-New Hampshire Community Passport -

Risk Assessment and Barrier Review worksheet (Form 1 of 2)

PURPOSE: The purpose of this process is to assess barriers to successful community living in order to honor consumer choice while mitigating risk. The purpose is not to screen out but to determine appropriate levels of support in order to mitigate risk.

I. Components of a risk management system:

A risk management system must be in place to assure that individual choice is honored while assuring that potential risks are identified and planned for. The following components should be included in a risk management system.

1. Develop specific program policies and procedures clearly outlining roles and responsibilities of participants, case managers, state support staff, workers, and current supports.
2. Identify individual's preferences and expectation for support.
3. Develop a process to formally identify situations that could pose harm and assesses the likelihood of their occurrence
4. Discuss these potential situations with participants.
5. Develop a plan to reduce or eliminate the possibility that these situations could occur and a backup plan to mitigate harm should they occur.
6. Ensure that a process is in place to protect the participants' right to assume risk, honor their decision, and ensure a safe plan of support.
7. Ensure that service plan adheres to cost guidelines and program health and safety limitations.
8. Document that the participant acknowledges and commits to the plan.
9. Monitor the service plan to ensure plan is sufficient and modify as necessary.

II. Informed Decision Making:

Appropriate safeguards in a risk management system include ensuring that the individual is informed of options, the risks and benefits of each option, and their responsibilities for each choice. The following steps should be utilized to help an individual make an informed decision regarding service options.

1. Identify the decision to be made
2. Identify support needs to make the decision
3. Identify options, provide information about each option
4. Identify barriers/risks related to chosen option(s) and evaluate pros and cons. Determine how important they are to the person
5. Plan next steps to support decision reached and mitigate identified risks

III. Identification and Assessment of Barriers/Risks

Areas to be assessed, as appropriate to the individual:

1. **Living Arrangements including availability of housing, adequacy of housing, and assessment of necessary environmental adaptations to ensure the safety, welfare and health of the individual.**

2. Instrumental activities of daily living (IADLs) including doing laundry, cleaning, managing money, shopping, access to and use of transportation, correspondence, making telephone calls, obtaining and keeping appointments, socializing and recreation.

3. Activities of daily living (ADL) including grooming, toileting, eating, dressing, getting out of bed or chair, walking

4. Oral and topical medication management including ability to self administer medication or assistance needed such as reminders or pre-packaging.

5. Mental Health or Cognitive Status which impacts ability to live independently including need for evaluation or referral for mental health or developmental services.

6. Substance use status which impacts ability to live independently including need for evaluation or referral for services.

7. Mobility/falls includes assessment of risk for falls and need for assistive devices and/or environmental modifications to mitigate risk.

8. Accessing support including ability to use the telephone and knowledge of who to call.

9. Managing environment including the ability to do or arrange for regular home and yard maintenance.

10. Communicating including the ability to make needs known and the assistive devices needed such as hearing aids, assistive communication devices, etc.

11. Social & Informal Support including family, friends and neighbors as well as potential risk for isolation.

12. Financial Status including income and assets and ability to meet basic daily needs.

13. Quality of Life: promoting and supporting the health and wellness, dignity and autonomy of the individual.

14. Health and Safety including medical concerns and emergency evacuation plan.

Risk Assessment and Action Plan

Area of risk	Barrier? Y/N	If yes, brief description of barrier	Options Considered	Plan	Action Steps and Responsible Party
Living Arrangement	Y	Jane desires to live alone	-Single apt in senior housing with emergency bell -	Senior housing with emergency bell	
IADLs	Y	Hygiene and bathing			
Administering Medication	Y	2x daily injections			
ADLs	Y	No transportation			
Mental Health or Cognitive status	N	No issue			
Substance Use	N	No issue			
Mobility/falls	Y	In wheelchair but some standing			
Physical health	Y	DMII, Wheelchair, COPD			
Accessing help	Y	In emergency cannot move to phone quickly	Life line		
Managing environment	Y	Must be accessible apt.			
Communicating	N	No issue			
Social and informal support					
Financial status	Y				
Quality of life					
Safety/emergency plan	Y				

INDIVIDUAL CARE PLAN
BACK-UP PLAN/RISK MITIGATION ADDENDUM (FORM 2of 2)

Participant: Jane Doe **Date:02-09-10**

Date of Birth:1923

Based on barriers/risks identified, develop a back-up plan to mitigate potential risks.

Participant's Goal: "I want to live in my own place"

Brief description of the identified risk(s):

Risk of falling, limited mobility, twice daily insulin injections

IMPORTANT: Please note any important information related to the person or potential risks.

Fall risk, medication administration error risk

What might happen because of the above condition?

Injury, forgetting medication, not being able to give injection so I don't take it

How would you, your caregiver, family member or case manager know that you may be about to experience an emergency or crisis?

I will call, or use my life-line, or tell them when they come over

BACK-UP PLAN TO MITIGATE RISK: ACTION STEPS	**Person Responsible**
1. **Fall Risk**-Jane will work with her providers and family to survey her home and remove all rugs, and tape down the one in the kitchen she likes and would like to have stay.	**Jane Doe, Nursing, CM**
2.	
3.	
4.	
5.	

Training Related To This Plan (ex., transfer techniques, medication administration):

Who Needs to Be Trained	**Topic(s)**	**Responsible Party**	**Date Completed**
Family members			
Paid caregiver			

Acknowledgement of Risk:

I acknowledge that there are risks and responsibilities associated with my choice to move to or continue to live in a Home and Community Based Care situation. I have discussed these risks and responsibilities with my case manager, nurse or other care coordinator and agree to the plan as outlined.

_____	_____
Individual/guardian signature	**Date**
_____	_____
Signature/person completing form	**Date**

EMERGENCY CONTACTS (please post):

Name	Phone Number(s)	Relationship to Individual
Primary Contact: **Secondary Contact:**		
Case Manager:		
Primary Service Agency: **Primary Contact Person:**		
Primary Care Physician:		
Previous health care setting (if applicable):		
Name of Pharmacy:		
Other key contacts:		

Key Medical Information to bring in case of medical emergency:

Documents (include list of medications and allergies)	Where Kept	Consent for release of information obtained?
Insurance Information		
Advance Directive/DNR Orders _____Yes ____ No		
Medication List		
Allergies?		