuation Skills

Critical to Emergency Back Up Plan for individuals who do not have continual staff supervision and for those individuals who are unable to evacuate on their own during emergency drills or emergency situations even if living in a setting with continual staff support.

How does the person respond to an alarm or emergency?

Can the person respond without prompting to basic safety issues in the home, such as evacuation during a fire? Find exits?

Can the person respond appropriately without prompting to lack of heat in the winter or a power outage?

Is the person able to obtain necessary emergency assistance by some means such as calling 911, pressing an emergency button, speed dial, or getting a neighbor or family member?

Does the person have auditory or visual difficulties that require adaptive or assistive devices for safety? Such as tactile escape route; flashing fire alarm or bed shaker?

Is a fire extinguisher available? Does the person know how to use it?

Is the person resistant or require assistance? What type of assistance is needed and when?

What methods are in place to address health and safety?

Other:

Could address any other safety skills in the home and community in this section such as:

Does the person know that metal cannot be placed in a microwave; and plastic containers cannot go into the oven etc?

Safe use and appropriate use of sharp objects (knives, scissors)

Does the person lock the door at night?

Does the person open the door to strangers?

Would they accept a ride from someone they didn't know?

Does the person approach people in the community in an inappropriate manner?

Loss of job

- May be addressed in "Frequent Job Changes"

What are the reasons/potential reasons for job loss?

Were there negative impacts for the person?

Were the proper supports provided?

Was the job in an appropriate setting for the person's skill level?

Were there ongoing reviews to address problems as they arose?

Loss of benefits

May include Medicaid; Medicare (including Part D for medications); Housing Assistance; Social Security benefits; See PCSP checklist.

Is the person able to apply for and maintain benefits including providing appropriate follow up and information?

- Reporting income
- Monitoring limits/spend down
- Completing applications/re-determinations

Does the person have a legal decision maker?

Does the person have a representative payee?

If the person cannot apply for and maintain their benefits, who is responsible to assist and what methods are in place to ensure that benefits are obtained and maintained?

Indebtedness

Is the person able to budget their money and pay their own bills?

Do they have access to credit card, ATM, check book, etc., and can they manage them appropriately?

- Has the person run up credit card debt or made excessive telephone calls, (long distance or 900 calls) or cell phone charges that they could not pay?

If not, who is responsible to assist the person and what methods are in place to assist the person? Use of phone blocks; co signers; etc.

Loaning money to others

- Could also be addressed under next section "Financial Exploitation".

Has the person loaned money to others?

If so, who was the money loaned to?

Was the money paid back?

Did the person loan money to someone under pressure (perceived or real).

What was the consequence for the person?

What methods are in place to address the risk?

Financial Exploitation

- See previous Section "Loaning Money to others"

Is/has the person an offender or a victim?

Does the person understand what financial exploitation may involve?

Would the person give strangers money or give away their money because someone was a "new" friend" or because a family member said they should?

Does the person be at risk of giving out personal information or their social security information to strangers?

Would they know who to go to if someone has taken their money or belongings?

Methods to address the risk.

Excessive Housing Costs

Can the person afford their current housing?

Is this a personal choice or there other alternatives for money or another or a lesser restrictive alternative?

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Excessive Gambling

What is the cost factor or consequences?

Has it had a negative impact financially or personally for the person?

Have the winnings been properly reported?

Other

Other

Risks associated with leisure activities

- **Animal safety**
- **Gun safety**
- **Computer and cell phone**

Does the person approach strange animals?

If the person has an animal are they able to care for it properly and afford food, treats, vet bills etc?

Does the person have access to guns? If so, do they know gun safety?

Do they ride and bicycle? If so, do they obey the rules and practice bike safety?

If they have a car, motorcycle, scooter, ATV, can they safely operate?
Can they afford gas, license, and maintenance?

Does the person use the internet, cell phone, or other electronic or communication devices appropriately? Are there likely consequences from sexting, porn?

Eviction

Is the person at risk for eviction?
If so why?

If appropriate may address in property destruction, excessive housing costs, house in disrepair, etc.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Loss of Home

Is the person at risk of being homeless?
If so, why?

If appropriate may address in property destruction, excessive housing costs, house in disrepair, eviction, etc.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Frequent moves for seemingly unjustified reasons

Reason for frequent moves?

Do they understand rules/costs?

If appropriate may address in property destruction, excessive housing costs, house in disrepair, eviction, etc.

Difficulties with landlord

Reasons for difficulty?

Do they understand rules/costs?

Are they being discriminated against? --Fair Housing laws

If appropriate may address in property destruction, excessive housing costs, house in disrepair, eviction, etc.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Dangerous or threatening neighbors

Does the person live in an unsafe neighborhood?

Are they harassed by neighbors?

Are there any safety concerns in the neighborhood? Describe

Have police been involved?

If the person has expressed concern, is it real or imagined?

Is the person lonely?

*If the person considered a danger to their neighbors or there have been complaints from people in the neighborhood regarding the person, please describe.

In this section if the person resides in a setting that has continual staff supervision responsible for environmental upkeep it may be noted in comments.

Loss of caregiver or close family member

Who was the person?

Was the loss recent?

Is the person still grieving the loss?

What was the reason for the loss? Death? Unable to fulfill care giving responsibilities?

Has the person received support or grief counseling?

Can the person still maintain contact with the person in some manner?

Loss of someone significant

- See Loss of caregiver or close family member

Could also include staff member, friend, and significant other such as spouse, boyfriend, or girlfriend?

What was the reason for the loss?

What supports are being provided?

Ability to interact with others independently

- May be covered in other sections of the RA.

Does the person lock the door at night?

Does the person open the door to strangers?

Appropriately respond to solicitors?

Would they accept a ride from someone they didn't know?

Do they keep their ID, personal and financial information safe?

Does the person approach people in the community in an inappropriate manner?

Do they inform others of emergencies?

Do they inform others of necessary household repairs etc?

Loss of Natural Supports

- May be addressed in other previous sections

Incapacitated Caregiver

- May be addressed in previous sections

What is the impact?

What supports may be provided to the person?

Is this expected to be short-term or long term?

Will they be able to return to their previous role or is replacement possible or necessary?

The following section in italics has not been included in the Risk Assessment before, but it might be helpful for the team to consider if it applies to the person.

Primary Caregiver Support (Unpaid)

Primary caregivers provide UNPAID direct care for the person and are usually responsible for the person's care. They are typically parents or close relatives with the person lives. This does not include DD licensed provider staff, QSPs, etc.

Is this person his or her own caregiver?

If "yes", the person is his or her own caregiver, does the person have any other people who provide unpaid regular support or assistance at least once a month? This does not include anyone providing paid support or assistance.

- *May include parent or sibling or other family member*
- *Friend*
- *Roommate*
- *Co-worker*
- *Neighbor/member of his or her religious organization*
- *Unrelated guardian, conservator, or legal advocate*

If the person does an UNPAID primary caregiver, what is the primary caregiver's relationship to the person?

Is there a secondary caregiver?

- *Are the unpaid caregivers employed outside of the home 20 hours a week or more?*
- *Does the caregiver work during hours this person needs support?*
- *Is the caregiver?*
 - *65-74?*
 - *75-80?*
 - *Age 81 or older?*
 - *Are the caregivers also the primary caregiver for aging parents, ill spouse, or other relative with disabilities?*
 - *Are the caregivers also caring for an additional child or children who are under the age of 18 and who live with them?*
 - *Is the caregiver frail or have poor health affecting ability to give care?*
 - *Can the caregiver drive? Do they have their own car?*
 - *Is caregiver limited to driving only around town or cannot drive at night?*
 - *Does the caregiver have memory problems affecting ability to give care?*
 - *Does the caregiver speak English?*
 - *Does the caregiver have a physical or mental health disability affecting ability to give care?*
 - *Does the caregiver have an intellectual disability affecting ability to give care?*

Refusal of Critical Services

- May be addressed in previous sections

Who sees it as a critical service?

What are the consequences of the refusal?

Is consent present?

Are choices offered?

Is there a legal decision maker?

Has guardianship been discussed? Advocacy?

Poor compliance with needed supports by staff

Evaluate if person's needs are not being met.

Does the person experience frequent absences or tardiness by staff or frequently has staff that is not familiar with their needs?

Does there need to be a change in staff?

Is additional staff training needed?

What is the process to ensure that staff do arrive on time and/or complete their assigned shift?

How is staff trained prior to providing supports?

Significantly compromised hygiene or appearance

- May be addressed in previous sections

What are the consequences?

Is it due to inability or willingness to follow through?

History of abuse, neglect, or exploitation

- May be addressed in previous sections

Review incidents of past 12 months.

Is the person a victim or offender?

What mitigation strategies have been implemented?

What is the therapeutic plan or plan to decrease vulnerability?

Pregnancy and Parenthood

Does the person express a wish to have a child?

If so, do they understand the responsibilities?

Been counseled regarding birth control?

Planned pregnancy or unplanned?

Are they able to consent?

What supports are needed?

Are there religious or cultural considerations?

The following section in italics is not currently in the Risk Assessment, but it may be helpful for teams to consider if the person has their own care-giving responsibilities for another person including a child:

Person's Own Care giving Responsibilities

- Is this person a primary caregiver for another person?
 - If yes, what is his/her relationship to the person he/she is taking care of?

Person's Own Parental Responsibilities - concerning any parental responsibilities the person has themselves.

- Does this person have any children?

If yes,

- Are any of this person's own children under age 18?
- Is this person the primary caregiver for any of his/her children?
- Does the person have legal custody of any of his/her children?
- Is another agency involved in the care or protection of any this person's children?
- Is there a secondary caregiver for these children?
- If there is a secondary caregiver, how is he/she related to the person?

Independent/Free Time

- May be covered in previous section such as "Social Isolation"

What does the person prefer to do during their leisure time?

How long can they be left alone? Does this vary by setting?

Does the person establish and maintain friendships and supportive relationships including friends, and family, getting in touch with them either by calling, emailing, in person at events, work, etc.?

Does the person host events dinner parties in their home?

Does the person take part in leisure activities, hobbies or recreation in his/her home or residence including any leisure activities at home such as TV, music, reading, puzzles, etc.?

Does the person take part in activities in the community for recreation and enjoyment including movies, church, bowling, Special Olympics, YMCA classes, dances, civic organizations, Girl Scouts, Boy Scouts, etc.

How often does the person typically take part in activities in the community for recreation and enjoyment?

- Once a week or more
- Once or twice a month
- One to eleven times per year
- Never

What prevents the person from taking part in more activities in the community for recreation and enjoyment?

- Low motivation or interest
- Behavioral or emotional concerns
- Lack of social skills such as bossing others, talking too loud, interrupting, and invading others' personal space.
- Health concerns
- Money or cost concerns
- Inadequate transportation
- No one available to accompany the person
- Lack of available recreation activities
- Other
- Nothing prevents person- he or she is happy with current amount of recreation activities

Does the person take part in activities with non-paid supports e.g., family, friends, neighbors, etc?

Does this person typically take part in educational opportunities in their community, such as adult education, night school, or community college?

Unique factors - Client/Family specific

May have been addressed in previous sections

Are there significant family relationships or dynamics etc?

Compromised Communication Skills

Other

Other

Current Staffing and Supervision

The intent is to identify what supports the individual receives using consistent definitions across the State.

Line of sight and 1:1 Definitions

- **Line of sight observation by assigned staff at all times. Staff may support more than one person but cannot perform other duties that conflict with the line of sight supervision for that person. Staff must assign the line of sight duties to other staff for breaks. (The plan identifies whether the line of sight observation is expected in the bedroom/bathroom.)**
- **One-to One (1: 1) support and supervision. One staff is responsible for the person. The person must be within line- of -sight of the assigned staff person at all times. The staff person is not assigned routine duties for other individuals. Requires staff replacement for duration of staff break.**

Select the option that most accurately reflects the supports received by the individual

It is acknowledged that supports are provided on an individual basis. If needed, further description of the supports can be described in the PCSP.

Residential Support

- Day Time - hours the individual is awake
- Specify how long the person can safely be alone without staff checks
- Residential Overnight support
- Environmental Modifications or Equipment for Supervision or Support
- Community support needs
- If the staff is required to be within a certain distance of the person, the plan must specify. The plan identifies whether the line of sight observation is expected in the bedroom/bathroom

Day Program/Employment

- Day Program/Employment Participation
- Day Program/Employment Supports
- If the staff is required to be within a certain distance of the person, the plan must specify. The plan identifies whether the line of sight observation is expected in the bedroom/bathroom

School Supports

- If the person is enrolled in School, indicate the level of support provided in that setting
- If the staff is required to be within a certain distance of the person, the plan must specify. The plan identifies whether the line of sight observation is expected in the bedroom/bathroom

Family Support In-Home Supports (Provider or Self-Directed)

- Specify how long the person can safely be alone without staff check
- Determine if In-Home staff is required to remain with the person until primary caregiver returns, or if there is a period of time the person can safely be alone either before staff arrive or after they leave
- If this level of support is required, In- Home staff are required to remain with the person until the primary caregiver returns and the person is never left alone either by in home staff or primary caregiver