



Risk Management Assessment Plan (RMAP) Updates and Training

Developmental Disabilities Section
January 13, 2025



Agenda

- What is changing?
- Why is it changing?
- When will this take effect?
- RMAP Training
- Reference tools



Questions

- Please hold questions until the end.
- You may use the chat to drop in questions throughout the presentation; however, we will address them toward the end.

What is changing?

- New version of the RMAP – 2016 version will be discontinued
 - Is in a new Therap module, so functionality is different
 - Numerous enhancements
- Intermittent Risk Assessment (SFN 866) will be discontinued
 - One RMAP to use across all services & ages that is more comprehensive
 - Not needed for Infant Development – risks/mitigation currently embedded into IFSP
- RMAP Instructions
 - Modernized & enhanced

Why is it changing?

- Updates were completed to:
 - Meet requirements from Center for Medicare and Medicaid Services' (CMS) Quality Measure Set
 - *Evaluates the quality & delivery of home & community-based services and collects data consistently across all states*
 - *States are to report their data to CMS & develop quality improvement plans*
 - Capture information related to the National Core Indicators (NCI) surveys.
 - *Data that is included in state/national reports – use for quality improvements or strategic planning*
 - *E.g. language, residence type, psychotropic medications, supervision levels, etc.*
- Capture information for other national reports that request information
- Streamline the assessment to reduce duplication
- Address feedback from the field

CMS Quality Measure Set-Assessment

The percentage of participants, aged 18 years and older, who have documentation of a comprehensive assessment, completed in a specified timeframe, which includes documentation of core and supplemental elements.

Assessment Core Elements

(must have all 10)

1. At least five ADLs
2. Acute and chronic health conditions
3. Current medications
4. Cognitive function (dementia) using a standardized tool
5. Mental health status using a standardized tool
6. Assessment of current alcohol, illicit substance use using a standardized tool
7. Assessment of home safety risks
8. Type of living arrangement
9. Confirmation of caregiver
10. Current provider information

Assessment Supplemental Elements

(must have at least 12 out of 18)

1. Assessment of four IADLs
2. Current use of an assistive device or technology for mobility
3. Behavior abnormalities that result from a cognitive or psychological condition
4. Vision needs, has impaired vision & uses a device
5. Hearing needs, has impaired hearing & uses a device
6. Speech needs, has a speech impairment & uses a device
7. PT or OT needs, needs physical or occupational therapy
8. Fall risk, has a history of falls or problem with balance/gait
9. Smoking or tobacco use status
10. Social support in the community
11. Cultural and linguistic preferences
12. Engaging in work or volunteer activities
13. Recent use of medical services

CMS Quality Measure Set-PCSP

The percentage of participants, aged 18 years and older, who have documentation of a comprehensive person-centered plan, completed in a specified timeframe, which includes documentation of core and supplemental elements.

PCSP Core Elements

(must have all 10)

1. At least one individualized goal
2. A plan of care to meet medical needs
3. A plan of care to meet functional needs
4. A plan of care to meet cognitive impairment (dementia) needs
5. A plan of care to meet mental health or substance use disorder needs
6. A list of all services receives, in the home, other settings, including paid or unpaid & the amount and frequency
7. *A plan for the care manager to follow up & communicate with the participant**
8. A plan to ensure needs are met in an emergency
9. *Name & contact information for caregivers who were involved in the person-centered plan development**
10. *Agreement to the completed person-centered plan**

PCSP Supplemental Elements

(must have at least 4 out of 7)

1. A plan of care to meet social or community integration needs
2. Duration of all services receives, in the home, other settings, including paid or unpaid
3. Contact information for the service providers
4. A plan to assess progress toward meeting established goals, including a timeframe for reassessment & follow-up

Note: Both PCSP elements will be collected through the current case file review and OSP template.

* Will not be reporting out on since not part of Case File Review

CMS Quality Measure Set

Assessment Supplemental Elements Not Used

1. Self-reported health status using a question or standardized tool
2. Self-reported levels of activation or self-efficacy behaviors using a standardized tool
3. Community, public resources to address social risk factors
4. Self-reported social isolation or loneliness using a standardized tool
5. Existence of an advance care plan

Will not be reporting out on since have seven met

Person-Centered Plan Supplemental Elements Not Used

1. Documentation of barriers to meeting defined goals
2. The participant's first point of contact
3. Contact information for the participant's primary care physician or a plan for connecting to the primary care physician if does not have one, currently

Will not be reporting out on since have four met

When does this take effect?

- New version of the RMAP is currently available.
- Should be used **effective immediately** as annual plans come due or to complete RMAP updates between annual plans.
- If you have a current RMAP in draft status, must have this approved by February 28, 2026.
- After February 28, the 2016 RMAP will only become view only.

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
- **Not required for those receiving Infant Development services**

When is the RMAP 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.

How the Information is Used

- Tool that is essential in developing the person-centered service plan
- Can identify health & safety information or other support needs
- Identifies risks by documentation the WHY it's a risk (e.g. what's occurring, frequency, severity, etc.)

WHY RMAP Example: Jon has difficulty self-regulating his emotions, typically happens weekly. When he becomes upset, Jon will throw items, break personal belongs, and hit, scratch, bite others. Sometimes the reaction comes on suddenly and there is no warning, other times the precursors are there and can be redirected. This past year, 3 staff received medical treatment because of injuries.

WHY RMAP Example: Jon is unable to count or identify money; balance his checkbook or budget his money. In the past year, Jon has lost money and has given it away to people. If Jon were to have large amounts of money, he has spent it all right away leaving no money for necessities.

- The RMAP does NOT document the mitigation, the OSP does
 - If mitigation information is in the RMAP, it does not document or support WHY it's a risk

OSP Mitigation Example: Jon has a behavior support plan that supports him to use calming techniques and strategies staff may use to redirect or respond to physical aggression.

OSP Mitigation Example: Jon has a rep payee who manages his Social Security and pays bills. Jon has access to \$20/week that he keeps in his wallet, and the rest is kept in a lock box (right restriction).

How to Determine Risk

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.

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.*

Accessing the Risk Assessment



Dashboard – To Do Tab

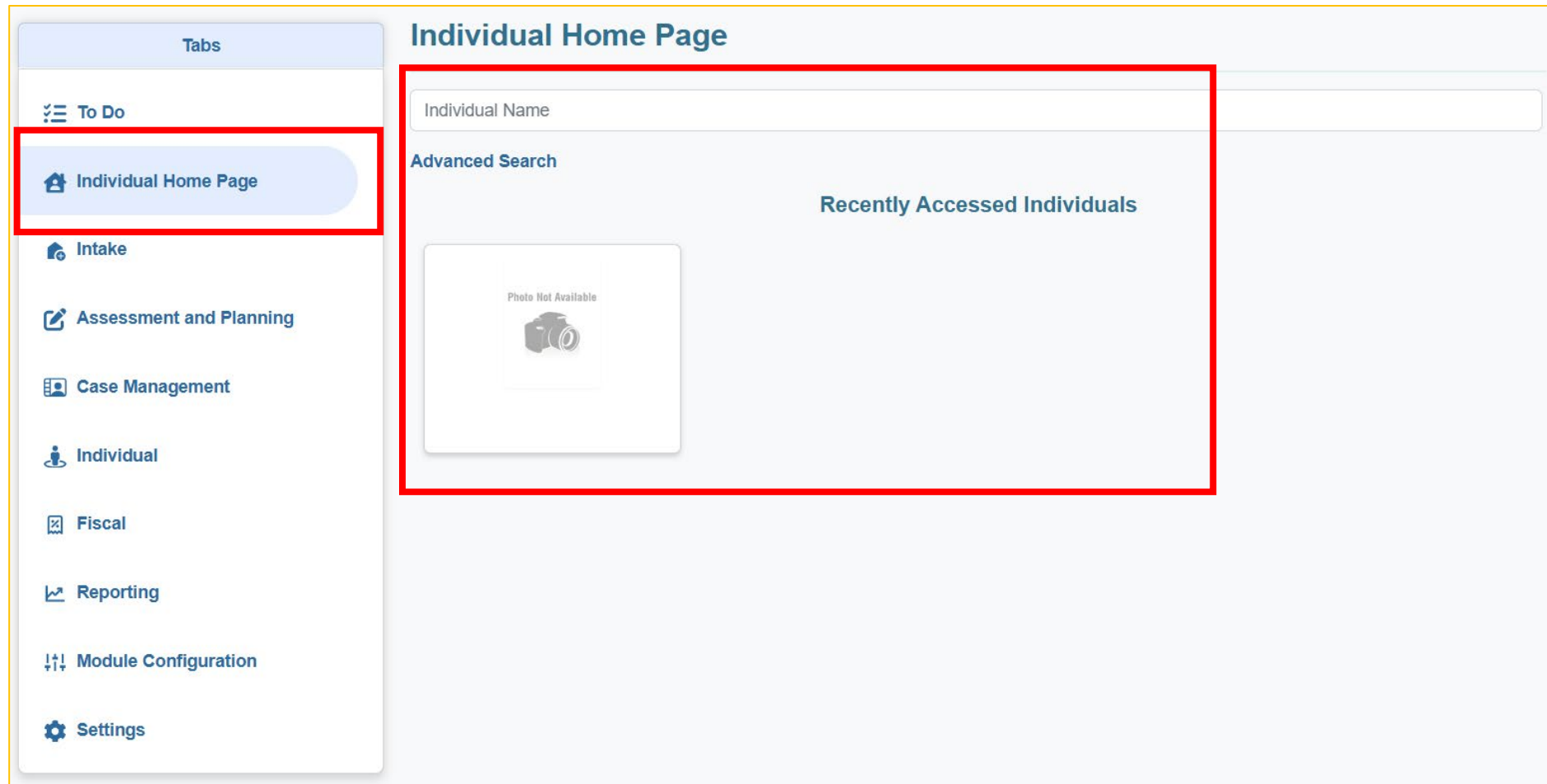
The screenshot displays the 'To Do' tab in a dashboard. On the left is a sidebar with various navigation options. The main area shows a table of modules categorized by priority: High (red), Medium (yellow), and Low (green). The 'To Do' tab is highlighted in the sidebar, and the 'Risk Management Assessment and Plan (1.0)' module is highlighted in the table.

Modules		High	Medium	Low
Overall Service Plan - New Search				
PCSP Meeting Notice			200+	
Individual Family Service Plan - New Search				
Draft			2	
Pending Provider Response			5	
Risk Management Assessment and Plan (1.0)				
Draft			4	
Acknowledge			3	

Dashboard – Individual Tab

The screenshot displays the 'Individual Tab' dashboard. On the left is a sidebar with a 'Tabs' section containing: 'To Do', 'Individual Home Page', 'Intake', 'Assessment and Planning', 'Case Management', 'Individual' (highlighted with a red box), 'Fiscal', 'Reporting', 'Module Configuration', and 'Settings'. The main content area on the right is divided into three sections: 1. 'Risk Management Assessment and Plan [Version: ND 2016.10]' with links for 'New', 'Worklist', 'Acknowledge', and 'Search'. 2. 'Incident Management' with a sub-section 'General Event Reports (GER)' containing a 'Search' link, and a 'GER Resolution' sub-section with links for 'New', 'Unaddressed GERs', 'Open Resolutions', 'Open Investigations', and 'Search'. 3. 'Admin Note' with a sub-section 'Admin Note (1.0)' containing links for 'New' and 'Search'. At the bottom of the main area is another 'Risk Management Assessment and Plan' section, with a sub-section 'Risk Management Assessment and Plan (1.0)' containing links for 'New' and 'Search' (this sub-section is also highlighted with a red box).

Dashboard – Individual Home Page Tab



Dashboard – Individual Home Page Tab

Home	Profile	Plans	Case Status	About Me
Plans				
<input type="text" value="Filter"/>				
Name	Approved Date	Review Date	Start Date	End Date
Risk Management Assessment and Plan (1.0)	06/26/2025		06/16/2025	06/26/2025

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

Navigating the Risk Assessment



Navigating 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	<p>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.</p> <p>Once "approved" the document will be available for users to "acknowledge."</p>
Discontinue	<p>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.</p> <p>Past versions will still be accessible/copyable but will show up as "discontinued."</p>
Acknowledge	<p>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.</p> <ul style="list-style-type: none"> 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.

Navigating the RMAP

Acknowledgement Report


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

Acknowledgement Report

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.

Acknowledgement Report

#	Acknowledgement Date	Acknowledged By	Comments	Time Zone
No data found				

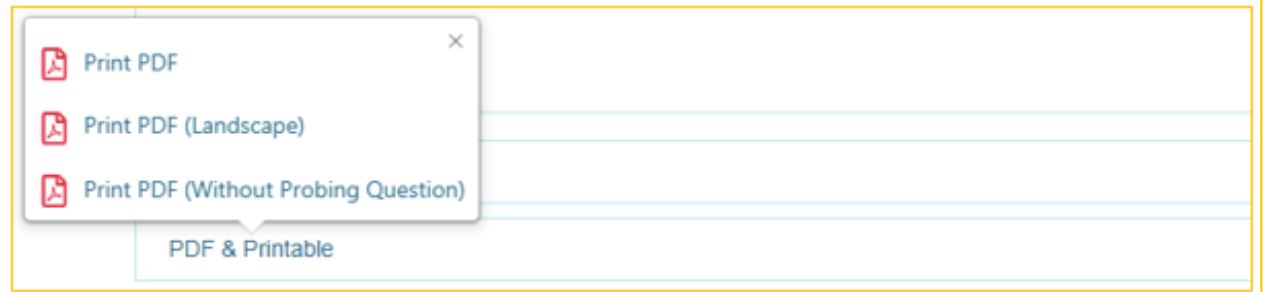
 Print PDF

Close

Navigating the RMAP

PDF & Printable

Users can generate PDFs for printing using the PDF & Printable link located at the bottom of the form. 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.

Navigating the RMAP

Section(s) <

- ☒ General (2/2)
- ☐ General Information (7/9)
- ☐ Activities of Daily Living (ADLs) (10/13)
- ☐ Instrumental Activities of Daily Living (IADLs) (21/24)
- ☐ Behavioral (12/14)
- ☐ Medical and Psychological (23/27)
- ☐ Community and Social (4/7)
- ☐ Staffing and Supervision (0/4)

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 not included in these counts but must be completed if "Presents a Risk" is marked "Yes."

Navigating the RMAP

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:

Risk Management Assessment and Plan (1.0) Draft ⓘ

Please see below for error messages!

Navigating the RMAP

The required areas that remain unanswered will appear in red.

<input checked="" type="checkbox"/> General (2/2)	Primary Language [Not Answered] Required
<input type="checkbox"/> General Information (0/9)	Residence Type: [Not Answered] Required
<input type="checkbox"/> I. Activities of Daily Living (ADLs) (0/13)	Number of other people residing in the home Please include the individual when entering the
<input type="checkbox"/> II. Instrumental Activities of	

Completing the Risk Assessment



Demographic Information



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

Risk Management Assessment and Plan (1.0) **Approved** ⓘ

Demographic	
Individual Name ⓘ	DOB
Gender	Residential Attention or in care of
Residential Address	Residential Phone

General

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

Section(s)	General
<input checked="" type="checkbox"/> General (2/2)	<div>* From Date 01/01/2025 </div> <div>* To Date 12/31/2025 </div>
<input type="checkbox"/> General Information (7/9)	

General

- Only one approved RMAP can exist for any given timeframe.
- If users attempt to create a new RMAP with dates that overlap an active, approved RMAP, the system will generate an error message.

Validation Error Example:



The screenshot shows a user interface for creating a new Risk Management Assessment and Plan (1.0). The title bar reads "Risk Management Assessment and Plan (1.0) New" with an information icon. Below the title bar, a pink error message box contains the text: "Please see below for error messages!" followed by "Another Risk Management Assessment and Plan (1.0) exists for the duration".

- The new RMAP cannot be created until the date conflict is resolved, either by discontinuing the old RMAP or updating the current dates to align with the appropriate timeframe.

General Information

Section(s) <

☒ General (2/2)

☐ **General Information (4/9)**

☐ I. Activities of Daily Living (ADLs) (10/13)

☐ II. Instrumental Activities of Daily Living (IADLs) (21/24)

☐ III. Behavioral (12/14)

☐ IV. Medical and Psychological (23/27)

☐ V. Community and Social (4/7)

☐ VI. Staffing and Supervision (0/4)

General Information

Primary Language [Fetch](#) [Clear](#)

Residence Type:

- Please Select -

Number of other people residing in the home:

Please include the individual when entering the total number of people residing in the home.

- Please Select -

RMAP Type:

☐ Initial/Admission

☐ 30-Day Comprehensive

☐ Annual

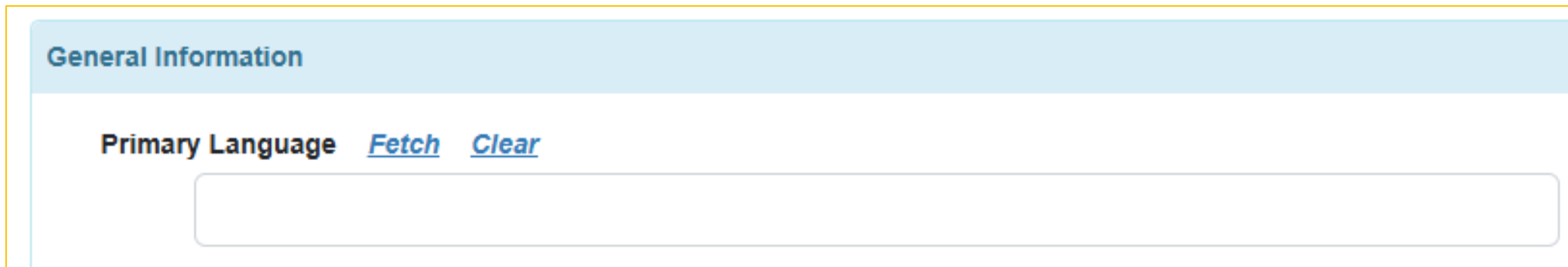
☐ Update

Dates of Team Reviews:

Date	Actions
[Not Answered]	

General 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.



The screenshot shows a web form titled "General Information" in a light blue header. Below the header, the text "Primary Language" is followed by two blue, underlined links: "Fetch" and "Clear". Below these links is a large, empty white text input field with a thin gray border.

General Information: Residence Type

Residence Type:

- Please Select -

Number
Please

Search

- Please Select -

RMAP

ICF/IID

Group Home

Own Apartment/Home

Dates of

Family Home

Foster Care Home

Homeless

Other

General Information:

Number of people residing in the home

Number of other people residing in the home:
Please include the individual when entering the total number of people residing in the home.

RMAP

Dates c

Person Completing Report:

- Please Select -
Lives alone
Lives with a roommate/spouse/significant other (1)
2-3
4-6
7-15
16 or more

General Information: RMAP Type

RMAP Type:

- ☐ Initial/Admission
- ☐ 30-Day Comprehensive
- ☐ Annual
- ☐ Update

Select the option that best describes the current RMAP.

RMAP Type	RMAP Type Explained
Initial/Admission	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Completed on an annual basis, to follow the OSP dates. Annual is defined as one year minus one day.
Update	<ul style="list-style-type: none"> 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.

General Information:

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.
 - May include 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.

Dates of Team Reviews:

Date	Actions
[Not Answered]	

10 answer(s) left to add

Add New

General Information:

Dates of Team Reviews

- To edit or remove dates in this section, utilize the options available under “Actions.”
- For annual reviews, remove dates from prior years as they apply to the previous assessment.

Dates of Team Reviews:	
Date	Actions
11/26/2025	Edit Delete

General Information: Person Completing the Report & Title/Relationship to the Person

- To edit or remove dates in this section, utilize the options available under “Actions.”
- For annual reviews, remove dates from prior years as they apply to the previous assessment.

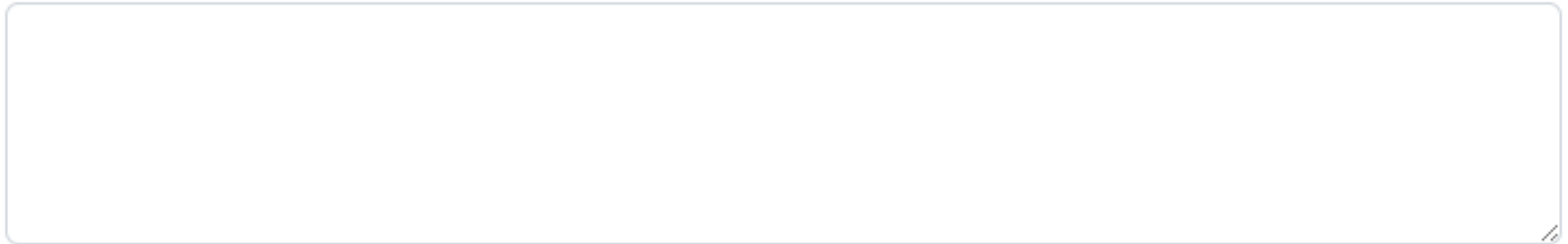
Person Completing Report:

Title/Relationship to Person Supported:

General Information: Licensed Providers & Services Received

- List the authorized licensed providers and services received from each.

Licensed Providers & Services Received at Each:



General Information: 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.

In completing this assessment, consultation and coordination occurred with the following individuals and organizations which have knowledge about the person supported:

- ☐ Person Supported
- ☐ Legal decision maker
- ☐ Family member/caregiver (not decision maker)
- ☐ Residential/In home providers
- ☐ Day/Employment providers
- ☐ Other

If Other - Specify

General Information: Guardian

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.

Guardian Name:

[Fetch](#) [Clear](#)

Summary of Enhancements

Note: It is important to review the updated RMAP Instructions when completing the new RMAP version to become more familiar with the changes and risk areas.

Reorganized
Renamed
Removed duplication
Drop down options
Functionalities for easier completion
Provides more consistent responses across providers
Allows for data reporting
Went from 7 sections to 6
Went from 85 risk items to 58

Section I-V Common Questions: 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.

Presents a Risk?

- Please Select -



Section I-V Common Questions: Presents a Risk?

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.***

Section I-V Common Questions: Presents a Risk?

Presents a Risk?	Description
Yes	<p>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.</p> <p>This means:</p> <ul style="list-style-type: none"> 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 <p>Age-Appropriate Risk Considerations:</p> <ul style="list-style-type: none"> 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	<p>Select this value when there is no current evidence or concern suggesting the person is experiencing a risk in this category at this time.</p> <p>Age-Appropriate Risk Considerations:</p> <ul style="list-style-type: none"> 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	<p>The person has experienced risk in this category in the past (beyond one year ago), but there is no current evidence of ongoing concern.</p> <ul style="list-style-type: none"> 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.

Section I-V Common Questions: Presents a Risk?

- 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.”**

Section I-V Common Questions: 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.
- When "historical" is chosen, this area does not need to be completed.

Severity of Risk

- Please Select -

▼


Section I-V Common Questions: Severity of Risk

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.

Section I-V Common Questions: 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.
- When “historical” is chosen, this area does not need to be completed.

Frequency of Risk

- Please Select -

Section I-V Common Questions: 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 it requires attention, not what will be done about it.
- When “historical” is chosen, this area needs to be completed.

Explain why the person is at risk.

Note: Strategies to reduce risk are not included here.

About 1000 characters left

Section I-V Common Questions: Explain why the person is at risk

A Case Example of what NOT to do:

Explain why the person is at risk.

Note: Strategies to reduce risk are not included here.

Person has a guardian and rep payee.

About 1000 characters left

A Case Example of what TO do:

Explain why the person is at risk.

Note: Strategies to reduce risk are not included here.

Person enjoys shopping and often makes impulsive purchases online without fully understanding the total cost or how recurring charges work. Over the past six months, staff have documented four instances where the person spent a significant portion of their monthly funds within the first week, leaving insufficient money for essential expenses such as groceries and utilities.

About 1000 characters left

Section I-V Common Questions:

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.**
- 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.

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

- ☐ Virtual Supports
- ☐ Outcomes
- ☐ Assessment Review
- ☐ Health Status Review
- ☐ Rights Limitation and Due Process
- ☐ Benefits and Insurance
- ☐ Additional Safeguards

Example:

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.

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

- ☐ Virtual Supports
- ☐ Outcomes
- ☐ Assessment Review
- ☐ Health Status Review
- ☒ Rights Limitation and Due Process
- ☐ Benefits and Insurance
- ☐ Additional Safeguards

Section I-V Common Questions:

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

OSP Section/Subsection Crosswalk		
OSP Section	OSP Subsections	
Virtual Supports	<ul style="list-style-type: none"> • NA 	
Outcomes	<ul style="list-style-type: none"> • Overall Goals • Learning Objectives • Support Objectives 	
Assessment Review	<ul style="list-style-type: none"> • Review of Plan and Progress Toward Outcomes • Review the Self-Assessment • Review the Risk Assessment 	<ul style="list-style-type: none"> • Review the Residential Assessment • Vocational/employment/Day Supports/VR
Health Status Review	<ul style="list-style-type: none"> • Physical Exam • Nursing Services (Public/Home Health) • Diagnosis Review • Medication Review • Lab Work • Allergies • Immunizations Up to Date 	<ul style="list-style-type: none"> • Psychiatric • Neurological • Cardiac • Other • OT • PT • Speech • Adaptive orthotic corrective

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.
- Probing Questions – not an all-inclusive list – but used to assist in determining if the area presents a risk
- Other samples are for illustrative purposes only. They may not be appropriate for all people and situations and not meant to be the only options available/used. It is meant to be a supportive reference tool to facilitate ideas and enhance understanding.
 - Mitigation Strategies
 - Potential Restrictive Strategies
 - Risk Mitigation Example

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

Sections I-V: Risk Categories and Sub- Categories

1 Eating and Nutrition

Probing Questions

- 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.

Mitigation Strategies

- 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.

New Additions



RMAP Sections & Risk Areas

I. Activities of Daily Living (ADLs)

1. Eating and Nutrition
2. Mobility
3. Transfers
4. Using the Toilet
5. Personal Hygiene
6. Bathing/Showering
7. Dressing
8. Communication
9. Poor Follow Through/Declines Treatments, Services and/or Supports

II. Instrumental Activities of Daily Living (IADLs)

1. Food Preparation
2. Shopping
3. Laundry/Care of Clothing
4. Living Conditions/Home Maintenance
5. Ability to Use Telephone
6. Community Access/Transportation
7. Enviro Safety in Home, Comm
8. Emergency Preparedness
9. Medication Management
10. Money Management
11. Employment
12. Economic Assistance/Benefits
13. Excessive Living Costs

RMAP Sections & Risk Areas

III. Behavioral

1. Self-Injury
2. Verbal Aggression
3. Physical Aggression/Assault
4. Property Destruction
5. Criminal/Offending Behavior
6. Sexual Activity
7. Elopement
8. Contacts with Emergency Med/LE
9. Substance use
10. Social Isolation
11. Behavior Plan

IV. Medical & Psychological

1. Gastrointestinal
2. Neurological/Seizures
3. Emergency Meds Needed
4. Cardiac/Respiratory
5. Diabetes
6. Skin Integrity/Breakdown
7. Orthopedic
8. Sensory
9. Vision
10. Hearing
11. Dental
12. OT/PT
13. Change in Health or Mental Status
14. Loss of Significant Others
15. Suicidal Ideation or Attempt
16. Recent/Repeated Use of Medical
17. Inability to Tolerate Medical Exam
18. Obesity/Anorexia/Bulimia
19. Swallowing Disorder/choking or Aspiration
20. Abuse, Neglect, and/or Exploitation

RMAP Sections & Risk Areas

V. Community & Social

1. Community Living
2. Leisure Activities
3. Social Interaction & Relationships
4. Parenthood
5. Family Dynamics

VI. Staffing & Supervision

1. Type of Service/Setting
2. Supervision during the day
3. Supervision during overnight
4. Alone time
5. Staff within certain distance

Mobility

Indicate the person's mobility (choose one)

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

Indicate the person's mobility (choose one):

- ☐ Moves self around environment without supports
- ☐ Sometimes needs assistance, moves self around environment with equipment/supports, or uses wheelchair independently
- ☐ Always needs assistance to move around environment

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.

Communication

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

Medication Management

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.

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

- Please Select -



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.

If yes, how many?

- Please Select -



Is the p

Search

- Please Select -

One or two medications

Three or four medications

Five to ten medications

Eleven or more medications

Medication Management

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

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

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

- Please Select -



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.

If yes, how many?

- Please Select -



Search

- Please Select -

One or two medications

Three or four medications

Five to ten medications

Eleven or more medications

Substance Use

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 often does the person have a drink containing alcohol?

- Please Select -

Search

- Please Select -

Never

Monthly or less

2-4 times a month

2-3 times a week

4 or more times a week

Substance Use

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.

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

- Please Select -

Search

- Please Select -

NA/None

5 or less

6-10

11-20

21 or more

Change in Health or Mental Status: Cognitive Screening (dementia)

- Required annual assessment element per CMS's Quality Measure Set
 - Data is collected for those 18 years old & older
 - CMS has not provided a recommended age to complete the assessment
- Best practice – team to consider the timing depends on the person and how they are aging
 - People with Down Syndrome may want to consider completing earlier
- Not used to diagnose and replace consultation with a healthcare professional
- To identify cognitive changes associated with dementia
 - Does not adjust for lifelong cognitive differences - developmental, intellectual, or neurological disabilities
- For people with known baseline cognitive differences:
 - Administer the tool & document 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.")

Change in Health or Mental Status: Cognitive Screening

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 approximately 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.**

Brief Interview for Mental Status (BIMS)

Ask patient: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are **sock, blue** and **bed**. Now tell me the three words".*

Number of words repeated after first attempt:

☐ 0. None ☐ 1. One ☐ 2. Two ☐ 3. Three

After the patient's first attempt, repeat the words using cues (*"sock, something to wear, blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times.

Temporal orientation (orientation to month, year and day)

Ask patient, *"Please tell me what year it is right now"*.

- ☐ 0. Missed by > 5 years, or no answer
☐ 1. Missed by 2-5 years
☐ 2. Missed by 1 year
☐ 3. Correct

Ask patient, *"What month are we in right now?"*

- ☐ 0. Missed by >1 month, or no answer
☐ 1. Missed by 6 days to one month
☐ 2. Accurate within 5 days

Ask patient, *"What day of the week is today?"*

- ☐ 0. Incorrect, or no answer
☐ 1. Correct

Recall:

Ask patient, *"Let's go back to the earlier question. What were the three words that I asked you to repeat?"*. If unable to remember a word, give cue (*"something to wear", "a color", "a piece of furniture"*) for that word.

Able to recall "SOCK" ☐ 0.No – could not recall ☐ 1.Yes, after cue ☐ 2.Yes, NO cue required

Able to recall "BLUE" ☐ 0.No – could not recall ☐ 1.Yes, after cue ☐ 2.Yes, NO cue required

Able to recall "BED" ☐ 0.No – could not recall ☐ 1.Yes, after cue ☐ 2.Yes, NO cue required

SCORE:

Key: 0 – 7 = severe impairment 8 – 12 = moderately impaired 13 – 15 cognitively intact

Change in Health or Mental Status: Cognitive Screening

Screening – Cognitive (Dementia) → Screening completed?

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

Screening - Cognitive (Dementia)

Screening completed?

- Please Select -

▼

Screening Completed?	Description
Yes	Select this value when, <u>within the past year</u> : <ul style="list-style-type: none">• 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, <u>within the past year</u> : <ul style="list-style-type: none">• 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.

Cognitive Screening Completed?

If yes:

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

Screening - Cognitive (Dementia)
Screening completed?

Yes

Date

MM/DD/YYYY

Tool/Assessment Used

Completed by (physician, support staff, etc.)

Results

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.”)

Cognitive Screening Completed?

If no:

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

Screening - Cognitive (Dementia)

Screening completed?

No

▼

If no assessment was completed, was it because the person could not self-report AND there was no proxy/guardian available to provide responses?

☐ Yes

☐ No

Provide an Explanation

About 1000 characters left

Cognitive Screening Completed?

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

If no assessment was completed, was it because the person could not self-report AND there was no proxy/guardian available to provide responses?

- ☐ Yes
☐ No

Because person could not self-report AND no proxy/guardian?	Description
Yes	Select this value if: <ul style="list-style-type: none">The <i>only</i> 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: <ul style="list-style-type: none">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

Cognitive Screening Completed?

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

Provide an Explanation

About 1000 characters left

Change in Health or Mental Status: Mental Health Screening

- CMS's Quality Measures Set requires that all service participants 18 years old and older receive a mental health screening annually
- Screenings are not used to diagnose & replace consultation with a healthcare professional
- Screening tools were developed for the general population
 - May 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 differences:
 - Administer the tool & document score
 - Consider 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.

Change in Health or Mental Status: Mental Health Screening

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 approximately 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.**

Patient Health Questionnaire-2 (PHQ-2)

Patient Health Questionnaire-2 (PHQ-2)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

PHQ-2 Scores and Proposed Treatment Actions

The PHQ-2 consists of the first 2 questions of the PHQ-9. Scores range from 0 to 6. The recommended cut point is a score of 3 or greater. Recommended actions for persons scoring 3 or higher are one of the following:

- Administer the full PHQ-9
- Conduct a clinical interview to assess for Major Depressive Disorder

1. Korenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Med Care*. 2003, Nov;41(11):1284-92.
2. Kroenke K(1), Spitzer RL, Williams JB, Löwe B. The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review. *Gen Hosp Psychiatry*. 2010 Jul-Aug;32(4):345-59.

Change in Health or Mental Status: Mental Health Screening

Screening – Mental Health → Screening completed?

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

Screening - Mental Health
Screening completed?

- Please Select -

Screening Completed?	Description
Yes	Select this value when, <u>within the past year</u> : <ul style="list-style-type: none">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, <u>within the past year</u> : <ul style="list-style-type: none">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.

Mental Health Screening Completed?

If yes:

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

Screening - Mental Health
Screening completed?

Yes

Date

MM/DD/YYYY

Tool/Assessment Used

Completed by (physician, support staff, etc.)

Results

Complete the fields with the corresponding information.

Mental Health Screening Completed?

If no:

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

Screening - Mental Health
Screening completed?

No

If no assessment was completed, was it because the person could not self-report AND there was no proxy/guardian available to provide responses?

☐ Yes

☐ No

Provide an Explanation

About 1000 characters left

Mental Health Screening Completed?

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

If no assessment was completed, was it because the person could not self-report AND there was no proxy/guardian available to provide responses?

- ☐ Yes
☐ No

Because person could not self-report AND no proxy/guardian?	Description
Yes	Select this value if: <ul style="list-style-type: none">The <i>only</i> 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: <ul style="list-style-type: none">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.

Mental Health Screening Completed?

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

Provide an Explanation

About 1000 characters left

Recent/ Repeated Use of Medical/ Psychiatric 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

Parenthood

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

Staffing and Supervision

- This section has been updated to better capture the person's applicable staffing and supervision needs.

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

Residential Services

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)

Residential Services

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.

About 1000 characters left

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.

About 1000 characters left

Family Support Services

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

Family Support Services

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.

About 1000 characters left

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.

About 1000 characters left

Day Program/ Employment Services

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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Day Program/ Employment Services

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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Community Activities

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.

Supervision while in the community:

- ☐ As needed supports (periodic or follow-along support)
- ☐ Scheduled or peak time support for specific locations or periods of the 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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Community Activities

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.).

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

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Crosswalk Tools



Crosswalk with CMS and NCI

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

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	BI-17
3. Transfers	Core Element 1	

Crosswalk of 2025 & 2016 RMAP Versions

2025 RMAP Categories	Where this information might be found in the 2016 RMAP:
Activities of Daily Living (ADLs)	
1. Eating and Nutrition	I. Activities of Daily Living Risk Factors - 1. Eating III. Medical and Physiological Risk Factors - 5. Nutritional
2. Mobility	I. Activities of Daily Living Risk Factors - 2. Ambulation III. Medical and Physiological Risk Factors - 18. Multiple Falls/Fractures - 19. Mobility Impairment
3. Transfers	I. Activities of Daily Living Risk Factors - 3. Transfers
4. Using the Toilet	I. Activities of Daily Living Risk Factors - 4. Toileting
5. Personal Hygiene	I. Activities of Daily Living Risk Factors - 9. Personal Hygiene VI. Community Living Activities Risk Factors - 11. Significantly Compromised Hygiene or Appearance
6. Bathing/Showering	I. Activities of Daily Living Risk Factors - 5. Bathing
7. Dressing	I. Activities of Daily Living Risk Factors - 8. Dressing/Care of Clothing
8. Communication	I. Activities of Daily Living Risk Factors - 6. Communication II. Behavior and Psychiatric Risk Factors - 23. Compromised Communication Skills (leading to legal issues) III. Medical and Physiological Risk Factors - 22. Compromised Communication Skills VI. Community Living Activities Risk Factors - 16. Compromised Communication Skills











Resources

- [Person-Centered Approach to Risk Toolkit](#)
- [Person-Centered Approach to Risk Quick Reference](#)
- [HRC/BSC Toolkit](#)

You can find the RMAP Instructions on the DD Website:
[Information for DD Licensed Providers | Health and Human Services North Dakota](#)

[Home](#) / [Developmental Disabilities Services](#) / [Information for DD Licensed Providers](#)

Information for DD Licensed Providers

Accreditation Information	+
Payment System	+
Manuals & Handbooks	-
<ul style="list-style-type: none">• OSP Instructions • Risk Management (RMAP) Instructions • Provider Manual • Provider Survey Process Handbook • Provider Integrity Manual • Title XIX (ICF/IID) Procedures • Environmental Scan Process • OSP Companion Tool • OSP Companion – Template • Quality Assurance Response System: Monitoring and Training Procedure Manual 	
Info & Training Materials	+

Questions?

Katrina Floberg
Quality Assurance Specialist
kmfloberg@nd.gov

