



Person-Centered Risk Assessment and Planning Frequently Asked Questions

Contents

Condition specific	1
General	2
Guardians	4
Incident Reports	4
Providers	5
Restrictions	5
Tool	6

Condition specific

460 IAC 6 indicates a seizure plan is necessary when a person is diagnosed with seizures. It does not delineate between controlled seizures and active seizures. Shouldn't a plan have to be in place?

460 IAC 6 includes the requirements for a seizure management plan but does not require a seizure management plan. Historical information on past risks or potential risks should be documented in the PCISP as this information helps provide a holistic understanding of the individual. The team's discussion and decision regarding these should be clearly documented in the PCISP. The team should also indicate the most appropriate section of the PCISP to document this information. The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans.

Should each individual have a high risk plan for a medication administration risk? This HRP includes risk for medication errors and where the medications are located.

A medication administration plan which includes side effects is required to be established when a provider administers medication to an individual. In this case, a risk mitigation plan would be duplicative of a medication administration record. In cases where the family or individual are responsible for medication administration, a risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees

a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans.

When a person has a behavior risk, should this always be in a BSP or developed by a behavior specialist to ensure that they have the needed experience when developing that plan?

The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. A risk mitigation plan should not be duplicative of other plans (e.g. Behavior Support Plan). If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans.

How do we go about providing informed consent and risk management for the COVID-19 vaccines?

The COVID-19 vaccine is one of many vaccines on the market that have potential side effects. The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The IST would need to discuss the concern and utilize guidance from the CDC ensure informed choice. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans. If a problem is not being solved through implementation of a risk mitigation plan then a risk mitigation plan is not warranted.

General

If you have a risk plan in place for a client (that they have agreed to) and there are instances where they are refusing or not following the plan (i.e. refusing medications, refusing medical appointments), what is the best way to address this to ensure autonomy and personal choice but also safety/security?

An individual has the right to change their mind and refuse to follow their risk mitigation plan. An individual also has the right to refuse their medications or not attend medical appointments. The team may want to consider why the individual refuses their medication to determine the root cause. The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans.

Theoretically, if all information for a potential risk is documented in the PCISP, is a risk plan needed?

All potential risks should be documented in the PCISP as the information helps provide a wholistic understanding of the individual. The person-centered approach to risk management begins with gathering

relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans.

Does BDDS truly believe the PCISP and risk plans are being read, let alone followed?

As a paid professional, it is the responsibility of a provider to ensure all staff read and understand the information provided in the PCISP, BSP, risk plans, etc. Providers are responsible for ensuring their employees are receiving and being trained on those documents and the information provided.

Is BQIS going to apply (or have they already applied) BDDS risk mitigation standards to BQIS standards as it applies to provider audits, mortality reviews, etc.?

BDDS and BQIS have the same requirements, and these have not changed.

We are being told that risk plans need to be dated within 30 days of the annual meeting. So even if the plan has been reviewed/updated within the past year, we are still be asked to basically change the date so that it is dated within 30 days of the annual meeting.

Risk mitigation plans should be, at a minimum, reviewed/revised by the team at least once during the service plan year. The date of the team's review must be documented on the risk mitigation plan. The IST should monitor and review the risk mitigation plans as frequently as needed.

You stated that if there are no providers coming into the home then we should not be putting risk plans in place. The person who writes the risk plans should be the one directly working with the person. When a person only receives these services the CMCO nurse has been writing the risk plans that have been identified as necessary. Individuals only receiving CMCO should not have any risk plans?

The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans. A risk mitigation plan would not serve a purpose if the individual does not have staff providing direct services or support.

Should risk plans be treated as care plans or they are different?

The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans. A care plan is more of a protocol on individual-specific information.

I find that at times risk plans do not always match the information in the PCISP. I always reach out to the case manager, and family. However, it does cause a hardship/confusion when training DSPs on a person's individual support plan. Any suggestions?

All information for an individual should correlate: the PCISP, any risk mitigation plans, behavior support plan, medication administration plan, etc. If there are discrepancies, the team should meet, discuss, and ensure the corrections are made. All team members should be signing agreement with the PCISP. If the plans are not aligned, then team members should not sign agreement until they are.

We are frequently not informed of/invited to team meetings despite our attempts to get meeting information from CMs. How are we to participate in identifying high risks if we are prevented from meeting participation?

All members of an individual's team are required to participate in semi-annual team meetings and as needed or determined by the individual, guardian, or other team members. If concerns exist, please contact BDDS or BQIS for assistance.

How are providers being trained on these risk mitigation expectations?

All providers and case managers were invited to participate in this webinar. The webinar was recorded and published on the BDDS website along with the referenced tools.

Guardians

I have a number of guardians who have in the past asked for risk plans to be developed even in the absence of provider agencies on the CCB as something that they want for their own peace of mind. As a CM it's not my habit of just saying "no" to a request from a guardian, so what are we to do in that kind of situation?

The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. Continued discussion with the guardian may be beneficial in understanding the 'why' behind the request as well as educating the guardian of the purpose of a risk mitigation plan. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. A risk mitigation plan would not serve a purpose if the individual does not have staff providing direct services or support.

Incident Reports

It been a while since this has occurred, but I have been asked before to create and send a risk plan in order to close an IR out (when an incident occurs, risk plan in place and a state report filed, what do you do when in the follow-up when you are asked to put a risk plan in place and send a copy with the follow up).

Teams should not be asked to implement a risk plan based on an incident report. If this is still occurring, please reach out to BDDS or BQIS to mitigate the issue.

Providers

Many providers indicate that a high risk plan is required based on their company policies or a rule/regulation. How do we navigate these situations when the provider is insistent?

The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. A key component of a risk mitigation plan is that it is in place to solve a problem and the amount of risk the individual chooses. The team's discussion and determination on each potential risk should be clearly documented in the PCISP whether or not a risk mitigation plan is implemented. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans. All IST members must agree to the PCISP and sign the BDDS Signature Page corresponding to the finalized PCISP as evidence of the agreement. If the team is unable to come to an agreement, please contact BDDS or BQIS to mitigate the issue.

There are providers are stating because of CARF certification they must have risk plans for ANE, Water temp and Emergency drills.

National Accreditation Organizations require providers to have policies in place for emergency drills, protection from abuse, neglect, and exploitation, etc. but do not require a risk plan specific to the individual. The Individual and team must discuss and identify potential risks that warrant a risk mitigation plan.

Providers often say they will not use another provider's plans to train their staff because the writer may have missed something...How do we mitigate this resistance.

All potential risks should be documented in the PCISP as the information helps provide a wholistic understanding of the individual. The person-centered approach to risk management begins with gathering relevant information and having a team discussion. A risk mitigation plan should only be written as a result of the individual and team's discussion around the potential risk. The team's discussion and decision should be clearly documented in the PCISP. A key component of a risk mitigation plan is that it is in place to solve a problem and reflects the amount of risk the individual chooses. If the provider works directly with the individual and the IST agrees a risk mitigation plan is needed, all providers must implement the risk mitigation plan. The IST must agree on who is responsible for writing any agreed upon risk mitigation plans. If concerns exist with the information contained within a risk mitigation plan, the IST should discuss and come to an agreement. If resolution is not found, please contact BDDS or BQIS for assistance.

It should also be mentioned that many providers use risk plans as person centered training. Many providers include more information as an educational tool, also providing more non-restrictive interventions for potential scenarios.

Individual-specific training should encompass all aspects of the individual. A risk mitigation plan should not be the sole source of information for individual-specific training.

Restrictions

If an individual has restrictions in place (e.g. psych. Meds) but there is no behavior support services or BSP, do we need a risk plan?

460 IAC 6 and the HCBS Final Rule require least restrictive measures to be implemented prior to placing restrictions on an individual. Specifically, 460 IAC 6 requires a human rights committee to approve restrictions to address behavior. For individuals who take psychotropic medications for behaviors and choose not to receive behavior management services should be encouraged to consider these services and understand the benefits of having a Behavior Support Plan. If behavior management services are declined, the team must determine a course of action to obtain the appropriate approval prior to implementing a restriction.

Tool

When does this Risk Tool become required?

The Risk Issues Identification Tool is an option for the team to utilize. While it is not required, it can provide the team with valuable information and a documented discussion.

Do all IST members complete the Risk Tool within 5 days of the annual meeting? What happens if all team members don't complete the tool?

The Risk Issues Identification Tool is an option for the team to utilize. While it is not required, it can provide the team with valuable information and a documented discussion. If the team agrees to use the tool, all team members would be expected to complete it and return it to the case manager no less than five (5) days prior to the annual meeting.