**Assessing Risks in the PCISP**

Part of the person-centered planning process includes an assessment of risk. Exposure to risk is part of life. It is only through making choices and developing good judgement that we all learn and mature. Risk management emphasizes instruction and the development of strategies and safeguards geared specifically to the individual to manage reasonable risk whenever possible. Identifying and addressing unreasonable risk should be respectful of the individual’s rights while addressing competency and capacity to make informed choices. The determination of risk should include those who know the individual best and be based on the understanding of any cultural and linguistic issues.

A risk assessment that meets the requirements set forth in the BDDS’ waivers assurances to CMS, and as a result in the Case Record Review, specifies the actions needed to address, manage, or alleviate the risk, including the type, frequency, and location of supports and services needed. In specifying these actions, the team should:

• Identify the risk;

• Clarify the problem they are trying to solve

• Describe what would happen if nothing was done; and

• Identify the action the team decided to take to manage the risk.

* IST discussion held (date) and agree that a Risk Assessment Plan is needed to further address this risk.

**A record of this discussion must be included in the Actions/Activities section each life domain as applicable.** When a risk plan is needed for a risk identified in any life domain, it is to be attached to the PCISP for distribution using the link in the Appendix. Keep in mind that restrictions require informed consent and Human Rights Committee (HRC) approval.

BQIS Video Training can be viewed whenever needed at the following link: <https://www.youtube.com/watch?v=MkTRT9Y6iNI>

**We’ve compiled some examples:**

**HEALTHY LIVING:** **Actions/Activities for My Healthy Living Safety**

**Tinea Pedis** – I have a minor fungal infection usually occurring between the toes. When I practice appropriate hygiene, consume a balance nutritious diet, and use a medicated cream to treat outbreaks, I have decreased risk of frequent outbreaks or spread of infection. Without the support of residential staff and wellness oversight, I am at risk of decreased physical health. My team agreed at my annual PCISP meeting on 2/3/21 that a risk plan is needed to maintain my safety and health. Risk plans have been developed by Rescare (residential provider) and are maintained at least annually to support me to remain well and live a healthy lifestyle. These supports are managed primarily within the home environment. Staff have been trained to identify and mitigate these risks across all settings.

**Constipation** – I have soft-formed stool at least every three days. Symptoms of concern include: hard/dry stools, refusing food/drink, vomiting, frequent trips to the restroom, rectal bleeding, 3+ days with no bowel movement. When I take my medications as prescribed, consume a balanced diet, and drink at least 8 ounces of water with my medication passes, I remain at decreased risk of constipation. Without the support of my residential staff and wellness oversight, I am at risk of decreased physical health. My team agreed at my annual PCISP meeting on 2/3/21 that a constipation risk plan is needed to maintain my safety and health. Risk plans have been developed by Rescare (my residential provider) and are maintained at least annually to support me to remain well and live a healthy lifestyle. These supports are managed primarily within the home environment. Staff have been trained to identify and mitigate these risks across all settings.

**HEALTHY LIVING: What is Important To and For me and what do others need to know to support me in the area of healthy living? OR What’s Important To me in regard to helping manage my health care?**

**Vision** – I wear prescription eyeglasses to correct a minor vision impairment. I wear my glasses as prescribed to have optimal vision. It is important for me that I have staff that can assist me in attending my vision appointments and communicating changes in my vision as needed.

**Seasonal Allergies** – I have seasonal allergies and take medication daily to support me with these. It is important for me that my family supports me with managing my seasonal allergies and reports any changes to my primary care physician.

**HEALTHY LIVING: ALLERGIES: List food, drug and other allergies**

**Seasonal Allergies** – I have seasonal allergies and take medication for these. It is important for me that my staff are aware of my seasonal allergies and report any concerns or increased symptoms to my family.

**HEALTHY LIVING: Medication administration needs:**

**Medication Administration Plan** – I currently have a Medication Administration Plan. It is important for me that I have assistance with the administration of these medications to ensure that I take them as prescribed. My family assists me with this and currently there is no waiver provider responsible for medication administration. It is important that my staff monitor and report any side effects to my mother. My mother is responsible for follow up with my physician when needed.