

FREQUENTLY ASKED QUESTIONS (FAQ)

RISK ASSESSMENT PROCEDURES FOR IN-HOME CONSUMERS

Additional Resources

Risk Assessment Mitigation & Monitoring Requirements for In-Home Consumers ([APD-PT-19-022](#))

DHS - APD - Assessing Risk for In-Home Consumers (I-Learn Seminar, 07/22/19)

[Risk Assessments & HCBS Limitations](#) (CM Webinar, 05/2/19)

[Procedures for Risk Assessments, Mitigation, Monitoring and Documentation](#)

What if I have questions not listed here? Please contact: APD.MedicaidPolicy@dhsosha.state.or.us

Rational for Risk Assessment Changes

What is inspiring these changes to the risk assessment process?	We strive to continually improve our efforts to advance APD's vision and provide person-centered services and supports that promote independence, safety, well-being, honor choice, respect cultural preferences and uphold dignity. We seek to comply with federal (CMS) and state standards and expectations (Secretary of State Audit, October 2017), related to identifying consumers most at risk to provide effective risk mitigation and monitoring. The DHS and APD Directors have also made safety a high priority for Medicaid consumers served.
What do risk assessments have to do with meeting a consumer's ADL and IADL service needs?	Risk assessments help to ensure that consumers have their care needs safely met and lead to planning that can address and monitor concerns that affect a consumer's health and safety. Risk assessments and mitigation plans support consumers' person-centered goals and promote their health and safety while respecting their informed choice to manage their service plan.

Risk Level Definitions

Why were the changes made in the risk definitions?	The revised definitions for high, medium, low and no-risk were made to help staff efficiently and accurately assess a consumer's risk level and document the risk using the Risk Assessment Tool in OACCESS. These new definitions are designed to provide a more accurate appraisal of consumers' risk and serve to measure mitigation and monitoring efforts to lower identified risks that would likely negatively effect their health, safety and wellbeing.
What does " Substantial injury or loss " in the high-risk definition mean?	"Substantial injury or loss" refers to the need of urgent medical (hospital, Emergency room, Dr. office) intervention 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 consumer's based upon an evaluation of the previous 30-days. This definition also applies to consumers where risk lowering efforts (mitigation) were not successful or it is believed that it is highly likely that the consumer will

	suffer significant harm or loss based upon his or her current situation and care needs over the next 30-day period.
In the High-Risk definition, what does “An identified concern that without mitigation . . .” mean?	An identified concern means an issue you are aware of if not fixed or addressed will likely result in substantial harm in the next 30 days.
How do you assess a high-risk that constitutes a “ loss of housing or financial loss exceeding \$2,000 ”?	A staff person can use the \$2,000 figure as an objective benchmark to determine if a consumer 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 based as they look at the situation to determine if \$2,000 or more would be needed to repair serious housing concerns or if the consumer 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 consumer’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 consumer’s health is fragile and unless urgent repairs are made to the roof, the consumer 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 consumer’s CM, you recognize that the consumer’s health and financial wellbeing are in grave jeopardy within the next 30 days and that the damage to the roof would require repairs in excess of \$2,000.
Can you provide an example of an “ urgent health concern ” that would be assessed as a high-risk?	Imagine that you are working with a consumer who is suffering with an open and deep wound on his leg that requires daily attention from a home health nurse and his HCW, to prevent further infection and decay and promote healing. The consumer 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 (finding daily help), the consumer 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.
Can you provide an example of a “ loss that requires the involvement of law enforcement ” that	Financial or material loss due to a crime committed against this consumer would be assessed as a high-risk to the consumer. Example: It is strongly believed that a consumer is in grave danger of abuse or fraud within the next 30 days from others that will require the

would be assessed as a high-risk?	involvement of law enforcement professionals to help recover stolen resources and prosecute the guilty party. Because this consumer is facing cognitive decline, he is not able to manage his money and other valuables and often leaves quantities of cash scattered around the house. The consumer's HCW has reported to the consumer's CM that the consumer has told her, and she has seen the next-door neighbor in the house on several occasions when cash and other valuables went missing from the home. The consumer has lost a significant amount of resources as a result but is unable to prohibit the neighbor from continuing to enter the home. Without immediate law enforcement involvement, this consumer will likely experience further loss of possessions and financial resources. He is therefore assessed with a high-risk in "income/financial issues."
How can we determine if a consumer should be assessed as a high or a medium risk?	It is important to note the timeframes and levels of loss and injury between the high-risk and medium-risk definitions when assessing consumers 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 consumer risk.
What is meant by " minor injury and loss " in the medium-risk definition?	"Minor injury and loss" refer to the need for medical intervention and/or the loss of housing or finances of \$2,000 or less <i>if</i> 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 consumer.
What if there are no identified risks or a consumer is a low or no risk in every risk category?	If no mitigation plan is needed because a consumer is not assessed with high or medium-risks, the CM should review the consumers Back-up Plan and monitor any changes in the consumer's situation during monthly direct contacts. A risk assessment/monitoring specific contact still needs to be conducted quarterly to ensure risk status has not changed.
Risk Assessments and New Intake Consumers	
What if a new intake consumer 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?	New consumers 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.
Does the person who does the initial assessment have to do the risk assessment or can another person do the risk assessment?	A consumer'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 consumer's Service Plan. This order is important as the CA/PS Risk Assessment must link to the most current CA/PS SPL Assessment. In-home service

	benefit/plans cannot be created unless the Risk Assessment section in Client Details of the CA/PS is completed. In some field offices, an intake CM may be responsible for completing the initial assessment (including the risk assessment), and an ongoing CM is responsible for providing waived case management services (including risk mitigation and monitoring) and reassessments.
Risk Assessment Tool in OACCESS	
Is the only place to record consumers' risks in OACCESS as part of the CA/PS for all in-home consumers? I am confused to what the question is?	The "Risk Assessment Tool" found in the Client Details section of Oregon Access, is used for in-home consumer risk assessments. Staff who conduct CA/PS assessments should use the current risk definitions to assess risk levels and mitigation plans for in-home consumers. Note: Oregon Access will not allow a new service benefit to be issued in CA/PS until a new Risk Assessment is completed for all In-Home consumers. This excludes consumers in the State Plan Personal Care, PACE, and Oregon Project Independence benefit plans.
Will Oregon ACCESS allow CMs to quickly identify consumers that are high-risk on the <i>CM Service Due Report</i> ?	Yes. Consumers assessed with one or more high-risks in the risk categories for risk-focused direct contacts on the <i>CM Services Due Report</i> .
If a risk is mitigated, would we then change the risk level on the Risk Assessment?	Yes – changes in risk level, when successfully mitigated, move from high-risk to moderate, low or no risk and should be reflected (modified) on the Risk Assessment Tool and in narration.
Are we going to be able to edit our risk assessments , so we do not need to complete the entire thing every 30 days?	Yes, you are able to 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 "<u>modify</u>" tab. You can also add important information in the <i>Plan Mitigation Comment Box</i>. CMs are encouraged to edit the risk information as soon as changes occur in a consumer's risk assessment. The risk information recorded previously for this consumer will not be removed but will remain in the system for historical record. Note: If the Plan Mitigation Comment Box contains accurate details about the consumer'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.
Will the Risk Assessment Paper Tool be updated and posted on the CM tools website?	Yes, the risk assessment paper tool will be updated and made available on the CM Tools website.

Case Management Monitoring Requirements	
How are Risk Assessment Direct Contacts different from a regular CM Direct Contact that we have done previously with consumers?	<u>Regular CM Direct Contacts</u> 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. <u>Risk-Focused CM Direct Contacts</u> 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 consumer, should seek to problem solve and discover effective person-centered mitigation strategies.
Can Direct Risk-Focused Contacts with high-risk consumers be completed over the phone with the consumer or their representative? Is there an expectation that we see them face-to-face?	Risk-focused Direct Contacts require a person-to-person conversation without any intermediary (face-to-face, over the phone, via Skype or Facetime, etc.). Although face-to-face monthly contacts with high-risk consumers is preferred, a CM may satisfy this requirement with phone calls or other personal conversations with the consumer. If you are working with a consumer that is difficult to contact or may is not able to speak on the phone, there may be cause for concern which would prompt a face-to-face visit. Some consumers facing high-risk concerns are better served with an “eyes-on” visit to ensure their high risks are being adequately addressed.
Do I have to do a Risk-Focused Direct Contact if I have done a CM direct contact during the same month?	A monthly <i>risk-focused contact</i> is required for high-risk consumers 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 <u>Risk Mitigation/ Monitoring’ Direct Service</u> has been completed during that same month.
CM Services Due Report	
How is the risk-focused direct contact requirement displayed in the system?	To satisfy the Direct Contact requirement, select the <i>Risk Mitigation /Monitoring Direct Service</i> option in the Case Management tab. If a consumer is assessed with no high-risk concerns in CA/PS, staff must select the <i>Risk Mitigation/Monitoring Direct Service</i> to satisfy a <u>quarterly indirect</u> service requirement.
If we identify a high-risk concern on the Risk Assessment Tool, will it automatically trigger the <u>CM Services Due Report</u> to indicate a need for a risk-focused direct contact?	Yes. A new column labeled <i>CM/Risk</i> is located between the <i>Service Type</i> and the <i>Last Service Date</i> columns on the <i>CM Service(s) Due and Coming Due Report</i> . This new <i>CM/Risk</i> 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.

What should my mitigation plan and monitoring efforts look like for a consumer assessed with high or medium-risks?	In addition to identifying “Risk Reducing Factors” that could be implemented, it is appropriate to discuss other ideas that may help the consumer 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 back-up plans, etc.
Consumers Identified with High Risk(s) Report	
Do we have to do risk assessments for State Plan Personal Care, PACE, and Oregon Project Independence consumers?	Risk Assessments are to be completed for all In-Home consumers <i>except for</i> those consumers in the State Plan Personal Care, PACE, and Oregon Project Independence benefit plans.
Will a list of consumers in my case load with high-risk(s) needing monthly contacts be created (auto-generated) in OACCESS?	A new report entitled the <i>Consumers Identified with High Risks(s) Report</i> in the Report Description list records all <u>in-home consumers</u> assessed with high-level risk concerns. This report alerts staff to complete a monthly direct risk-focused contact with consumers identified with high-risks in one or more risk categories.
Does a risk assessment take into account a high-risk consumer with exception hours in their service plan?	Any factor can be considered that 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 to meet the person’s needs. 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.
Differentiating between High and Medium-Risk Concerns	
Based upon the high and medium risk definitions, how can staff predict that “Substantial Injury or Loss” will likely occur to the consumer in the next 30 or 90 days?	The most important factor is distinguishing whether a consumer has a high or medium risk concerns is if there is a substantial concern of injury or loss to the consumer. If you are having difficulty deciding between a high or medium-risk assessment and the 30- and 90-day timeframe, it is best to <u>err on the side of caution</u> and assess the consumer as a high-risk.
I have a consumer 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?	This consumer would be assessed as a high-risk <i>if</i> 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.
If a high-risk is “mitigated,” it is no longer considered a “high-risk”. But, how do we know if the risk has	As a CM works with a consumer and if the mitigation strategy has successfully lowered a consumer’s high-risk to a medium or lower-risk level, the effectiveness of this strategy should be monitored for a period of time to determine its success. The high-risk definition

been mitigated? What criteria do we use to prove that a risk has been mitigated?	requires a look-back at consumer 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 consumer.
What if a consumer assessed as high-risk in a risk category seems to be able to live with and manage his/her risk without mitigation? Do I assess him/her as high-risk?	We want to err on the side of caution. However, if a consumer has demonstrated over a reasonable time that he/she 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 contacts are not required).
High-Risk vs. Informed Personal Choice	
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? Isn't there some onus put on personal responsibility?	Yes, informed individual choice is the basis of person-centered care and the consumer-employer responsibility to manage his or her 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 him or her to eliminate or minimize the risks, monitor and continue to offer options over time to assist the individual in evaluating risks, developing a back-up plan, and document all of the above in narration in the <i>Plan Mitigation Comment Box</i> 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 his/her best to offer mitigation strategies and monitor the consumer's health, safety and wellbeing through risk-focused direct contacts. If the consumer has decided to live with the potential risk, the CM should discuss and determine if the consumer 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 to get 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 a home care worker or In-home 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.
Does a high-risk designation consider	Yes. If a consumer chooses to not take his/her insulin and understands that this choice could result in severe health complications, he/she

informed individual choice? Example: A consumer that knows if he doesn't take his insulin could result in very severe health complications, however, still chooses not to take his insulin. Would we mark him high-risk and do monthly risk-focused direct contacts in this situation?	would be assessed as high-risk in "physical functioning." The CM would have monthly risk-focused direct contacts with the consumer 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 consumer 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 workout a Back-up Plan with the consumer/representative, 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 may be appropriate.
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?	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 about it 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 he or she makes does not force them to change. However, future changes for high-risk individuals involving monthly risk-focused contacts and efforts to mitigate high-risks will help an individual understand and possibly choose actions that will lower his or her 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.
If there is a consumer who chooses (poorly) to keep a high/medium risk, would we still be required to check up on them monthly?	Yes, a consumer who chooses to live with and not seek to minimize high-risk concerns must nevertheless, receive monthly direct risk-focused contacts to mitigate and monitor risk(s). If there is a substantial concern of injury or loss and the CM has difficulty determining the risk level between a high and medium-risk, he/she should err on the side of caution, assess the consumer as a high-risk, and complete monthly risk-focused contacts until the risk is mitigated. Note: A CM is not required to complete monthly contacts with a consumer assessed with medium-risk (or lower) concerns.
If a consumer is always going to have a particular high-risk due to choice, is there a point at which the	No. If the consumer refuses to pursue risk mitigation and they continue to meet the definition of "high risk", the CM should continue to monitor the consumer's condition and update a back-up plan as necessary in narration. The CM should also work with natural supports

CM should no longer complete monthly risk-focused contacts?	to provide the best supportive environment possible to minimize risks for high-risk consumers in these situations.
Consumers who Refuse to Participate in Risk Assessments or Risk-Focused Contacts	
What is a Case Manager's responsibility with a consumer who is not cooperating with monthly risk-focused contacts (not returning phone calls or answering doors) ? Will the CM be able to close services after a certain amount of time?	The existing policy is in place for CMs who work with consumers 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" (OAR 411-015-0008 (j)(A)). Yes – after clear attempts to re-assess a consumer have been made and documented in CA/PS, a CM may begin due process procedures outlined in APD-PT-17-058.
What if a consumer 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?	Some consumers are content to live with known risks – even high-risk(s). Even if a consumer resists effort to mitigate known risks, CMs are required to continue direct risk-focused contacts to monitor the risk(s), provide options to lessen risks, and document any pertinent information related to a consumer's risk levels in narration. CMs should tactfully provide risk mitigation counsel and options for consumers who experience negative health and safety outcomes.
What if a consumer is assessed as high-risk but the consumer/representative state that he/she can mitigate those risks (although you do not agree based on past experiences)?	In this scenario, the CM would need to maintain monthly 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 consumer or the consumer's representative. The CM should also help the consumer/representative create a back-up plan for emergencies. Once the CM determines the risk has been mitigated they should modify the risk assessment.
CMs' Mitigation and Monitoring Responsibilities	
How is a Risk-Focused Direct Contact with a consumer who has one or more high-risk concerns different than the regular CM Direct Contact with a consumer?	During a <i>Risk Mitigation/ Monitoring' Direct Service</i> the CM should review the consumer's risk mitigation plan and discuss the efforts the consumer is using to lower risks and offer additional support and person-centered, risk-lowering strategies with the consumer. These risk-focused direct contacts should promote interaction, provide encouragement and present additional resources and supports to address the consumer's risk concerns. Note: Every <u>required</u> direct contact should address risk concerns, whether it is a monthly risk-focused contact with high-risk consumers or a regularly scheduled quarterly direct contact for non-high-risk consumers.

How do I know that a risk mitigation plan is effective?	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 consumer's risk mitigation plan is implemented and if any changes 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 consumer to cope with their risk concerns as well as his or her efforts to mitigate their risk levels.
Should I review a homecare worker's vouchers if I think that the consumer's service plan is not being followed and that a consumer is being put at risk?	CMs can review vouchers 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 consumer without support for days, and if there are no recent vouchers submitted for payment (this is required). Appropriate action should be taken if the consumer is being put at risk through the behavior of his/her HCW. While it may be helpful this action does not constitute risk monitoring.
Narration in the Plan Mitigation Comments Box	
If someone is high-risk, we complete a direct contact each month. When we document consumer risk(s), do we address them on the Risk Assessment Tool only or in the narrative box?	Risk levels should be updated (modified) when consumer 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 consumers in the Risk Mitigation Comments Box.
Do we need to narrate information for all defined risk levels in the Comment Box?	In the <u>Plan Mitigation Comments Box</u>, 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).
What information do we need to record in the Risk Mitigation Comments Box?	Record information pertinent to the consumer's high and medium-risk concerns and describe the mitigation strategies implemented with consumers (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: 1) Brief description of the identified high or medium-risk(s). 2) Details of the mitigation strategies to lower the risk(s).

	3) Record of consumer’s understanding/acceptance of the risk mitigation plan. 4) Record of available supports (people, resources) used to mitigate and monitor high and medium-risk(s) concerns. 5) A “Back-up Plan” describing what will be done if existing paid supports or assistive devices are suddenly unavailable (including names/contact information for those who can provide back-up support).
Back-Up Plans	
How is a consumer’s Back-up Plan related to their risk mitigation plan, and what information is included in a Back-up Plan that is not captured in the risk assessment in OACCESS?	CMs should assist consumers in creating a “Back-up Plan” that addresses emergency situations that could occur if the existing paid supports or assistive devices are suddenly unavailable. The Back-Up Plan is <u>recorded in the Plan Mitigation Box</u> and should include names and contact information of paid and natural supports who could aid the consumer in an emergency situation. Information that addresses the consumer’s risk environment (power outages, weather-related incidents, isolated home setting, etc.) should be narrated in the Back-up Plan. However, if a consumer is assessed as high-risk in the power outages and natural disasters/extreme weather categories, this information will be carried over to the <i>CA/PS 2 Emergency Concerns Report</i>. If a weather-related risk concern is imminent (ex. Fire threat, forecasted heavy snowfall, etc.), CMs should contact consumers and work to address those imminent concerns (i.e. move the consumer before the risk situation intensifies, contact natural supports to provide needed care, etc.).
CA/PS 2 Emergency Concerns Report -- Natural Disasters and Power Outages	
How do I help consumers assessed with high-risks concerns related to potential power outages and natural disasters? How do I record and mitigate these risk concerns?	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 <i>Emergency Concerns Report</i>. Although consumers with these high-risks <u>are not</u> 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 Back-up 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 consumers with various service plan needs. Complex Case consultations is also an option for CMs to use with consumers with complicated care needs.
Risk-Focused Contacts with High-Risk MAGI Consumers	

MAGI in-home consumers with high-risks previously did not show up on the <i>CM Services Due Report</i> , will they now be included in the report?	Yes. Although Waivered Case Management services are not required for MAGI consumers, a case manager's <i>CM Services Due Report</i> now includes MAGI in-home consumers in order to meet the risk policy requirements.
Risk Assessments for Consumers in CBC Settings	
What are the requirements and expectations for consumers in a care facility that have high-risk concerns?	At this time, there are no policy changes being made regarding Risk Assessment procedures or requirements for consumers in a community-based setting. CMs are <u>NOT</u> required to complete a risk-focused direct service for high-risk consumers in Community Based Care settings (Adult Foster Homes, Assisted Living Facilities, Resident Care Facilities), assessed with a high-risk concern in OACCESS.
Will we now be doing a formal risk assessment for CBC consumers the same way we do in-home consumers?	If staff assess high-risk concerns for a consumer in CBC settings, these consumers will appear on the <i>Consumers with High Risk(s) Report</i> in the Report Description list that comes after the CM Services Due Report in Oregon ACCESS. The <i>CM Service Due Report</i> indicates that a CM Service (direct or indirect) is due but a risk-focused direct service is not required for high-risk CBC consumers. Staff should be aware of these consumer's high-risk concerns but are not required to complete risk-focused direct contacts with those consumers.
Will the CM Service Due Report "know" that the consumer is an in-home vs. CBC setting?	
For a consumer 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?	Yes, the facility is responsible to work with the consumer or the consumer's representative to identify and mitigate risks (OAR 411-054-0034(5)(m) and 411-054-0036 (6)).
Do I complete a risk-focused direct contact with a consumer who has moved to a CBC setting from a skilled nursing/rehabilitation facility?	If a consumer assessed with a high-risk concern is in the "skilled care setting" for a short period, in most cases you may leave the consumer's in-home benefit in place. The system will require a risk-focused contact for this consumer. When the consumer returns home, you can do a new risk assessment as part of your reassessment.
For CBC/NF consumers, do we leave the individual risks blank and enter in the plan mitigation comments "the facility is responsible for mitigating risk".	To document risk for consumers in CBC or nursing facilities, case managers can do one or both of the following: 1. You can choose the "Facility Responsibility" option for each risk category in the "Mitigation Factors/Categories" column in the Risk Assessment tool, or

	2 In the Risk Mitigation Comment Box, a brief notation can be documented like you included in your email, “The facility is responsible for mitigating risk”. It is important, however, when doing quarterly direct contacts with consumers in a CBC or nursing facility, for case managers to review a consumer’s risk concerns (if needed, with the facility staff) to ensure that risks are understood, being mitigated and monitored successfully to promote the consumers health and safety.
Added Work to CM’s Workload Concerns	
Is there any idea of the additional time requirement /impact new risk assessment requirements will have on a CM’s workload?	Any increase in a CM’s time to serve consumers assessed with one or more high-risks we believe will be minimal. According to the final results received by Central Office on the risk assessment survey (sent out to CMs related to their reassessments in April and May 2019), CMs reported that 6.52% of their consumers last year were assessed as high-risk and 5.35% would be assessed as high-risk this year based upon the new definition. Most staff are aware of consumers they serve who are assessed with high-risk concerns. Risk-focused Direct Contacts can be completed face-to-face or over the phone. The amount of time CMs will invest with high-risk consumers should not be significantly higher than the time currently spent to serve these consumers. By effectively lowering risks, an unknown amount of time may be saved due to a decrease in crisis events requiring action.
Miscellaneous Risk Assessment Questions	
What will be included in Phase 1 vs. Phase 2 of the Risk Assessment updates? When will each occur?	Phase 1 occurred in July 2019 involving the use of the new definition of high-risk, monthly contacts for those consumers who have one or more high-risks concerns based on this definition, and changes in OACCESS related to high-risk reporting. Phase 2 changes may include a redesigned risk assessment tool, however do not have a firm date.
How will we know if there is a new or existing unmitigated risk identified by APS?	If APS is involved, they are also engaged in interventions 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 consumers you serve. APS may not keep CMs apprised of an APS case status. Because of confidentiality and legal concerns, a CM may not be able to get all the information they desire related to consumer’s situation and risk needs from APS.
If an active APS investigation is underway with an in-home consumer assessed with a high-risk	APS staff involvement with in-home consumers assessed with high-risk concerns does not qualify as a risk-focused direct contact with those consumers (APD-PT-14-031). CMs should recognize that if a high-risk condition is removed through APS involvement, risk may still exist, or a

concern, does the CM still need to do a risk-focused direct contact with that consumer?	new risk may occur. The CM should continue to independently complete a risk-focused direct contact with that consumer until the high-risk concern is effectively mitigated. The consumer may have experienced trauma and the CM should actively monitor the consumer's needs to ensure that proper care is offered.
When APS reports back that an identified risk has been removed, am I okay to lower the consumer's risk level?	You need to err on the side of person-centered care. It is likely that the consumer has experienced trauma at some level. In addition, just because the situation has changed in light of the 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 consumer. The CM should ensure that the risk concern has been mitigated, monitor the consumer's needs, modify (update) the risk assessment and document these developments in the Risk Mitigation Comments Box.

Examples of High-Risk In-Home Consumers Requiring Mitigation and Monitoring

Example #1: A consumer suffers from an open and deep wound on his leg that required hospitalization. Since the consumer returned home, he requires attention and care to prevent further infection and decay twice daily. Since the consumer 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.

Example #2: Urgent repairs are needed to a consumer's roof that if left undone, would undoubtedly jeopardize the consumer's health and financial wellbeing within the next 30 days and would require repairs in excess of \$2,000 to correct.

Example #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 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."

Example #4: Bob has late stage MS and cannot ambulate without hands-on assistance and is unable to maneuver the joy stick 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.

Example #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 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 back-up plan has been recorded in CA/PS. Although Rick is now assessed as a medium-risk, staff have continued to closely monitor his situation and stay in touch with family support.

Example #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 R.A. Tool as a high-risk in “Behavioral Issues” and “Safety/Cleanliness of Residence.” Susie is likely experience substantial injury or loss within the next 30 days without careful mitigation and monitoring. Staff has begun direct contacts and facilitated chore services. Natural supports have been identified and are assisting Susie with household duties. A new back-up plan has been recorded in CA/PS. Susie is not assesses as a low risk related to these risk concerns.

Example #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 R.A. Tool as “high-risk” in “Physical Functioning,” “Service Plan Meets Physical/Mental Needs,” and “Adequacy/Availability of Natural Supports.” She is 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. The CM has helped Lois get needed assistive devices, home delivered meals and make architectural changes through K-Plan and Ancillary Services. A new back-up plan has been created. CM continues direct contacts and presents other service options that Lois may be interested in pursuing in the future.