Frequently Asked Questions (FAQs)
Risk Assessments for In-home and CBC Individuals

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Overview

This document contains frequently asked questions (FAQs) related to completing risk assessments for APD In-home and Community-Based Care (CBC) individuals.

Additional resources

Additional resources related to risk assessments are available on the Case Management Tools page.

Contact

Email apd.medicaidpolicy@odhs.oregon.gov for questions not answered in this document.

Questions and answers organized by topic:

Rational for risk assessments

Question: What do risk assessments have to do with meeting an individual's Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) service needs?

Answer: Risk assessments help ensure that individuals have their care needs safely met and identify concerns that need to be addressed or monitored that may affect their health and safety. Risk assessments and mitigation plans support individuals' person-centered goals while respecting informed choices.

Risk level definitions

Question: How were the risk definitions created?

Answer: The definitions for high, medium, low and no-risk were created to help staff efficiently and accurately assess an individual's risk level and document the risk using the Risk Assessment Tool in Oregon ACCESS. These definitions are designed to provide a more accurate appraisal of an individuals' risks and serve

to measure mitigation and monitoring efforts to lower identified risks that would likely negatively affect their health, safety and wellbeing.

Question: What does "substantial injury or loss" in the high risk definition mean?

Answer: "Substantial injury or loss" refers to the need of urgent medical (hospital, emergency room, Dr. office) intervention to treat an injury or prevent significant health deterioration or loss of functioning, and/or law enforcement involvement, loss of housing, or financial loss exceeding $2,000.

"Substantial injury or loss" highlights threats to the individual based upon an evaluation of the previous 30-days. This definition also applies to individuals where risk lowering efforts (mitigation) were not successful or it is believed that it is highly likely that the individual will suffer significant harm or loss based upon his or her current situation and care needs over the next 30-day period.

Question: In the high risk definition, what does "an identified concern that without mitigation . . ." mean?

Answer: An identified concern is an issue that, if not addressed (mitigated), is likely to result in substantial harm within the next 30 days.

Question: How do you assess a high risk that constitutes a "loss of housing or financial loss exceeding $2,000"?

Answer: A staff person can use the $2,000 figure as an objective benchmark to determine if an individual has suffered a financial loss or loss related to their housing exceeding $2,000 in the past 30 days or are likely to suffer these losses over the next 30 days.

Staff must use their best judgment to determine if $2,000 or more would be needed to repair serious housing concerns or if the individual is in jeopardy of losing $2,000 or more of their possessions or financial resources.

Example of Financial Loss as a high risk concern: In the middle of winter, a tree falls on the individual's small house resulting in a gaping hole in the roof. The CM notes that urgent repairs are needed since snow and rain are pouring into the home and the temperature is near freezing. The individual's health is fragile and unless urgent repairs are made to the roof, the individual will undoubtedly experience serious harm and deterioration to his health. In addition, if repairs are not made soon, further significant damage will occur inside the home. As this individual's CM, you recognize that the individual's health and financial wellbeing are in jeopardy within the next 30 days and the damage to the roof would require repairs in excess of $2,000.

Question: Can you provide an example of an "urgent health concern" that would be assessed as a high risk?

Answer: Imagine that you are working with an individual who is suffering with an open and deep wound on his leg that requires daily attention from a home health nurse and his home care worker (HCW), to prevent further infection and decay and promote healing. The individual is assessed as a high risk in physical functioning because he required emergency medical intervention for this open wound and was hospitalized for this condition within the past 30 days. He has just been released from the hospital and has returned home but his current HCW is not available every day. Without mitigation (receiving daily help), the individual will likely experience further health deterioration which will likely

result in a return to the hospital and potentially more severe health concerns in the next 30 days.

Question: Can you provide an example of a "loss that requires the involvement of law enforcement" that would be assessed as a high risk?

Answer: Financial or material loss due to a crime or unlawful act committed against this individual would be assessed as a high risk to the individual.

Example: It is strongly believed that an individual is in grave danger of abuse or fraud within the next 30 days from others that will require the involvement of law enforcement professionals to help recover stolen resources and prosecute the guilty party. Because this individual is facing cognitive decline, he is not able to manage his money and valuables. He often leaves quantities of cash scattered around the house. The individual's HCW has reported to the CM that the individual has told her that she has seen the next-door neighbor in the house on several occasions when cash and other valuables went missing from the home. The individual has lost a significant number of valuable resources as a result but is unable to prohibit the neighbor from entering the home. Without immediate law enforcement involvement, this individual will likely experience further loss of possessions and financial resources. He is therefore assessed with a high risk in "income/financial issues."

Question: How can we determine if an individual should be assessed as a high or a medium risk?

Answer: It is important to note the timeframes and levels of loss and injury between the high risk and medium risk definitions when assessing individuals with high risk concerns. One key indicator distinguishing between a high risk

and a medium risk is the 30 lookback and 90-day lookahead related to probable individual risk.

Question: What is meant by "minor injury and loss" in the medium risk definition?

Answer: "Minor injury and loss" refer to the need for medical intervention and/or the loss of housing or finances of $2,000 or less if effective mitigation strategies are not implemented (through natural supports, home remedies, over-the-counter assistance or healing over time). However, housing is secure and/or financial losses would be $2,000 or less for the individual.

Question: What if there are no identified risks or an individual is a low or no risk in every risk category?

Answer: If no mitigation plan is needed because an individual is not assessed with high or medium risks, the CM should review the individual's backup plan and monitor any changes in the individual's situation during monthly contacts. A risk assessment/monitoring specific risk focused direct contact still needs to be conducted quarterly to ensure risk status has not changed.

Risk assessments and new intake individuals

Question: What if a new intake individual is assessed with a high risk in a risk category but the CM is unsure if they will continue to be assessed as a high risk when services are provided?

Answer: New individuals often present high risk concerns during their initial assessment for in-home services. The implementation of a service plan will mitigate many identified risks. However, if the person is assessed with a high risk concern, then risk mitigation strategies and direct contact monitoring are

needed until the risk level is reduced. In many cases, identified high and medium risks may be mitigated relatively quickly as the service plan is implemented.

Question: Does the person who does the initial assessment have to do the risk assessment or can another person do the risk assessment?

Answer: An individual's assessment for in-home CA/PS service benefit types includes three elements: The SPL (Title XIX) Assessment, Client Details information and the required Risk Assessment and the individual's Service Plan. This order is important as the CA/PS Risk Assessment must link to the most current CA/PS SPL Assessment. The system does not allow in-home service benefit plans to be created unless the Risk Assessment section in Client Details of the CA/PS is first completed.

In some local offices, an intake CM may be responsible for completing the initial assessment (including the risk assessment), and an ongoing CM is responsible for providing waivered case management services (including risk mitigation and monitoring) and reassessments.

Risk assessment tool in Oregon ACCESS (OA)

Question: Is the only place to record individuals' risks in OA as part of the CA/PS for all in-home and CBC individuals?

Answer: Yes. The risk assessment tool found in the client details section of OA is used for in-home and CBC risk assessments. Staff who conduct CA/PS assessments should use the current risk definitions to assess risk levels and mitigation plans for both In-home and CBC individuals.

OA will not allow a new service benefit to be issued in CA/PS until a new Risk Assessment is completed for all in-home and CBC individuals. This excludes individuals in the State Plan Personal Care, PACE, and Oregon Project Independence benefit plans.

Question: Does OA allow CMs to quickly identify individuals that are high risk on the CM Service Due report?

Answer: Yes. Individuals assessed with one or more high risks in the risk categories are listed for risk-focused direct contacts on the CM Services Due Report.

Question: If a risk is mitigated, would we then change the risk level on the risk assessment?

Answer: Yes. Changes in risk level, when successfully mitigated, move from high risk to moderate, low or no risk and should be reflected in the Risk Assessment Tool and in narration.

Question: Can staff edit our risk assessments, so we do not need to complete the entire thing every 30 days?

Answer: Yes, staff can change a particular risk assessment category on the Client Details tab without changing the entire risk assessment report. If a risk level changes you can immediately update these changes on the Risk Assessment Tools page by choosing the “modify” button. CMs can also add important information in the Plan Mitigation Comment Box and are encouraged to edit the risk information as soon as changes occur in an individual’s risk assessment.

The risk information recorded previously for this individual will remain in the system for historical record. If the Plan Mitigation Comment Box contains accurate details about the individual's risk history, copy it before adding a new comment then paste the two comments in the same field. Include a date when new comments are added.

Question: Is the risk assessment paper tool posted on the APD CM tools website?

Answer: Yes, the risk assessment paper tool is updated and available on the APD CM Tools website.

Case management monitoring requirements

Question: How are risk assessment direct contacts different from a regular CM direct contact that we have done previously?

Answer: Regular CM direct contacts concentrate on initial and reassessments, service plan development, review and monitoring, options counseling, crisis response and intervention, diversion activities, service provision concerns, and risk mitigation and monitoring.

Risk-Focused CM direct contacts, on the other hand, concentrate on the development and review of risk mitigation and monitoring strategies for identified high risk concerns. Other direct contact activities (mentioned above) should also be addressed, however, risk-focused mitigation and monitoring are central to this direct contact. CMs working with the individual, should seek to problem solve and discover effective person-centered risk mitigation strategies.

Question: Can direct risk-focused contacts with high risk individuals be completed over the phone with the individual or their representative? Is there an expectation that we see them face-to-face?

Answer: Risk-focused direct contacts require a person-to-person conversation without any intermediary (face-to-face, over the phone, Facetime, etc.). Although face-to-face monthly contacts with high risk individuals is preferred, a CM may satisfy this requirement with phone calls or other personal conversations with the individual. If you are working with an individual that is difficult to contact or may not be able to speak on the phone, there may be cause for concern which would prompt a face-to-face visit. Some individuals facing high risk concerns are better served with personal visits to ensure their high risks are being accurately identified, adequately addressed and mitigated.

Question: Do I have to do a risk-focused direct Contact if I have done a CM direct contact during the same month?

Answer: A monthly risk-focused direct contact is required for high risk individuals even if a CM Direct Service not focused on risk has been recorded during the same month. However, the CM is not required to complete an additional monthly contact (direct or indirect service), during the same calendar month if a risk mitigation and monitoring direct service has been completed during that same month.

CM Services Due report

Question: How is the risk-focused direct contact requirement displayed in the system?

Answer: To satisfy the direct contact requirement, select the “risk mitigation /monitoring direct service” option in the Case Management services tab.

If an individual is assessed with no high risk concerns in CA/PS, staff must select the “risk mitigation/monitoring direct service” option to satisfy a quarterly indirect service requirement.

Question: If we identify a high risk concern on the risk assessment tool, will it automatically trigger the CM Services Due report to indicate a need for a risk-focused direct contact?

Answer: Yes. A column labeled CM/risk is located between the service type and the last service date columns on the CM Service(s) Due and Coming Due report. This CM/risk column indicates that a direct service due or coming due is a risk-focused direct service or an indirect CM Service (indicated in the service type column). If the service due is a CM direct service, then the letters “CM” will appear and print. If it is a risk-focused service requiring a direct contact, the word “risk” will appear and print.

Question: What should my mitigation plan and monitoring efforts look like for an individual assessed with high or medium risks?

Answer: In addition to identifying “risk reducing factors”, it is appropriate to discuss other ideas that may help the individual reduce risk concerns. These ideas may include things like moving to another location or service setting, finding additional care providers, home environment modifications, discovering appropriate assistive devices, accessing community resources, locating additional natural supports, updating backup plans, etc.

Individuals identified with high risk(s) report

Question: Do we have to do risk assessments for State Plan Personal Care, PACE, and Oregon Project Independence individuals?

Answer: Risk assessments are to be completed for all in-home individuals except for those individuals in the State Plan Personal Care, PACE, and Oregon Project Independence benefit plans.

Question: Is a list of individuals in my case load with high risk(s) needing monthly direct contacts auto generated in OA?

Answer: The report entitled the Individuals Identified with High risks(s) report in the report description list records all in-home individuals assessed with high-level risk concerns. This report alerts staff to complete a monthly direct risk-focused contact with individuals identified with high risks in one or more risk categories.

Question: Does a risk assessment consider a high risk individual with exception hours in their service plan?

Answer: Any factor can be considered a high risk if it led to a hospitalization in the last 30 days or a likelihood of substantial harm in the next 30 days. Exceptional hours suggest exceptional needs that must be met. Any risk to these services occurring as planned could be assessed as a high risk situation. If the identified concern is not listed as a risk factor use the "other" option to capture the concern.

Differentiating between high and medium risk concerns

Question: Based upon the high and medium risk definitions, how can staff predict that "substantial injury or loss" will likely occur to the individual in the next 30 or 90 days?

Answer: The most important factor in distinguishing high versus medium risk is whether there is a substantial risk of injury or loss to the individual. If you are

having difficulty deciding between a high or medium risk assessment and the 30- and 90-day timeframe, it is best to err on the side of caution and assess the individual as a high risk.

Question: I have an individual who regularly pushes his ERS button. He has trouble breathing but they don't end up taking him to the hospital. Would this count as high risk?

Answer: This individual would be assessed as a high risk if his “physical functioning” (breathing), is likely to require an emergency room visit or hospitalization or cause him to experience substantial injury or loss in the past 30 days or within the next 30 days to treat or prevent injury, health deterioration or loss of functioning.

Question: If a high risk is “mitigated,” it is no longer considered a “high risk”. But how do we know if the risk has been mitigated? What criteria do we use to prove that a risk has been mitigated?

Answer: As a CM works with an individual and if the mitigation strategy has successfully lowered an individual’s high risk to a medium or lower-risk level, the effectiveness of this strategy should be monitored for a period to determine its success. The high risk definition requires a look-back at individual harm to the previous 30 days and look-ahead to the likelihood of substantial injury or loss for the next 30 days. However, it may be best to go beyond the look-ahead timeframe to ensure that the mitigation strategy is sustained and continues to be effective for the individual.

Question: What if an individual assessed as high risk in a risk category seems to be able to live with and manage their risk without mitigation? Do I assess them as high risk?

Answer: We want to err on the side of caution. However, if an individual has demonstrated over a reasonable time that they can safely manage an identified high risk concern and have experienced no harm over the past 30 days, then the CM may consider lowering the risk level to a medium risk (meaning monthly risk-focused direct contacts are not required) and continue monitoring the individual risk management.

High risk vs. informed personal choice

Question: Do we take into consideration personal "choice" when selecting what level of risk a client may be assessed at? What about people who are of sound mind and make poor choices? Aren't there some onuses put on personal responsibility?

Answer: Yes, informed individual choice is the basis of person-centered care and the consumer-employer responsibility to manage their service plan (OAR 411-030-0050(2)). CMs are responsible to identify what risk factors the individual has, discuss the risks with the individual, work with them to eliminate or minimize the risks, monitor and continue to offer options over time to assist the individual in evaluating risks, developing a backup plan, and document all of the above in narration in the plan mitigation comment box on the risk assessment tool.

If an individual's personal choice results in a high risk concern in one or more risk categories, the CM should do their best to offer mitigation strategies and monitor the individual's health, safety and wellbeing through risk-focused direct contacts. If the individual has decided to live with the potential risk, the CM should discuss and determine if the individual understands and accepts the risk and record this information in narration.

However, we may place limits on “rescuing” people for their own bad decisions causing them to face the consequences of their choices. For example, we may only pay for a big house clean out once (chore services). Or we may limit paying for multiple past electric bills covered to turn on electricity if we have offered bill paying help and it is rejected. Or a person may create a hostile work environment and not be able to have an HCW or In-Home Care Agency employee. It is about both rights and responsibilities. Competent individuals get to make their own choices and take responsibility for the outcomes of those decisions.

Question: Does a high risk designation consider informed individual choice? For example, an individual that knows if he doesn’t take his insulin, it could result in very severe health complications, however, he still chooses not to take his insulin. Would we mark him high risk and do monthly risk-focused direct contacts in this situation?

Answer: Yes. If an individual chooses to not take their insulin and understands that this choice could result in severe health complications, they would be assessed as high risk in “physical functioning.” The CM would have monthly risk-focused direct contacts with the individual and continue to discuss ongoing risks and actions/solutions needed to lower the high risk. Perhaps a community nurse could visit to help educate the individual and problem solve. The CM would also regularly document the individual’s ability to understand and accept or decline any plan or intervention related to the high risk activity and work with the individual to create a backup plan with the individual’s natural supports, etc.

In this scenario the person understands the risk, in other situations the person may not have the capacity to understand the risk and would need a

representative to support the person with decision-making or make appropriate service plan decisions for the person.

If there is doubt about the individual's capacity to understand the consequences of their choices a referral to Adult Protective Services to evaluate self-neglect is appropriate.

Question: It seems like a high risk mitigation plan takes away someone's right to poor choices and forces them to make socially acceptable choices. How do we respect informed personal choice?

Answer: There is no intention to take away someone's right to make what others feel are poor choices. The expectation would be that increased monitoring is needed to check-in on how the person is doing and offer choices without judgement. If you are coming from a position of caring, compassion and person-centered support, that will hopefully be accepted. Assessing an individual as high risk based upon a choice, they makes does not force them to change. However, future changes for high risk individuals involving monthly risk-focused direct contacts and efforts to mitigate high risks will help an individual understand and possibly choose actions that will lower their high risk concern(s). This is a complex area, and we do not intend to oversimplify the discussion. Many we work with due to loss of cognitive ability may need additional support with decision-making or require a representative to assist.

Question: If there is an individual who chooses (poorly) to keep a high or medium risk, would we still be required to check up on them monthly?

Answer: Yes, an individual who chooses to live with and not seek to minimize high risk concerns must, nevertheless, should receive monthly direct risk-focused contacts to mitigate and monitor risk(s). If there is a substantial concern

of injury of loss and the CM has difficulty determining the risk level between a high and medium risk, they should err on the side of caution, assess the individual as a high risk, and complete monthly risk-focused direct contacts until the risk is mitigated.

A CM is not required to complete monthly direct contacts for individuals assessed with medium or lower risk concerns.

Question: If an individual is always going to have a particular high risk due to choice, is there a point at which the CM should no longer complete monthly risk-focused direct contacts?

Answer: No. If the individual refuses to pursue risk mitigation and they continue to meet the definition of "high risk", the CM should continue to monitor the individual's condition and update a backup plan as necessary in narration. The CM should also work with natural supports to provide the best supportive environment possible to minimize risks for high risk individuals in these situations.

Individuals who refuse to participate in risk assessments or risk-focused direct contacts

Question: What is a CMs responsibility with an individual who is not cooperating with monthly risk-focused direct contacts (not returning phone calls or answering doors)? Will the CM be able to close services after a certain amount of time?

Answer: The existing policy is in place for CMs who work with individuals who refuse to participate in reassessments. "failure to participate in the assessment or re-assessment process or to provide requested assessment or re-assessment information within the application time frame, results in a denial of service

eligibility" (OARs 411-015-0008(1)(j)(A); 461-115-0020; 461-180-0085; and 461-115-0190(1)).

After clear attempts to re-assess an individual have been made and documented in CA/PS, a CM may begin due process procedures outlined in APD-PT-17-058 and the Mitigation and Due Process Worker Guide on the APD CM Tools and Resources site.

Question: What if an individual does not want to mitigate the assessed risk concern and gets upset with the CM during risk-focused direct contacts, knowing the risk(s) will not change?

Answer: Some individuals are content to live with known risks – even high risk(s). Even if an individual resists effort to mitigate known risks, CMs are required to continue monthly direct risk-focused contacts to monitor the risk(s), provide options and supports to lessen risks, and document any pertinent information related to an individual's risk levels in narration. CMs should tactfully provide risk mitigation counsel and options for individuals who experience negative health and safety outcomes.

Question: What if an individual is assessed as high risk but the individual/representative state that the individual can mitigate those risks (although you do not agree based on past experiences)?

Answer: In this scenario, the CM would need to maintain monthly direct risk-focused contacts (or more frequent contacts if needed) and offer ongoing mitigation and monitoring if the risk continues. The CM would need to continue documenting risk-mitigation conversations with the individual or the individual's representative. The CM should also help the individual or representative create a backup plan for emergencies or when a provider is suddenly unavailable. Once

the CM determines the risk has been mitigated, they should modify the risk assessment.

CM risk mitigation and monitoring responsibilities

Question: How is a risk-focused direct contact with an individual who has one or more high risk concerns different than a regular CM direct contact with an individual?

Answer: During a risk mitigation/monitoring direct service, the CM should review the individual's risk mitigation plan and discuss the efforts the individual is using to lower risks and offer additional support and person-centered, risk-lowering strategies with the individual. These risk-focused direct contacts should promote interaction, provide encouragement and present additional resources and supports to address the individual's risk concerns.

Every required direct contact should address risk concerns, whether it is a monthly risk-focused direct contact with high risk individuals or a regularly scheduled quarterly direct contact for non-high risk individuals.

Question: How do I know that a risk mitigation plan is effective?

Answer: Successful risk mitigation plans lower risk, leading to safer and more predictable service needs and potentially less crisis situations.

The goal of a risk mitigation plan is to clearly assess and lower identified risks using the risk level definitions and risk assessment tool. CMs should monitor how the individual's risk mitigation plan is implemented and if any changes or additional supports are needed to strengthen the plan.

The CM should record changes to high and medium risk levels in the plan mitigation comments box and how risk mitigation strategies have been used to lower risk concerns. CMs should carefully monitor the condition and activity of the individual to cope with their risk concerns as well as his or her efforts to mitigate their risk levels.

Question: Should I review a HCW's vouchers or task list if I think that the individual's service plan is not being followed and that an individual is being put at risk?

Answer: CMs can review vouchers and task lists to determine if care is being delivered per the service plan and follow-up if a substantial number of hours were not claimed, if hours are clustered leaving the individual without support for days, or if there are no recent vouchers submitted for payment (this is required).

Appropriate action should be taken if the individual is being put at risk through the behavior of their HCW. While it may be helpful, this action does not constitute risk monitoring.

Narration in the plan mitigation comments box

Question: If someone is high risk, we complete a direct contact each month. When we document individual risk(s), do we address them on the risk assessment tool only or in the narrative box?

Answer: Risk levels should be updated (modified) when individual risk(s) change. CMs should make any needed changes in risk levels on the risk assessment tool and narrate mitigation and monitoring activities for high risk individuals in the risk mitigation comments box.

Question: Do we need to narrate information for all defined risk levels in the comment box?

Answer: In the plan mitigation comments box, all identified high and medium risk(s) concerns should be briefly described (only information related to high and medium risk concerns is required to be narrated in the plan mitigation comments box). Information about low risk concerns should be documented and monitored during quarterly risk-focused direct contacts for potential increase.

Question: What information do we need to record in the risk mitigation comments box?

Answer: Record information pertinent to the individual's high and medium risk concerns and describe the mitigation strategies implemented with the individual (amplifying selected strategies identified from the risk reducing factors column for each high and medium risk concern). Statements can be brief but should contain sufficient information to clarify and explain the risk concern.

Recommended risk mitigation box comments:

- Brief description of the identified high and/or medium risk(s).
- Details of the mitigation strategies used to lower the risk(s).
- Record of individual's understanding/acceptance of the risk mitigation plan.
- Record of available supports (people, resources) used to mitigate and monitor high and medium risk(s) concerns.
- A "backup plan" describing what will be done if existing paid supports or assistive devices are suddenly unavailable. Include contact information of someone who lives near the individual and can provide back up support.

Backup plans

Question: How is an individual's backup plan related to their risk mitigation plan, and what information is included in a backup plan that is not captured in the risk assessment in OA?

Answer: CMs should assist individuals in creating a "backup plan" that addresses emergency situations that could occur if the existing paid supports or assistive devices are suddenly unavailable. The backup plan is recorded in the plan mitigation box and should include names and contact information of paid and natural supports who live near the individual and could aid the individual in an emergency or if a provider is suddenly unavailable.

Information that addresses the individual's risk environment (power outages, weather-related incidents, isolated home setting, etc.) should be narrated in the backup plan. However, if an individual is assessed as high risk in the power outages and natural disasters/extreme weather categories, this information will be carried over to the CA/PS 2 Emergency Concerns report.

If a weather-related risk concern is imminent (ex. fire threat, forecasted heavy snowfall, etc.), CMs should contact individuals at risk (in harm's way) and work to address those imminent concerns (i.e. move the individual before the risk situation intensifies, contact natural supports to provide needed care, etc.).

CA/PS 2 Emergency Concerns report - natural disasters and power outages

Question: How do I help individuals assessed with high risks concerns related to potential power outages and natural disasters? How do I record and mitigate these risk concerns?

Answer: Natural disasters, weather and power outages may be assessed as high risk concerns on the risk assessment tool. This will result in having them identified in the Emergency Concerns report.

Although individuals with these high risks are not required to have monthly risk-focused direct contacts, their risk concerns should be recorded in the risk mitigation comment box and pertinent information included as part of their backup plan.

Community-based resources may be available through the Aging and Disability Resource Connection (ADRC). ADRC's are funded to track and know the resources at the local level and statewide to help individuals with various service plan needs. Complex Case consultations are also an option for CMs to use with individuals with complicated care needs.

Risk-focused direct contacts with high risk MAGI individuals

Question: MAGI in-home individuals with high risks previously did not show up on the CM Services Due report, will they now be included in the report?

Answer: Yes. Although Waivered Case Management services are not required for MAGI individuals, a case manager's CM Services Due report now includes MAGI in-home individuals assessed with high risk concerns in order to meet the risk policy requirements.

Risk assessments for individuals in CBC settings

Question: What are the requirements and expectations for individuals in a care facility that have high risk concerns? Are we responsible for doing a formal risk assessment for CBC individuals the same way we do with in-home

individuals? Will the CM Service Due report know that the individual is an in-home vs. CBC setting?

Answer: Risk assessments should be conducted with individuals in community-based care (CBC) settings. However, CMs are not required to complete a risk-focused direct contact service for high risk individuals in Community Based Care settings (Adult Foster Homes, Assisted Living Facilities, Resident Care Facilities), assessed with a high risk concern in OA.

If staff assess high risk concerns for an individual in a CBC setting, these individuals will appear on the Consumers with High Risk(s) Report in the report description list that comes after the CM Services Due report in OA. The CM Service Due report indicates that a CM service (direct or indirect) is due, but a risk-focused direct service is not required for high risk CBC individuals. Staff should be aware of these individual's high risk concerns but are not required to complete risk-focused direct contacts with those individuals.

Question: For an individual in an ALF that is dealing with mental health issues and is a high risk, does the facility have any responsibility to mitigate this type of risk?

Answer: Yes, the facility is responsible to work with the individual or the individual's representative to identify and mitigate risks (OAR 411-054-0005(94), OAR 411-054-0034(5)(o), and OAR 411-054-0036(6)).However, the CM should review the facility's plan to mitigate an individual's high risk concerns and the services and strategies the facility has in place to address these concerns.

Question: Do I complete a risk-focused direct contact with an individual who has moved to a CBC setting from a skilled nursing/rehabilitation facility?

Answer: If an individual assessed with a high risk concern is in the "skilled/acute care setting" for a short period, in most cases you may leave the individual's in-home benefit in place. The system will require a risk-focused contact for this individual. When the individual returns home, you can do a new risk assessment as part of your reassessment and potential change of condition.

Question: For CBC and NF individuals, do we leave the individual risks blank and enter in the plan mitigation comments "the facility is responsible for mitigating risk"?

Answer: Limited risk assessments are still required for individuals living in Community-Based Care (CBC) settings, even though the facility assumes responsibility for managing identified risks. There is no need to complete a risk assessment if an individual is residing in a nursing facility.

There are two ways to complete a risk assessment for individuals living in a community-based setting:

Option 1: Go through each risk category and select "none" as the risk level, regardless of whether a risk is present. In the risk comment box, document the name of the facility and note that the facility assumes responsibility for all risks associated with the service plan, and will be providing a backup plan.

Option 2: Identify any applicable risks in each category, assign the appropriate risk level, and select the risk-reducing factor(s) as "facility responsibility." In the Risk comment box, document the name of the facility and note that the facility assumes responsibility for all risks associated with the service plan, and will be providing a backup plan.

Additionally, for whichever option is used, if you come across any concerning indicators as it relates to the individual living in the CBC, also note this in the risk comment box.

Miscellaneous risk assessment questions

Question: How will we know if there is a new or existing unmitigated risk identified by APS?

Answer: If APS is involved, they are also responsible to identify interventions needed to lower risk. As the CM, you will need to do your best to communicate with any APS personnel who are investigating active APS concerns with individuals you serve. However, because of confidentiality and legal concerns, APS may not keep CMs appraised of an APS case status and a CM may not be able to get all the information they desire related to individual's situation and risk needs from APS.

Question: If an active APS investigation is underway with an in-home individual assessed with a high risk concern, does the CM still need to do a risk-focused direct contact with that individual?

Answer: APS staff involvement with in-home individuals assessed with high risk concerns does not qualify as a risk-focused direct contact with those individuals (APD-PT-14-031). CMs should recognize that if a high risk condition is removed through APS involvement, an ongoing risk concern may still exist, or a new risk concern may occur. The CM should continue to independently complete a risk-focused direct contact with that individual until the high risk concern is effectively mitigated. The individual may have experienced trauma, and the CM should actively monitor the individual's needs to ensure that proper care is offered.

Question: When APS reports back that an identified risk has been removed, am I okay to lower the individual's risk level?

Answer: You need to ensure you are providing person-centered care. It is likely that the individual has experienced trauma at some level. In addition, just because the situation has changed due to APS involvement, a risk may still exist. If it is determined that the risk level has lowered, it is recommended that the CM provide needed care and emotional support to the individual. The CM should ensure that the risk concern has been mitigated, monitor the individual's needs, modify (update) the risk assessment and document these developments in the risk mitigation comments box.

Examples of high risk in-home individuals requiring mitigation and monitoring

1. An individual suffers from an open and deep wound on his leg that required hospitalization. Since the individual returned home, he requires attention and care to prevent further infection and decay twice daily. Since the individual required emergency medical intervention and was hospitalized for this condition within the past 30 days, and since it is likely that he will experience substantial injury or loss within the next 30 days without mitigation, he is assessed as a high risk in physical functioning.
2. Urgent repairs are needed to an individual's roof that if left undone, would undoubtedly jeopardize the individual's health and financial wellbeing within the next 30 days and would require repairs in excess of $2,000 to correct.
3. Mary is a person with quadriplegia and rarely is able to leave her home. She has a car and allows natural supports and her HCW to use the car for needed shopping errands. Mary pays for gas, maintenance, and insurance. She has a new HCW who has begun to use the car for her personal use and has kept the car to travel hundreds of miles to visit relatives over several weekends.

Mary is assessed in the RA Tool as a high risk in the "income/financial issues" category because of the unauthorized use of the car could likely result in financial loss in excess of $2,000. Staff have informed Mary of the abuses, alerted APS and local law enforcement, and helped her hire a new HCW. Staff began monthly direct contacts, and natural supports have sold the car. After two months, staff determined that because of mitigation strategies and monitoring, Mary is now a low risk in "income/financial issues."

4. Bob has late-stage MS and cannot ambulate without hands-on assistance and is unable to maneuver the joystick on a power chair. His HCW must push him everywhere in his wheelchair due to partial paralysis, limited coordination and weakness. Without alerting anyone, Bob's HCW quit, and he was without assistance for 10 days. A neighbor found him unconscious and near death. He was hospitalized for three weeks and is now back in his home.

   Bob is assessed in the RA Tool as a high risk in "physical functioning" because he experienced substantial harm within the previous 30 days and the harm will likely recur in the next 30 days without mitigation. Staff began direct contacts and contacted a community nurse to assist him with wound care. A new HCW has been hired and staff found new natural supports to assist Bob with ambulation inside the home. Bob is now assessed as a medium risk and receives quarterly direct contacts from staff. Bob's backup plan has been updated to ensure the contact information for his natural support and HCW is current.

5. Rick requires monitoring, redirecting and support daily for meal preparation and managing his diabetic needs. He is frequently confused because of the onset of dementia. Last week, Rick left the stove on and used the microwave with metal inside resulting in the fire that damaged his kitchen walls. His family is concerned that he will leave the gas on from the stove or start another fire.

   Rick is assessed in the RA Tool with high risks in "cognitive functioning" and "behavioral issues." Rick is likely to experience substantial injury or loss

within the next 30 days without careful mitigation and monitoring. Staff has begun direct contacts and is working with family members who have turned off the gas and unplugged the microwave. Staff have helped set-up home delivered meals for Rick and his HCW also prepares some meals she offsite. Staff have contacted a veteran's group that have repaired Rick's home. A new backup plan has been recorded in CA/PS with updated contact information. Although Rick is now assessed as a medium risk, staff have continued to closely monitor his situation and stay in touch with family support.

6. Susie's home exhibits severe hoarding. Staff and HCWs are barely able to sit or move about the residence. There is a strong odor, mold on the walls, and piles of dirty dishes and clothes. Susie has plugged holes in the walls due to rodent infestation. The sink drains are clogged, floors are covered with dirt, and garbage is spread throughout the house. Susie does not have sufficient resources to repair or clean the home and is content to live there.

   Susie is assessed in the risk assessment tool as a high risk in "behavioral issues" and "safety/cleanliness of residence." Susie will likely experience substantial injury or loss within the next 30 days without careful mitigation and monitoring. Staff has begun monthly risk focused direct contacts and facilitated chore services. Natural supports have been identified and are assisting Susie with household duties. A new backup plan has been recorded in CA/PS with updated contact information. Susie is now assessed as a low risk related to these risk concerns.

7. Lois recently experienced significant decline in physical functioning. It is difficult for her to ambulate, prepare food, eat properly, or care for her hygiene needs. She has no family or friends who can assist her. At a recent assessment she refused the services of HCWs because she feels she does not need their help. She therefore has no provider or adequate service plan to meet her needs.

   Lois is assessed in the risk assessment tool as "high risk" in "physical functioning," "service plan meets physical/mental needs," and

"adequacy/availability of natural supports." She will likely experience substantial injury or loss within the next 30 days without mitigation of her high risks. Her CM conducts direct contacts and has discovered a concerned neighbor who can be a natural support and be listed as a primary contact on the backup plan. The CM has helped Lois get needed assistive devices, home delivered meals and make architectural changes through K-Plan and ancillary services. CM continues direct contacts and presents other service options that Lois may be interested in pursuing in the future.

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