

RISK ASSESSMENT WORKSHEET and GUIDELINES

Case Manager's Name: _____ Consumer's Name: _____ Prime # _____

RISK CATEGORIES	RISK LEVEL				RISK REDUCING FACTORS
	HIGH	MEDIUM	LOW	NONE	
Power Outage					1. Assistive Devices
Natural Disaster/Extreme Weather					2. Back-up worker or facility alternative
Physical Functioning					3. Clothing Assistance
Mental/Emotional Functioning					4. Education/Information
Cognitive Functioning					5. Emergency Response System
Behavioral Issues					6. Energy Assistance Programs
Income/Financial Issues					7. Facility Responsibility
Safety/Cleanliness of Residence/Facility					8. Food Assistance Programs
Service Plan Meets Physical/Medical Needs					9. Gatekeeper/Telephone Reassurance
Service Plan Meets Mental/Emotional/Behavioral Needs					10. Home Delivered Meals
Adequacy/Availability of Natural Supports					11. Home/Environmental Modifications
Access to Care/Services					12. Identify in Plan
Other – Identify in Plan					13. Law enforcement
					14. Mental Health Referral
					15. None/Not at Risk
					16. Referral (Identify in Plan)
					17. Referral to APS
					18. Referral to CRN
					19. Referral to I & A
					20. Refuses at this time
					21. Supports
					22. Training
					23 Unresolved–CM Follow-up

Note: 1) The **RISK LEVEL** columns (shaded) may include multiple **RISK REDUCING FACTOR(S)** [add number(s) to appropriate Risk Level column]. 2) The categories of Power Outages & Natural Disaster/Extreme Weather are not part of the required Risk Assessment but high-risk concerns in these categories are captured in the *CAPS2 Emergency Concerns Report*. 3) Use the Risk Definitions (below) to identify a consumer's Risk Level(s) (above).

RISK DEFINITIONS

High Risk: An identified concern, that without mitigation, is likely to cause the individual to experience substantial injury or loss within the next 30 days or the individual has experienced substantial harm within the previous 30 days and the harm will likely recur without mitigation.

Substantial injury or loss means: Urgent medical (hospital, Emergency room, Dr. office) intervention necessary to treat the injury or prevent significant health deterioration or loss of functioning, and/or, law enforcement involvement, loss of housing or financial loss exceeding \$2,000.

Medium-Risk: An identified concern, that without mitigation, is likely to cause the individual to experience minor injury or loss within the next 90 days or has experienced minor loss in the previous 30 days that will likely recur or worsen without mitigation.

Minor injury or loss means: Medical intervention is not needed (natural supports, home remedy/over-the-counter, or time heals), housing is secure, and/or financial losses would be \$2,000 or less.

Low Risk: An identified concern, that without mitigation, may result in harm. The risk of harm to the individual is not imminent nor likely to occur within 90 days, and/or harm has occurred within the last 30 days, has been mitigated, and is unlikely to recur within 90 days.

No Risk: There are no identified concerns and no harm is likely to occur within 90 days, and there has been no harm in the previous 30 days. Harm means: injury or loss of any severity.

Monitoring High-Risk Consumers

A consumer’s high-risk needs and mitigation strategies must be discussed with the consumer during risk-focused direct contacts to ensure that mitigation strategies are addressing their health/safety concerns. The *CM Services Due Report* displays high-risk in-home consumers (except for power outages and natural disasters), in the “CM/Risk” column who require direct risk-focused contacts. *Consumers with High Risk(s)* in the Report Description list lists consumers assessed with a high-risk concern, excluding consumers in the SPPC, ICP and PACE benefit plans.

Plan Mitigation Comments

Brief Description of High or Medium-Risks: _____

Details of Mitigation Strategies Pursued: _____

Record Consumer’s Understanding/Acceptance of Plan: _____

Available Supports (people, resources) to Mitigate High/Medium Risk(s): _____

Back-Up Plan: If existing paid supports/assistive devices are suddenly unavailable (Include contact info. of people providing back-up support):

RISK FACTOR DESCRIPTIONS

(Risk scenarios below provide guidance for identifying risk levels based on the Risk Definitions [above] and are not intended to be all-inclusive.)

	HIGH RISK	MEDIUM RISK	LOW RISK	NO RISK
POWER OUTAGE	No alternative electrical source available for life, safety or equipment. Dependent 24/7 on consistent power &/or no alternative heat/assistive equipment power source. No support system, no ERS or emergency/back-up plan in place.	Can withstand a limited or short-term power outage. Would result in health/safety injury or loss after 2 or more days. Some possible supports identified but no reliable support and ERS system or emergency plan in place.	Has created a practical support system and has an ERS and emergency/back-up plan in place.	Has solid emergency/back-up plan and dependable equipment, ERS, and support system in place.
NATURAL DISASTER – EXTREME WEATHER	No support system or emergency/back-up plan in place. Fully dependent on others. Supports or other resources not dependable. No ability to shelter in place or evaluate home/area.	Has an emergency/back-up plan in place but is dependent on unreliable support system. No dependable supply of resources prepared to shelter in place or evaluate home/area.	Has an adequate emergency/back-up plan and ERS in place. Support system is reliable and immediately available to assist to vacate home/area if needed.	Has solid emergency/back-up plan in place. Able to vacate home/area on own and has dependable ERS, support system, resources in place.
Power Outages & Natural Disasters/Extreme Weather <i>high-risk assessments</i> are carried-over to the “CA/PS 2 Emergency Concerns Report” from the Risk Assessment Tool				
	HIGH RISK	MEDIUM RISK	LOW RISK	NO RISK
PHYSICAL FUNCTIONING	Has a progressive, debilitating condition, severe physical challenges and/or permanent impairment. Incapable of completing most/all ADLs. Totally dependent on others. No reliable assistive devices. No/inadequate paid/natural supports available.	Has significant physical challenges/incapacitating condition. Is unable to accomplish several ADL tasks without assistance. Natural and other supports not dependable or accessible.	Has minimal physical challenges. Can accomplish most ADL tasks and/or has consistent and responsive paid and natural support system, assistive devices and needed resources readily available.	Capable of all ADLs/IADLs. Has a dependable and responsive paid and natural support system, assistance and resources in place.
MENTAL and EMOTIONAL FUNCTIONING	Has significant mental and/or emotional challenges. Does not understand or recognize dangers that severely put at risk the health and safety of self/others. No reliable support system or assistance available. Regularly refuses needed services and supports.	Has persistent mental and/or emotional challenges that jeopardize health/safety of self & others. Able to maintain some ADLs. Has limited understanding of dangers, threats and risks to self/others. May resist needed services. Some assistance identified/sporadic support available.	Has minimal mental and/or emotional challenges that may result in limited health & safety issues to self and others. Willing and cooperative. Potential harm is reduced through assistance, mediation and dependable support system.	No apparent mental and/or emotional challenges that endanger health & safety to self/others. Understands and removes potential harm/risks. Has strong support system.

<p>COGNITIVE FUNCTIONING</p>	<p>Significant disorientation/ confusion to person/place/time. Unable to make everyday decisions. Forgets to do activities to meet ADL/IADL needs. Does not understand risks/consequences that jeopardize the health and safety of self/others. Often refuses needed services</p> <p>Unable to express self clearly and consistently. Needs assistance to communicate health/safety needs. If left alone, would experience harm or risk to self and/or others.</p>	<p>Periodic confusion to person, place or time. Impaired reasoning and decision-making ability without frequent assistance. Sporadic forgetfulness that over time negatively impacts basic needs and puts consumer/others at risk to health and safety.</p> <p>Unable to consistently communicate health and safety needs without frequent assistance. Resistant to offers of guidance.</p>	<p>Mild forgetfulness and occasional assistance needed to make necessary decisions to promote health and safety. Understands and can meet basic needs on own or with infrequent assistance.</p> <p>Rarely but occasionally needs assistance to convey information to ensure their health and safety. Willing to accept services.</p>	<p>No apparent cognitive impairment or difficulty making decisions to ensure health and safety. Is acutely aware of needs and circumstances and is not confused or disoriented.</p> <p>No difficulty communicating and expressing needs, opinions or concerns related to health and safety. Aware, responsive and cognizant of circumstances.</p>
<p>BEHAVIORAL ISSUES</p>	<p>Displays severe negative behaviors (e.g. verbally/physically aggressive, wandering, current substance abuse, socially inappropriate, life-threatening medical non-compliance). Cannot be left alone without causing injury or harm to self/others. Often refuses offers of assistance.</p>	<p>Displays moderate problem behaviors (e.g., intermittent meds, unable to self-regulate, occasional substance abuse, does not fully understand consequences of behaviors, etc.). Needs assistance and monitoring daily to not cause injury or harm to self or others. Resistant to offers of assistance.</p>	<p>Sometimes displays minor problem behaviors (e.g., history of past substance abuse, minor emotional outbursts, etc.). Able to self-regulate with minimal and only occasional assistance needed to ensure health and safety to self and others. Willing to accept assistance.</p>	<p>No disruptive or problematic behaviors or indication of substance abuse. Behavior is appropriate, self-regulated, controlled and does not put health and safety to self or others at risk.</p>
<p>INCOME / FINANCIAL ISSUES</p>	<p>Totally dependent on others financially. Unaware, easily manipulated, makes decisions that put financial resources/valuables at risk of misuse/loss. Unable/unwilling to manage resources. Requires constant monitoring.</p>	<p>Often financially dependent on others. Unable to safeguard financial resources/valuables. Assistance often needed to manage personal/financial resources from misuse/loss. Some history of financial exploitation.</p>	<p>Adequate income for necessities only. Occasionally needs assistance to manage/safeguard possessions/financial resources from potential misuse/loss. Financially dependent on others for emergency expenses, etc.</p>	<p>Has adequate financial resources/financially independent. Effectively manages finances, resources and possessions without putting valuables and assets at risk of misuse or loss.</p>
<p>SAFETY/ CLEANLINESS OF RESIDENCE/ FACILITY</p>	<p>Residence poses immediate and serious problems jeopardizing the health, safety and wellbeing of self/others (unsanitary conditions, no heat/water, deterioration/ damage to structure, access issues, etc.). Eviction in progress with no other housing option.</p>	<p>Condition or cleanliness of residence poses significant health and safety risks to self/ others (e.g., unsanitary conditions, interruption of utilities, access issues, food spoilage, deterioration of structure, threat of eviction).</p>	<p>Ongoing minor maintenance, sanitary and/or cleanliness issues (housekeeping concerns). No significant ongoing health or safety risks. May have threat of eviction but not imminent.</p>	<p>No apparent major maintenance, disrepair or cleanliness issues in the residence affecting the health and safety of the individual or others. No threat of eviction.</p>

<p>SERVICE PLAN MEETS PHYSICAL/MEDICAL NEEDS</p>	<p>Consumer has unmet, critical physical/medical needs requiring constant assistance. Imminent risk due to inadequate/available services/providers or individual choice (refuses critical services). Unwilling/unable to address health/safety risks to self/others. No reliable support system.</p>	<p>Service plan fails to meet consumer's medical or physical needs putting consumer and others at risk of significant and injury or loss. Based upon significant cognitive, functional limitations or individual choice, requires regular assistance to lessen risks. Weak support system.</p>	<p>Occasional/minor issues with care/service provision, but consumer's basic ADL/IADL and medical needs met. Some physical/mental issues limit effectiveness of service plan (i.e. refuses weekly shower half the time). Support system adequate.</p>	<p>Service plan fully meets all of the consumer's physical and medical ADL and IADL needs. Consumer accepts care/services. Strong natural support system in place.</p>
<p>SERVICE PLAN MEETS MENTAL/EMOTIONAL/BEHAVIORAL NEEDS</p>	<p>Consumer has serious, unmet, ongoing mental/emotional, and behavioral needs that pose an imminent threat to health/safety of self/others due to cognitive decline, or individual choice. No reliable paid/natural support system to support service plan.</p>	<p>Several mental/emotional or behavioral needs often not met by service plan based on cognitive impairment or individual choice. Consumer often refuses assistance to address care needs putting the health/safety at risk. Sporadic paid/natural support system.</p>	<p>Some minor and occasional mental, emotional or behavioral needs not fully met by service plan. Most of the consumer's basic mental/ emotional/ behavioral needs are regularly met. Reliable paid/natural support system in place.</p>	<p>Service plan fully meets all of consumer's mental/ emotional/ behavioral ADL and IADL needs. Individual accepts services and dependable support system is in place.</p>
<p>ADEQUACY/ AVAILABILITY OF NATURAL SUPPORTS</p>	<p>No natural supports available to address urgent needs, and/or family/friends interfere with consumer's care or are abusive/neglectful. Consumer lives in an isolated area. Potential natural supports estranged/uninvolved.</p>	<p>Few family and/or friends are unreliable or unable to provide consistent care and support. Express good intentions and a desire to help but rarely follow through to address care, health and safety needs.</p>	<p>Some natural supports are available, concerned about the health and safety of the consumer, and involved as able to provide helpful but provide limited assistance when needed.</p>	<p>Multiple natural supports are knowledgeable, capable and actively involved to assist/support the consumer with health/safety needs. Consumer accepts the assistance</p>
<p>ACCESS TO CARE/ SERVICES</p>	<p>Consumer has significant ADL/IADL needs, access to care/services is often unavailable, scarce or hard to secure (distance/isolation, few providers, limited or no access or ability to use phone, limited or no EMS/ERS, no reliable transportation available).</p>	<p>Consumer has medical/mental health care needs but has sporadic and unreliable access to care providers/needed services. Limited ability to use phone or EMS/ERS. Consumer occasionally refuses available care. Limited or sporadic transportation available.</p>	<p>Consumer's ability to access care/services system is only occasionally problematic but care needs normally met regularly, adequately and in a timely manner. Transportation challenging but available.</p>	<p>No regular services needed, or consumer has regular, unimpeded, and timely access to services that fully meet assessed care needs. Transportation needs met.</p>
<p>OTHER – IDENTIFY IN PLAN (Narration Comments)</p>	<p>Serious imminent/high-risk concerns (people, circumstances, care setting, etc.) not identified above. No paid/natural supports or emergency/back-up plan in place to mitigate these risks.</p>	<p>Significant risk concerns (people, circumstances, care setting, etc.) jeopardizing a consumer's health and safety identified. Inadequate emergency/back-up plan, unreliable support system in place.</p>	<p>Minor additional risk concerns (people, circumstances, care setting, etc.) to a consumer's health and safety identified. Adequate emergency/ back-up plan, support system in place.</p>	<p>No additional risk-related concerns identified. Reliable emergency/back-up plan and dependable support system in place to address risk concerns.</p>