

RISK MITIGATION PLAN TRAINING

TRAINING SCHEDULE

Virtual Training Schedule:

- 03/06/24 from 11:00 – 12:30
- 03/14/24 from 10:00 – 11:30
- 03/26/24 from 2:00 – 3:30

INTRODUCTIONS

- Arkansas Total Care: Lauren Grounds
- CareSource: Stacie Williams
- Empower: Travis Gray
- Summit: Jessica Anderson
- DDS: Thomas Tarpley and Rhonda Perkins

AGENDA

- Objectives and Purpose of Training
- Timeline and Rollout Plan
- Defining Important Terms
- Process Workflow
- Case Examples
- PASSE Care Coordination Contacts

OBJECTIVES & PURPOSE:

- To outline the timeline and rollout plan for the Risk Mitigation Plans.
- To provide an overview of the Risk Mitigation process and how it relates to Behavioral Prevention & Intervention Plans and Positive Behavior Support Plans.
- To understand the benefit these plans will bring to the members we serve.
- To ensure that all stakeholders understand their role in this process.

TIMELINE & ROLLOUT

- PASSEs will begin incorporating Risk Assessments & Risk Mitigation Plans into the PCSP process beginning on 04/01/2024.
- This will be done as PCSPs come due (initial and revisions) creating a staggered rollout.
 - If there is a specific member that you feel needs a Risk Assessment & Mitigation Plan completed prior to the scheduled update of their PCSP, reach out to the member's Care Coordinator or the PASSE Care Coordinator points of contacts to request.
 - If a member has an existing Positive Behavior Support Plan that is not in need of updating, there is no need to take action until the updated PCSP that includes the Risk Assessment & Mitigation Plan is completed.
 - If a Risk Assessment & Mitigation Plan is completed, any existing Positive Behavior Support Plan or Behavioral Prevention & Intervention Plan must be updated to align if they do not.

IMPORTANT TERMS

- Risk Assessment (RA)
- Risk Mitigation Plan (RMP)
- Behavioral Prevention & Intervention Plan (BP/IP)
- Positive Behavior Support Plan (PBSP)



RISK ASSESSMENT (RA)

WHAT IS IT?

- An assessment to identify any potential risks the member might have. The Risk Assessment is divided into 2 sections: **general risks and behavioral risks**. All PASSE members will have the General Risk Assessment section completed for them, but only PASSE members with an active CES-waiver slot (not waitlist members) will have the Behavioral Risk Assessment section completed. The Risk Assessment is the first step in completing the Risk Mitigation Plan.

WHO COMPLETES IT?

- Each member's PASSE Care Coordinator will complete a Risk Assessment during the PCSP meeting. The PASSE Care Coordinator will use input from the member's person-centered planning team (guardian, caregivers, providers, natural supports, etc.) to accurately complete the Risk Assessment based on member's needs during the PCSP meeting.

WHO IS THIS COMPLETED FOR?

- All PASSE members will have the General Risk Assessment section completed for them, but only PASSE members with an active CES-waiver will have the Behavioral Risk Assessment section completed for them.

WHEN IS IT COMPLETED?

- During the member's PCSP meeting which occurs at least annually and more frequently if the member has any significant status changes. Significant status changes include but are not limited to; a change in guardianship, a newly diagnosed condition that impacts the member, recent hospitalizations that require follow up, or a change that potentially impacts the member's ability to remain in the community.



RISK MITIGATION PLAN (RMP)

WHAT IS IT?

- An individualized plan developed by a member's PASSE Care Coordinator that outlines the member's risk factors identified in the Risk Assessment and action steps to be taken to mitigate those risks. The RMP includes the identified risk, the risk score (low, medium or high), actions to reduce/mitigate risk, and the persons responsible for implementing these action items. The RMP is divided into 2 sections: general risks and behavioral risks. All PASSE members will have the General Risk Mitigation section completed for them, but only PASSE members with an active CES-waiver will have the Behavioral Risk Mitigation section completed for them.

WHO COMPLETES IT?

- Each member's PASSE Care Coordinator will complete a RMP during the PCSP meeting. The PASSE Care Coordinator will use input from the member's person-centered planning team (guardian, caregivers, providers, natural supports, etc.) during the PCSP meeting to accurately complete the Risk assessment based on member's needs.

WHO IS THIS COMPLETED FOR?

- All PASSE members will have the General Risk Mitigation section completed for them.
- Only PASSE members with an active CES-waiver slot (not waitlist members) will have the Behavioral Risk Mitigation section completed for them.

WHEN IS IT COMPLETED?

- The RMP is completed during the member's PCSP meeting which occurs at least annually and more frequently if the member has any significant status changes. Significant status changes include but are not limited to; a change in guardianship, a newly diagnosed condition that impacts the member, recent hospitalizations that require follow up, or a change that potentially impacts the member's ability to remain in the community.

Risk Assessment & Mitigation Plan

RISK ASSESSMENT & MITIGATION PLAN

| | | | |
|-----------------------------------|-----------------------------|-------------------------------|----------------------------------|
| MEMBER NAME: | | MEMBER ID: | |
| MEMBER DOB: | | DATE OF PLAN: | |
| CARE COORDINATOR COMPLETING PLAN: | | | |
| BH <input type="checkbox"/> | DD <input type="checkbox"/> | Dual <input type="checkbox"/> | Tier IV <input type="checkbox"/> |

GENERAL RISK ASSESSMENT

This should be completed for all members. Using the rating options below, indicate the frequency of the following potential risk factors over the last 12 months. If there is a risk factor occurrence, provide details on when it last occurred, frequency, specific causes, severity, and any other pertinent details.

1. Choking/aspiration.

- High** – Dysphagia, Tardive Dyskinesia, a history of aspiration pneumonia, or other severe conditions related to choking/aspiration.
- Medium** – On medications that affect throat muscles, behaviors that increase the risk of choking (e.g. placing too much food in one's mouth, eating too fast, swallowing food whole, placing non-edible items in mouth, etc.).
- Low** – Occasional occurrence or previous concern.
- No occurrences**

Explain

2. Seizures.

- High** – Experiences seizure activity on a daily or weekly basis that is not managed by medications (or member is non-compliant) and impacts member's safety.
- Medium** – Experiences seizure activity monthly that is not managed by medications (or member is non-compliant) and impacts member's daily living.
- Low** – History of seizure activity that is managed successfully with or without medication and no recent seizure activity.
- No occurrences**

Explain

3. Use of life supporting equipment.

- High** – Currently relies on life supporting equipment including but not limited to a ventilator, oxygen, feeding pump or trach.
- Medium** – Has a history of relying on life supporting equipment including but not limited to a ventilator, oxygen, feeding pump or trach within the past 1-12 months.
- Low** – Has a history of relying on life supporting equipment including but not limited to a ventilator or trach but has not done so in the past 12 months.
- No occurrences**

Explain

4. Falls.

- High** – History of frequent falls, recent change in functional status, medications impacting safe mobility, observed disorientation/confusion, relies on device for mobility and/or support, tethering equipment.
- Medium** – Difficulty with orientation to environment, reported/observed difficulty with vision, medical condition associated with increased risk of falls (including but not limited to vascular disease, diabetes, arthritis, COPD).
- Low** – Occasional occurrence, occasionally feels unsteady when standing or walking.
- No occurrences**

Explain

5. Life-threatening allergy.

- High** – History of anaphylaxis or other severe symptoms related to allergic reaction (throat swelling, difficulty breathing, loss of consciousness, nausea/vomiting) or reliance on EpiPen.
- Medium** – Moderate symptoms related to allergic reaction (i.e. hives, welts, tingling mouth, swelling of lips/face).
- Low** – Minor irritation to skin, minor swelling, minor symptoms related to allergic reaction (i.e. itching, redness, rash, sneezing).
- No occurrences**

Explain

Risk Assessment & Mitigation Plan

6. Does not follow safety instructions without support (*fire, weather, household etc.*).

- High** – Combination of physical, visual, gestural, and verbal prompts are required.
- Medium** – requires less prompting or non-environmental cues.
- Low** – requires minimal prompts given environmental cues (*alarms, lights, sirens*).
- No occurrences**

Explain

7. Other risk (provide details below).

- High** – Daily or weekly frequency over the past 12 months.
- Medium** – Monthly frequency over the past 12 months.
- Low** – Previous concern, but not in the past 12 months.
- No occurrences**

Explain

GENERAL RISK MITIGATION PLAN

Include any risk that was rated as low, medium, or high.

| GENERAL RISK | RISK LEVEL | ACTION ITEMS (TO MITIGATE RISK) | PERSON(S) RESPONSIBLE FOR ACTION ITEMS |
|--|-----------------|---------------------------------|--|
| <i>Drop down options would be all potential risks above once finalized</i> | Choose an item. | | |
| | Choose an item. | | |
| | Choose an item. | | |
| | Choose an item. | | |

BEHAVIORAL RISK ASSESSMENT (CES-Waiver Members Only)

This should only be completed for CES-Waiver members. Answer the questions below based on behaviors that have occurred over the past 12 months. If the behavior has occurred, provide details on when it last occurred, frequency, severity, specific triggers, specific targets and any other pertinent details.

1. Runs or wanders away from necessary supervision without notifying others and without permission in a manner that puts member at risk.

- High** – leaving area without regard for safety or intention of returning.
- Medium** – leaving area without notification but returns in less than 2 hours.
- Low** – out of visual distance but remains in safe space close by and easily found or wanders away but within visual distance.
- No occurrences**

Explain

2. Eats Inedible Objects.

- High** – life threatening objects or amounts such as poison, sharps, metals etc.
- Medium** – inedible objects not as likely to cause harm, paper, beads, glue etc.
- Low** – objects that are not considered edible, not harmful, and will digest and pass.
- No occurrences**

Explain

3. Displays inappropriate sexual behaviors to self or others.

- High** – any form of physical sexual contact with self (while others are present) or non-consensual sexual contact with others.
- Medium** – history of making verbal or physical sexual advances without consent.
- Low** – pattern of making inappropriate sexual comments.
- No occurrences**

Explain

Risk Assessment & Mitigation Plan

4. Engages in physically aggressive behaviors toward others.

- High – behaviors that could result in serious injury, punching, use of weapons/objects.
- Medium – behaviors that could result in minor injury: slapping, scratching, biting.
- Low - Non-injurious behaviors such as pinching, light scratching, spitting.
- No occurrences

Explain

5. Engages in property destruction.

- High – behaviors that could result in serious injury and/or significant financial loss; breaking of glass, destruction that requires major repairs and creates unsafe conditions.
- Medium – behaviors that could result in harm and some financial loss, throwing of furniture.
- Low - Non-injurious behaviors with minimal to no cost associated, hitting or kicking objects out of frustration.
- No occurrences

Explain

6. Engages in self-injurious behaviors.

- High – deep self-inflicted wounds, self-asphyxiation
- Medium – cutting, biting burning, self-deprivation.
- Low – hair pulling, skin picking, sensory seeking harmful behaviors.
- No occurrences

Explain

7. Has suicidal threats, actions, and/or thoughts?

- High – expresses a plan or history of previous attempts.
- Medium – verbal expression of plan and methods
- Low – making ambiguous statements of hopelessness.
- No occurrences

Explain

8. Makes serious threats, statements, or thoughts to do harm to others.

- High – Homicidal, terroristic threats.
- Medium – threats and statements to do harm to others without action.
- Low – verbal, written, digital threats or aggressive statements to others.
- No occurrences

Explain

9. Uses illicit substances (specify substance: addictive, medication interactions, illegal drugs).


- High –misuse or recreational use of prescribed or nonprescribed medications or substances.
- Medium – any substance that could interfere with medications or treatment.
- Low – use of substances that do not interfere with daily living or current goals.
- No occurrences

Explain

BEHAVIORAL RISK MITIGATION PLAN

For CES-Waiver members only. Include any risk that was rated as low, medium, or high. If a member has only low and/or medium level behavioral risks (no high risks), the member's Supportive Living provider is responsible for the creation and monitoring of a Behavioral Prevention & Intervention Plan which must be submitted to the PASSE at time of completion and as it is updated. If a member is identified as having any high behavioral risk items a Positive Behavior Support Plan is required to be completed by a provider licensed to perform the Consultation service. If the member also has any low or medium level behavioral risks, those should be included in the Positive Behavior Support Plan, a separate Behavioral Prevention & Intervention Plan is not needed. The Positive Behavior Support Plan will include feedback and involvement from all individuals and providers involved in the member's care.

| BEHAVIORAL RISK | RISK LEVEL | ACTION ITEMS (TO MITIGATE RISK) | PERSON(S) RESPONSIBLE FOR ACTION ITEMS |
|--|-----------------|---------------------------------|--|
| Drop down options will be added for all potential behavioral risks above once finalized. | Choose an item. | | |
| | Choose an item. | | |
| | Choose an item. | | |



BEHAVIORAL
PREVENTION &
INTERVENTION
PLAN
(BPIP)

WHAT IS IT?

- A behavior plan for CES-waiver members that are identified as a risk to display behaviors that can lead to harm of self or others, but below the risk level requiring a Positive Behavior Support Plan. A BPIP must include; a description of the member's inappropriate behaviors, what triggers the inappropriate behaviors, what actions to take when an inappropriate behavior occurs, and a statement that restraints and restrictive interventions are prohibited except during an emergency safety intervention. It can be included in the member's non-clinical treatment plan or another document and does not have to be a standalone document.

WHO COMPLETES IT?


- The member's supportive living provider is responsible for the development, implementation and monitoring of a BPIP. The development and drafting of a BPIP must be performed by an employee who has completed all the trainings and certifications required for a CES-waiver provider employee as outlined in section 303 of the CES Agency Standards.

WHO IS THIS COMPLETED FOR?

- All CES-waiver members who have a behavioral risk score of low or medium from their Risk Assessment and Mitigation Plan are required to have a BPIP developed by their supportive living provider.

WHEN IS IT COMPLETED?

- The BPIP will be completed by the member's supportive living provider following the completion of the PCSP and accompanying Risk Assessment and Mitigation Plan that identifies the low and/or medium behavioral risks for the member. The completed BPIP will be shared with the PASSE Care Coordinator once it is completed.



POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)

WHAT IS IT?

- A behavior plan for CES-waiver members who have been identified as having a high behavioral risk that can lead to harm of self or others in the member's Risk Assessment & Mitigation Plan. This plan is completed and funded through consultation services. A PBSP must include; who will be implementing the PBSP, the skills or appropriate behaviors that will be taught to reduce or minimize the inappropriate behaviors, the prompts that will be added to the environment to help reduce the occurrence of or assist the beneficiary to overcome the trigger, an incentive and reinforcement system for appropriate beneficiary behavior that includes more than social praise, and specific criteria the beneficiary needs to meet to earn reinforcement.
- Additionally, the PBSP must include an emergency safety intervention action plan that includes: the behavioral context that will trigger the use of emergency safety intervention procedures, the exact emergency safety intervention procedures that will be used and by whom, the process that will be used for a review of the PBSP within 48 hours of the emergency safety intervention, and the next PBSP review date.

WHO COMPLETES IT?

- The development and drafting of the PBSP is a consultation service that must be performed by one of the following certified providers (as defined in section 608 of the CES Agency Standards); psychologist, psychological examiner, positive behavior support specialist, board certified behavior analyst, licensed clinical social worker, or licensed professional counselor. The consultation services provider developing the PBSP does not have to be the same provider the member is receiving other CES waiver services from.

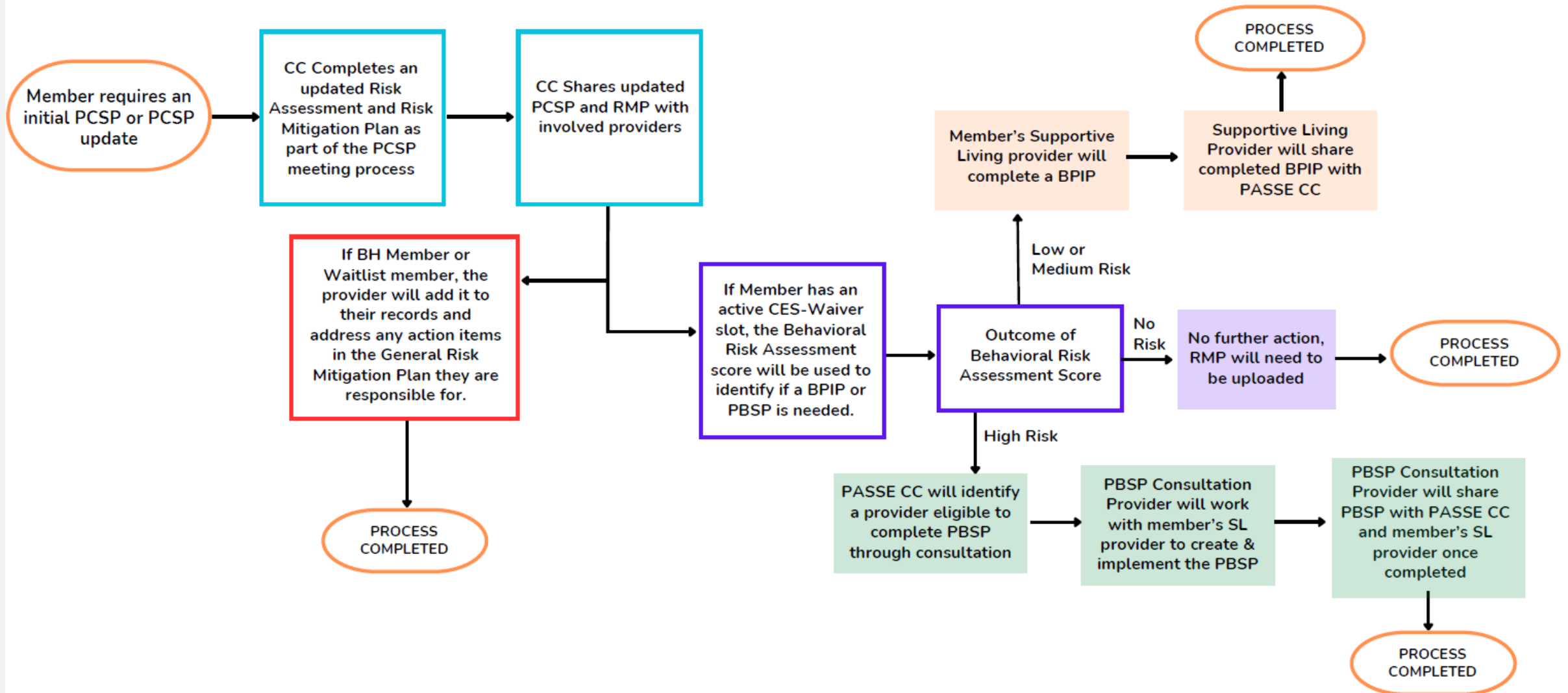
WHO IS THIS COMPLETED FOR?

- All CES-waiver members who have been identified as having a high behavioral risk on their Risk Assessment and Risk Mitigation Plan. The member's CES waiver provider will collaborate with the developer of the PBSP to implement the plan.

WHEN IS IT COMPLETED?

- The PBSP will be completed following the completion of the PCSP and accompanying Risk Assessment and Mitigation Plan that identifies the high behavioral risks for the member and following prior authorization for the consultation services. The completed PBSP will be shared with the member's PASSE Care Coordinator and CES waiver provider once it is completed.

RISK ASSESSMENT & MITIGATION PLAN WORKFLOW



CASE EXAMPLE: CES-WAIVER MEMBER WITH NO BEHAVIORAL RISKS

- PASSE Care Coordinator completes both the General and Behavioral Risk Assessment & Mitigation Plan sections – **member is identified as having a choking risk and there are zero behavioral risks identified.**
- PASSE Care Coordinator shares PCSP and Risk Assessment & Mitigation Plan with member's providers for their records.
- The member's CES waiver provider ensures safety measures are in place to mitigate choking risk are incorporated into member's non-clinical treatment plan.
- No follow up BPIP or PBSP is needed.

CASE EXAMPLE: CES-WAIVER MEMBER WITH LOW/MEDIUM BEHAVIORAL RISKS

- PASSE Care Coordinator completes both the General and Behavioral Risk Assessment & Mitigation Plan sections – **member is identified as having low behavioral risks requiring a Behavioral Prevention & Intervention Plan.**
- PASSE Care Coordinator shares PCSP and Risk Assessment & Mitigation Plan with member's providers for their records.
- The member's supportive living provider creates an individualized Behavioral Prevention & Intervention Plan for the member.
- Member's supportive living provider shares completed BPIP with PASSE Care Coordinator

CASE EXAMPLE: CES-WAIVER MEMBER WITH HIGH BEHAVIORAL RISKS

- PASSE Care Coordinator completes both the General and Behavioral Risk Assessment & Mitigation Plan sections – **member is identified as having high behavioral risks requiring a Positive Behavior Support Plan.**
- PASSE Care Coordinator shares PCSP and Risk Assessment & Mitigation Plan with member's providers for their records.
- PASSE Care Coordinator works within PASSE's provider network to identify a consultation provider able to complete PBSP for member.
- Consultation provider requests prior authorization and once approved completes individualized PBSP for member through working directly with member and from input from those close to member.
- Consultation provider shares completed PBSP with member's PASSE Care Coordinator and supportive living provider.
- Consultation provider trains member's CES waiver provider on implementation and tracking of member's PBSP.

CASE EXAMPLE: WAITLIST MEMBER

- PASSE Care Coordinator completes the General Risk Assessment & Mitigation Plan section (not the behavioral section) – **member is identified as having a falls risk.**
- PASSE Care Coordinator shares PCSP and Risk Assessment & Mitigation Plan with member's providers for their records.
- The member's caregiver and provider ensure safety measures are in place to mitigate risk of fall.

CASE EXAMPLE: BEHAVIORAL HEALTH MEMBER

- PASSE Care Coordinator completes the General Risk Assessment & Mitigation Plan section (not the behavioral section) – **member has no identified risks.**
- PASSE Care Coordinator shares PCSP and Risk Assessment & Mitigation Plan with member's providers for their records.
- The member's provider incorporates the PCSP and Risk Assessment & Mitigation Plan into their records.

PASSE CARE COORDINATION CONTACTS

Arkansas Total Care: *please email all 3*

- Jessica Sanders Jessica.E.Sanders@ArkansasTotalCare.com
- Tanya Brooks Tanya.Y.Brooks@ArkansasTotalCare.com
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