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PI-11-06

TO: Aging Services Access Points
Area Agencies on Aging

FROM: Ann L. Hartstein 

DATE: April 29, 2011

RE: Risk Management

Purpose:

This Program Instruction (PI) transmits requirements for the identification and management of risk for Home Care Program consumers.

Background:

The evaluation and management of risk has become an integral component of interdisciplinary care management provided to consumers in the Home Care Program by Aging Services Access Points (ASAPs). The protocols described in this PI are the product of a work group composed of representatives from Elder Affairs and ASAPs that have implemented risk management procedures.

Required Actions:

A. General Requirements

ASAPs must implement policies and procedures to ensure the following:

1. All Home Care Program consumers must be assessed for risk at the point of the initial home visit and assigned a Risk Level numeric value of 1 through 4 in accordance with

instructions contained in this PI. Existing Home Care Program consumers must receive a risk assessment within six months of the effective date of this PI.

2. Risk must be reassessed for all Home Care Program consumers at least once annually. Risk level assignments and related risk management plans must be updated as necessary when a consumer's circumstances change.
3. The risk assessment must be documented in a journal entry and the Risk Level numeric value must be recorded in SIMS in the Alt ID 2 field.
4. For all consumers with a Risk Level of 1 or 2, the ASAP must complete the Risk Assessment Form in accordance with instructions contained in this PI.
5. Each ASAP must communicate to providers of personal assistance services (home health aide, supportive home care aide, homemaker, personal care, and companion) the protocols contained in this PI regarding service priority for consumers with a Risk Level of 1 or 2.
6. The ASAP must ensure that consumers or, as appropriate, caregivers, family members or designated emergency contacts, are contacted within the following timeframes:
 - a. Risk Level 1 and 2 consumers are contacted within 24 hours of the emergency or related service interruption;
 - b. Risk Level 3 consumers are contacted if the emergency or related service interruptions are expected to last more than 3 days.
 - c. Risk Level 4 consumers are contacted if the emergency or related service interruptions are expected to last more than 7 days.
7. The ASAP must update its emergency management plan to reflect these requirements and ensure that all staff and applicable vendors are informed of the requirements.

B. Risk Assessment and Levels

The attached Risk Level Assessment Worksheet is a guide for ASAPs to use in order to determine a consumer's level of risk. Risk Level is determined through a review of both the risk factors that are present and the level and quality of informal support available to a consumer. The Risk Levels are:

- Risk Level 1: Critical
- Risk Level 2: High Risk
- Risk Level 3: Moderate Risk
- Risk Level 4: Low Risk

Risk factors are categorized as health risks and/or daily care needs, behavioral risks, and risks to personal safety. The list of risk factors within each category is not exhaustive; ASAPs may encounter other risk factors that they must take into consideration in the risk assessment process.

If a consumer has a health risk and a basic care plan, the Risk Level is 4. If a consumer has multiple health risks and/or behavioral or personal safety risks, the ASAP must evaluate the consumer's informal supports in order to determine the Risk Level.

Risk Level 1 consumers are those with risk factors and no informal support. RL 1 consumers cannot go without scheduled PAS and must be the first to be contacted in an emergency.

Risk Level 2 consumers are those with risk factors and limited informal support. Informal supports may be physically distant, have infrequent contact, or be inconsistent, inadequate, or otherwise insufficient during an emergency. Risk Level 2 consumers have service priority after Risk Level 1

consumers, but may go without scheduled personal assistance services. In an emergency, Risk Level 2 consumers must be contacted after Risk Level 1 consumers.

Risk Level 3 consumers are those with risk factors, but who have involved, stable informal supports. Risk Level 3 consumers are able to provide for their own needs either independently or with help from caregivers for at least 3 days in an emergency.

Risk Level 4 consumers are those with a health risk and basic care plan.

C. Documentation

The risk assessment must be documented in a journal entry that includes a detailed description of the specific risk factors identified, discussion of the risks with consumer/caregivers and their understanding of risks, evaluation of the ability of informal supports to meet the consumer's needs and mitigate the risks, the ASAP's determination regarding Risk Level, and any related forms completed. Frequently, the circumstances of individual consumers will need to be discussed with members of the interdisciplinary team before making final decisions regarding Risk Level. Such conferences must also be documented in accordance with Elder Affairs' documentation requirements. Each annual or updated risk assessment must be documented in a similar manner.

At the point of intake, the care manager and interdisciplinary team may be assigning a risk level without necessarily having full knowledge of information regarding a consumer's circumstances. Accordingly, the risk level may need to be reviewed or confirmed at the next home visit, and if additional information materially alters the ASAP's initial assessment, the revised assessment and Risk Level must be documented.

In the future, ASAPs will have the option to upload the completed Risk Assessment form to SIMS rather than enter a comprehensive journal entry regarding the risk assessment and management plan. Plans are underway to implement this feature of SIMS. The journal entry would then need only consist of information that is not included on the form. For consumers that are Risk Levels 3 and 4, a journal entry must document the rationale for the risk level, and include a synopsis of any discussions with the consumer, caregiver, or interdisciplinary team regarding the consumer's risks.

The Risk Level must be recorded in the Alt ID 2 field in SIMS. This field must have a number first in the string. ASAPs must therefore enter one of the following:

- For Risk Level 1: 1risk
- For Risk Level 2: 2risk
- For Risk Level 3: 3risk
- For Risk Level 4: 4risk

D. Risk Assessment Form

For all consumers with a Risk Level of 1 or 2, ASAPs must complete the Risk Identification and Management Form. (The form may also be completed with other consumers as deemed necessary or beneficial by the ASAP.) The form provides a framework for discussions with consumers and caregivers about risk and documenting the outcomes of those discussions.

In the first column, list the specific risks identified. There may be some risks (such as certain behavioral risks) that the ASAP may elect not to include on this form, due to the fact that the form will be seen and signed by the consumer or caregiver. For example, a Protective Services client may have risks related to protective concerns that it would not be advisable to document on this form.

Use the second column to document additional information about the risk, such as potential adverse outcomes, or consumer/caregiver understanding of risk.

In the third column, list the preventive measures or supports that minimize the identified risks, such as physical therapy to assist the consumer in regaining independent functioning, PERS, or supervision.

In the fourth column, identify who will help with the preventive measures or supports. Document, for example, whether it is the ASAP that is authorizing or arranging for a service, or a caregiver who is responsible for providing overnight supervision.

Ideally, the consumer, caregiver(s), and the ASAP will all agree on what factors represent a risk to the consumer and the best strategies for mitigation, but this will not always be the case. Where there is disagreement, it is preferable to forego the consumer/caregiver signature and document the risks identified by the ASAP. The ASAP must provide a copy of the completed form to the consumer and/or caregiver, as appropriate.

E. Provider Requirements

The ASAP must ensure that every consumer's risk level is reported to providers of PAS. The Risk Level (Alt ID 2) field will be visible to providers through Provider Direct.

Providers must ensure to the best of their ability that consumers who are Risk Level 1 do not experience a service interruption and that consumers who are Risk Level 2 have service priority. In order to meet the needs of these consumers, providers may reassign workers from consumers with Risk Level 4 (first) and Risk Level 3 (if necessary).

Depending on the complexity and Risk Level of a consumer's circumstances, providers may need to identify specific workers and conduct appropriate orientation in order to ensure service continuity during emergencies or when the assigned worker is on leave due to illness or other reasons.

Effective Date:

July 1, 2011

Contact:

If you have questions about this PI, please contact Susan Tompkins-Hunt, Waiver Program Manager, at Susan.Tompkins-Hunt@state.ma.us.

RISK LEVEL ASSESSMENT WORKSHEET

Use this worksheet to determine a consumer's Risk Level of 1 through 4.

RISK FACTORS	RISK LEVEL	INDICATORS
Health Risks/Daily Care Need: <ol style="list-style-type: none"> 1. Needs daily personal care 2. Frequent hospitalizations or ER visits 3. Unstable medical condition(s) 4. Frequent falls 5. Requires daily cueing to take medications and/or an unmet need in medication management 6. Medical treatments are needed to treat or prevent serious injury, an irreversible condition, or death (e.g., oxygen) 	<p>1 Critical</p>	<p>No Informal Support and Health Risks/Daily Care Need and/or Behavioral Risks and/or Risk to Personal Safety OR Services must be provided as scheduled</p> <p>EMP[†]: Contact within 1 day</p>
Behavioral Risks: <ol style="list-style-type: none"> 1. Cognitive and/or mental health problems that interfere with daily functioning or judgment 2. Active substance abuse problem 3. Unable to adapt to changes in routines, including service routines 4. Is self-neglecting or non-compliant with essential needs 5. Family/others create challenging dynamic 	<p>2 High Risk</p>	<p>Limited Informal Support[*] and Health Risks/Daily Care Need and/or Behavioral Risks and/or Risk to Personal Safety</p> <p>EMP: Contact within 1 day</p>
Risks to Personal Safety: <ol style="list-style-type: none"> 1. Unresolved Protective Services issues (current or recent involvement with PS, including triage/screen out) 2. Socially isolated and/or hard to serve and/or would not reach out for help 3. Would not have extra food and/or medications in an emergency 4. Inability to self-advocate 5. Poor safety awareness 6. Substandard housing or unsafe living arrangements 7. Finances insufficient to meet basic needs/unresolved money management issues 	<p>3 Moderate Risk</p>	<p>Involved, Stable Informal Support and Health Risks/Daily Care Need and/or Behavioral Risks and/or Risk to Personal Safety</p> <p>EMP: Contact within 3 days</p>
	<p>4 Low Risk</p>	<p>Involved, Stable Informal Support and Health Risk/Basic Care Plan</p> <p>EMP: Contact within 7 days</p>

[†] EMP refers to the ASAP's emergency management plan.

* Limited informal supports may be physically distant, have infrequent contact, or be inconsistent, inappropriate, or inadequate.

RISK ASSESSMENT FORM
(Required for Risk Levels 1 & 2)

Consumer Name: _____ SIMS ID: _____

ASAP: _____ ASAP CM/RN: _____

List Specific Risks	What is the team's (consumer, caregiver, ASAP, others) evaluation of the risks?	What preventive measures or supports would minimize risks?	Who helps with preventive measures or supports?

I have read and understand the risks stated above and I accept responsibility for these risks.
Signature of Consumer/Caregiver: _____ Date: _____

**PI/IM
SIGN-OFF SHEET**

Program Instruction: PI-11- 06

Information Memorandum: IM-11- _____

**AFTER PI or IM has been issued,
send Word and Pdf versions electronically to Barbara Roberts.
For PIs only: Give the hard copy of the completed Sign-Off Sheet to Barbara Roberts.
Thank you.**

Submitted By <u>Joe Grimb</u>	Date <u>3/9/11</u>
Department/Unit <u>Home Care</u>	

Subject: <u>Risk Management</u>	
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SIGNATURES OF APPROVAL BY CORE TEAM

<u>[Signature]</u> General Counsel	Date <u>4/29/11</u>
<u>[Signature]</u> Director of Administration and Finance	Date <u>4/29/11</u>
<u>[Signature]</u> Assistant Secretary for Long Term Care	Date <u>4/29/2011</u>
<u>[Signature]</u> Assistant Secretary for Program Planning & Management	Date <u>5/3/11</u>
<u>[Signature]</u> Undersecretary	Date <u>4/29/2011</u>
<u>[Signature]</u> Chief of Staff	Date <u>5-3-11</u>
<u>[Signature]</u> Secretary	Date <u>5/3/11</u>