**Missouri Division of Developmental Disabilities** Risk Screening Guide

# Application:

The Risk Screening Guide has been developed to assist with services and supports planning for individuals served through the Missouri Division of Developmental Disabilities (Division of DD). Division of DD Targeted Case Management (TCM), intake, or other staff as identified at Regional Offices, Senate Bill 40 (SB40) Boards, and other TCM provider agencies may use this guide to assist in identifying potential and/or actual individual risks in areas of health, personal and environmental safety, individual rights, socialization, and financial. Risk information ascertained from this guide and additional sources, including but not limited to, interviews, formal assessments, and record reviews, helps determine if the person is or may be experiencing any risk issues that can be prevented or mitigated through formal and/or informal supports. If potential and/or actual risk(s) are determined, the individual and his or her planning team should identify how the risk(s) are/will be addressed in the Person-Centered Plan, supports, and services.

The format and content of this guide is based on a review of best practice risk planning measures utilized in other states. Risk items selected and thresholds established for this guide are also based on Division of DD quality systems data reviews.

The Risk Screening Guide contains risk items that are arranged under one of the following categories: Health, Mobility, Environment/Safety, Rights, Socialization, and Money.

In this guide there is a Threshold column. The support coordinator may identify each issue that applies to the person based on the threshold for that risk item.

* Even though the threshold may not be reached for a particular risk item, follow-up to the risk item may still be needed.
* It may be determined that, even though the threshold was reached for a risk item, further action may not be needed due to supports/services already in place for that risk.
* For some of the risk items there is an asterisk located in the Threshold column. The asterisk refers to one or more occurrences of the risk issue within the last 12 months for the individual to meet the threshold. However, this date range may vary on a case-by- case basis, and it may be determined that although the last occurrence of the risk may have been longer than 12 months ago, the risk item may still need to be addressed in support of the individual.

The Assessment/Reference column identifies specific items in the Support Intensity Scale (SIS), Health Inventory as part of the Health Identification and Planning System process, and/or the Missouri Critical Adaptive Behavior Inventory, that are related to various items in the Risk Screening Guide. Information from the Risk Screening Guide can assist the Service Coordinator, for example, in preparation for involvement in interviews and other information gathering processes as part of the individual’s risk management planning, as applicable.

The last column in the grid below, where applicable, provides additional explanation and/or examples associated with areas where individuals might be at risk.

# Health/Safety

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Item** | **Threshold** | **Assessment Reference (SIS, HIPS, MOCABI etc)** | **Additional information and/or examples** |
| Person needs support to apply basic first aid if injured | \* | SIS Question 3, Section C |  |
| Person needs support to follow, or is not willing to follow, health care professional instructions (i.e., physician’s orders) | \* | MOCABI 5.6  SIS Section E,7; C,7 |  |
| Person needs support to access maintenance, repair or replacement of personal adaptive equipment, if applicable. | \* | SIS Section B7 |  |
| Person needs supports due to impulsively ingesting food or drink | 1 or more per month | MOCABI 1.1  SIS Section E,6 |  |
| Person needs supports due to ingesting non-food items | 1 or more per month | SIS Question 5, Section 3B |  |
| Person needs supports due to a history of drug or alcohol abuse |  | SIS Question 11, Section 3B |  |
| Person has experienced multiple unplanned hospitalizations/ER visits | 2 or more per month | #5 Health Inventory  Page 29 Health Reference Manual SIS Question, 16, Section 3A |  |
| Person needs support for a swallowing, choking, or eating disorder | 2 or more per quarter | MOCABI 1.1  #4 Health Inventory  Page 43 Health Reference Manual SIS Question 4, Part A; SIS  Question 16, Section 3A |  |
| Person has a history of, or is currently experiencing aspiration | 2 or more respiratory infections per year | #29 Health Inventory  Page 43 Health Reference Manual SIS Question 6/16, Section 3A |  |
| Person has uncontrolled Seizures | 6 or more per month Hospitalized or to ER for seizure Anticonvulsant toxicity | #17 a & b Health Inventory  Page 44 Health Reference Manual  #4 Hospitalizations  SIS Exceptional Medical 11 | HI Definition: The individual has major seizure activity that interferes with functional activity (school, work, or recreation). This would be someone with seizures that are poorly controlled (three to six per month), uncontrolled, or has required hospital admission to manage problems related to excessive seizure activity, or someone who was treated in the Emergency Room or hospitalized for anticonvulsant toxicity in the past twelve months. |
| Person has a new or recently diagnosed medical condition | \* | SIS Question 16, Section 3A |  |
| Person has implanted medical devices | Having one or more devices implanted | #19 Vagus Nerve Stimulator  Page 55 Health Reference Manual  #28 Baclofen Pump HI  Page 8 Health Reference Manual  \*HI does not specifically track pace makers  SIS Question 16, Section 3A | Such as feeding tube, pacemaker, seizure management device |
| Person experiences uncontrolled pain or chronic pain | \* | #30 Health Inventory  Page 40 Health Reference Manual SIS Question 16, Section 3A | Discuss chronic vs. uncontrolled…no relief.  Presence of this condition increases risk for behavioral interventions, over medication, and misdiagnosis and requires additional planning. |
| Person uses specialized medical assistive technology | \* | SIS Question 16, Section 3A | Such as ventilator, dialysis, etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| Person has a known terminal condition | \* | #1 Health Inventory only tracks terminal conditions with a DNR SIS Question 16, Section 3A | **Do Not Resuscitate Orders (DNR):** A medical order written by a physician to withhold Cardiopulmonary Resuscitation (CPR) including breathing/ventilation by an assistive or mechanical means including but not limited to, mouth-to- mouth, mouth-to-mask, bag-valve mask, endotracheal tube, ventilator and/or chest compressions, and/or defibrillation. The order is written with the informed consent of a competent individual or their duly authorized health care agent or guardian. |
| Person has a communicable Disease Concerns: TB / Hepatitis A, B, or C/ HIV / STD / MRSA | \* | #15 Health Inventory  Page 15 Health Reference Manual SIS Question 10/16, Section 3A | The individual has a known communicable disease or is a candidate for contracting or spreading the disease. A communicable disease is a disease that may be passed or be carried from one person to another directly or indirectly.  Candidates for contracting TB or Hepatitis or HIV / STD may include those who have multiple sexual partners or those who engage in activities resulting in the exchange or exposure of body fluids.  Circle TB for any individual who has recently tested positive on skin |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | test or who has had exposure to a person with active TB, or who has a diagnosis of TB.  Circle Hepatitis B for any individual who has not been vaccinated for Hepatitis B or who is a known Hepatitis B carrier.  Circle MRSA (Methicillin Resistant Staph Aureus) for those individuals who are diagnosed as such. MRSA is a type of bacteria that is not easily killed by antibiotics. |
| Person has allergies | \* | SIS Question 16, Section 3A | Requires advanced medical treatment beyond OTC which have resulted in hospitalizations, ER, epi-pen. |
| Person takes medications: |  | MOCABI 1.6 |  |
| * Requires sedation for medical/dental treatment | \* |  |  |
| * Takes injectable medications in the home | \* | #23 Health Inventory-insulin only Page 33 Health Reference Manual  #24 anti-coagulants (may or may not be injectable)  Page 5 Health Reference Manual SIS Question 1, Section E |  |
| * Takes 2 or more psychotropic medications | \* | SIS Question 12, Section 3B |  |
| * Receives multiple medications without benefit of regular medical evaluations (non- placement) | \* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person has dental/oral health needs | \* | #27 a & b Health Inventory  Page 34 Health Reference Manual SIS Question 7, Part A  SIS Question 16, Section 3A | Dental/oral health needs beyond typical oral hygiene, such as broken teeth, ill-fitting dentures, dental disease and/or oral cancer. |
| Other potential health/safety risk(s): |  | Health Inventory  #14 Pica  #13 Excessive Water Intake  #20 Falls  #21 2 or more injuries per month SIS Question 16, Section 3A SIS Questions 2-8, Part E |  |

# Mobility

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Item** | **Threshold** | **Assessment Reference (SIS, HIPS, MOCABI etc)** | **Additional information and/or examples** |
| Person has an unsteady gait or balance disorder | \* | SIS Question 4, Section E |  |
| Person experiences falls | 4 or more falls per quarter | MOCABI 4.1  #20 Health Inventory  Page 27 Health Reference Manual SIS Question 4 Section E |  |
| Person is immobile | \* | #26 Health Inventory  Page 31 Health Reference Manual SIS Question4 Section E | Non-ambulatory; or requires assistance to change positions or shift weight; or whose disability prevents sitting in an upright position or has limited positioning options. |
| Person experiences a sensory impairment | \* | MOCABI 2.1, 2.5, 3.1, 3.2 | Including vision, hearing, etc. |
| Person uses a wheelchair or other assistive device (cane, walker, scooter, braces, etc) | \* | SIS Question 4 Section E |  |
| Other potential mobility risk(s) |  |  |  |

**Environment/Safety**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Item** | | **Threshold** | | **Assessment Reference (SIS, HIPS, MOCABI etc)** | | **Additional information and/or examples** | |
| Person needs oversight of a care giver in his or her home | **\*** | | MOCABI 6.3 SIS | | Person cannot stay home alone safely for any length of time without support/supervision of a care giver | |
| Person needs supports due to refusal for services to support individual in maintaining their health and safety | \* | | SIS Part E; SIS Section 2 | | Individual may opt not to tell others, or refuse supports/services, whenever they need health and safety interventions | |
| Person needs support to develop and implement an emergency plan to safely manage an emergency situation (applies to home and community) | \* | | SIS Question 5, Part E & Question 7, Part C | | Examples:   * Person needs assistance to develop an emergency plan to safely deal with events and/or evacuate the home, taking shelter in the event of a major emergency * Person needs supports to implement an emergency plan safely. This would include regular practice drills, evacuation from the premises (home or community building) in the event of an emergency, such as a fire. taking shelter during a storm, tornado, flood, etc. | |
| Person needs supports to utilize/manage safety devices in the home | 1 or more incidents per quarter | | SIS Question 5, Part E | | Examples:   * Changing batteries in smoke detector, CO indicator, flashlights, radio for emergency information * Managing specialized safety devices such as visual fire alarm, etc. | |
| Person does not have a communication source (e.g., telephone) to contact emergency services; and/or needs assistance to contact emergency services via phone or otherwise access assistance; | \* | | MOCABI 2.3  SIS Question 5, Part E | | Examples:   * Person has no landline or wireless phone, pager, Life Alert, etc. to contact emergency services if needed * Skill development/supports needed to use a phone or other source to access emergency assistance | |
| The person’s residence is unsafe or is in an unsafe location | \* | |  | | Home may be in significant disrepair; Person’s primary residence is in a location that potentially presents a concern regarding health and safety. Examples include but not limited to:   * Lot on which home is located or general area has soil or air quality issues; flood plain; etc. * Close to a heavy traffic roadway without sidewalks (this may apply if person has difficulty with negotiating community by walking due to physical challenges) * No sidewalks in neighborhood * High crime neighborhood | |
| Person needs supports to enter and/or secure their own home; or repairs needed to secure the home |  | | MOCABI 4.7  SIS Question 5, Part A; Question 8, Part B; Question 4, Part E | | * Person has a need to develop skills to lock his or her home (security) or use a key or key pad to enter his or her home * Home has entryways and/or windows that are broken or do not lock * Person may not understand when it is appropriate/necessary to secure the home (e.g., when leaving the home for an errand or work, at night during sleep) | |
| Person needs supports to safely access or utilize all areas of the home | \* | | MOCABI 4.1  SIS Question 4, Part E | | Person may have physical challenges that limits safely negotiating areas of the home, such as the bathroom, tub, shower, stairs, unless he or she has adaptive equipment or home accessibility modifications. | |
| The person may not be aware of and/or needs assistance to respond to potential home dangers. This includes but is not limited to safe use of potentially hazardous household chemicals, home appliances, and other household devices | \*  For potentially hazardous chemicals: 2 or more times in a quarter an individual demonstrates the inability to safely use for intended purpose and/or safely store the product | | MOCABI 3.2  SIS Question 2, Part E; Questions 2/3/5, Part A | | Person needs assistance to recognize and/or to safely manage possible environmental hazards in their home. Examples:   * Safe use household chemicals (flammable and toxic chemicals). * Safe use of appliances such as a mixer or toaster, stove, or other common household devices such as lawn mower. | |
| The person needs assistance to safely utilize items/instruments that create or require fire | One incident of uncontrolled fire | | MOCABI 3.2, 4.5 | | * Items/instruments may include lighters, * matches, kitchen stoves, oil burning lamps, fireplaces, outdoor grills, candles, etc. | |
| Person needs support to safely regulate water temperature | 1 or more incident per quarter | | SIS Question 7, Part A | |  | |
| Person needs support to store perishable foods and discard outdated foods in a timely manner | 1 or more incident per quarter | | MOCABI 6.1  SIS Question 3, Part A | |  | |
| Person needs support to ensure adaptations or modifications are installed properly and in good repair | Any reported need or any report of adaptations or modifications in disrepair | |  | |  | |
| Person needs supports to keep his or her home and yard clean | 2 or more reported issues in a quarter | | MOCABI 6.1  SIS Question 5, Part A; Question 3, Section 2 | |  | |
| Person needs supports for stable housing | 2 or more moves in a year | |  | | Examples include history of eviction, poor relationship with neighbors and/or landlord, frequent moves. | |
| Person needs supports to effectively manage strangers who visit the home | 1 or more incidents per month | | SIS Question 7, Part BA2 | | Example: Person allows a door to door salesperson to enter his or her home without first inquiring about purpose; dealing with an unwanted acquaintance | |
| Person needs supports to access desired resources in the community | 1 or more incidents as a result of not safely negotiating the community | | MOCABI 4.1, 4.2, 4.6  SIS Questions 1/2/3/8, Part B | | Examples:   * Person may need to develop skills on how to safely access desired resources * Recognize appropriate times of day for socializing, business, etc. * Negotiating cross walks, traffic lights, road curbs * There may be environmental limitations in the community to prevent the person from safely accessing resources, such as no sidewalks, no curb cut sidewalks, no accessible public transportation or parking places if person uses own vehicle, etc. | |
| Person needs support to carry and use personal identification when necessary | \* | | MOCABI 3.5  SIS Question 9, Part C | |  | |
| Person needs support to respond in potentially unsafe situations in the community | 1 or more situations in a quarter | | SIS Question 3, Part C; Question 5, Part E | | Example:   * Know when to contact law enforcement, ambulance, fire department, if needed. | |
| Person needs support to ask for assistance, such as directions to destinations, if needed | 1 or more situations in quarter | | MOCABI 2.2, 2.3  SIS Question 1/7, Part B | |  | |
| Person needs support to provide medical information to first responders, if needed | 1 or more situations in a quarter | | MOCABI 2.2, 2.3, 3.5, 5.6  SIS Question 7, Part C; Question 3, Part E | |  | |
| Other potential risk(s) with home/environmental safety |  | | SIS Question 2, Part E | |  | |

# Rights

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Item** | **Threshold** | **Assessment Reference (SIS, HIPS, MOCABI etc)** | **Additional information and/or examples** |
| Person needs supports to communicate or make informed decisions in a variety of areas such as medical, financial, day to day, etc. | 1 or more situations in a quarter | MOCABI 3.3, 5.1, 5.2, 5.6  SIS Question 1/2/4/5/7, Section 2 |  |
| Person needs supports to understand when to say “no” or recognize when someone else has the right to say “no” | 1 or more situations in a quarter | SIS Question 7, Part B; Question 8, Part C; Questions 2/3, Part D; Question3/4/5/6, Part F; Question 3/5, Section 2 | Example: Individual does not want someone to hug him but is unable to voice this |
| Individual’s Plan reflects rights restrictions | 1 or more rights restrictions requiring review by Human Rights Committee |  | Example: Individual’s Plan states that individual will only have access to his phone for one hour each day |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Person needs supports due to current or past engaging in behavior that is injurious to self | | Historical, or 1 or more incidents | | SIS Question 4, Section 3B | | Person needs supports to prevent engaging in self-harm (e.g., slapping self), and safety of others. This may be a means of communicating such emotions as displeasure/anger, or response to such factors as but not limited to: Personal, emotional, and/or environmental stressors, physical ailments; not being supported in a manner which makes sense to the individual. | |
| Person needs supports sue to 1 or more incidents of physical aggression towards others. | | Historical, or 1 or more incidents | | SIS Question 1 Section 3B | | Person needs supports to prevent engaging in physical aggression towards others (e.g. hitting out at others, pushing others), and jeopardizing their safety and the safety of others.  This may be a means of communicating such emotions as displeasure/anger, or a response to such factors as, but not limited to: Personal, emotional, and/or environmental stressors; physical ailments; not being supported in a manner which makes sense to the individual, etc. | |
| Person needs supports due to current or past inappropriate behavior of sexual nature | | Historical, or 1 or more incidents | | SIS Questions 7/8, Section 3B | | Person needs supports to prevent engaging in inappropriate sexual behavior (e.g., makes sexually explicit comments and gestures to others) and jeopardizing their safety and safety of others.  This may be associated with, but not limited to:   * Has a history of incest or has been a victim of sexual abuse * Has a psychiatric diagnosis related to sexual disorder | |
| Person needs supports due to current or past unprotected and unsafe sexual behavior (unprotected sex, multiple partners, etc.) | | Historical, or 1 or more incidents | | SIS Question 13, Section 3B | | Person needs supports to prevent engaging in unprotected or unsafe sexual behavior (e.g., Fails to practice protected sex and birth control; unsafe sexual encounterswith strangers), and jeopardizing their safety and safety of others. Factors to consider may include:   * Natural sexual relationships are inhibited or not permitted by guardian and care giving staff * Failure to provide individual with relationship training which should include appropriate and healthy sexual expression | |
| Person needs supports due to current or past behavioral expression resulting in property damage | | 1 or more incidents | | SIS Question 2, Section 3B | | Person needs supports to prevent engaging in physical aggression resulting in property damage (e.g. Destructive of home, vehicles and others’ personal property), and jeopardizing their safety and safety of others.  This may be a means of communicating such emotions as displeasure/anger, or a response to such factors as but not limited to: Personal, emotional, and/or environmental stressors; physical ailments; not being supported in a manner which makes sense to the individual, such as failure to provide intervention strategies and redirection as outlined in the personal plan in an effort to avoid property damage by the individual, etc. | |
| Person needs supports due to current or past engaging in verbal aggression towards others | | 1 or more incidents | | SIS Question 7, Part B; Questions 3/4, Part D; Questions 3/4/5/6, Part F; Questions 9/13, Section 3B | | Person needs supports to prevent engaging in verbal aggression towards others (e.g., screaming or yelling at others; makes derogatory and inappropriate comments to others), and jeopardizing their safety and safety of others. This may be a means of communicating such emotions as displeasure/anger, or response to such factors as but not limited to: Personal, emotional, and/or environmental stressors; or physical ailments. The person may not feel he or she is being communicated with or supported in a manner which makes sense to the individual, e.g., other person’s use of inappropriate and obscene language in the presence of individual; ensure others are following person-centered plan when communicating with individual. | |
| Person needs supports due to current or past elopement where absence raises reasonable concern for safety | | Historical or 1 or more incidents | | SIS Question 10, Section 3B | | Person needs supports to prevent engaging in elopement (e.g., individual runs from home, potentially into the street when upset; individual attempts to leave home without others’ knowledge), and jeopardizing their safety and safety of others.  This may be a means of communicating such emotions as displeasure/anger, or response to such factors as but not limited to: Personal, emotional, and/or environmental stressors; or physical ailments. Some considerations may include but not be limited to: The person may not feel he or she is being supported in a manner which makes sense to the individual, e.g., need to support the individual to ask or notify others when they would like to leave the area in which they are uncomfortable; failure to provide level of supervision as outlined in the person centered plan; others leaving the premises, causing the individual to be alone. | |
| Person needs supports due to current or past activities that are illegal | | Historical or 1 or more incidents | | SIS Question 4/6, Section 2 | | Any action exhibited by the individual which would be considered an infraction of a law or ordinance (e.g., trespassing, abusing emergency system such as 911). This may involve any action which warrants law enforcement to take control | |
| Other potential risk issues (list all) | |  | |  | |  | |
| **Money** | | | | | | | |
| **Risk Issue** | | **Threshold** | | **Assessment Reference (SIS, HIPS, MOCABI etc)** | | **Additional information and/or examples** | |
| Person needs supports to manage personal funds independently (e.g., employment income) | Cannot maintain bills | | MOCABI 5.5  SIS Question 2/7, Section 2; | |  | |
| Requires additional supports when carrying and/or spending money for purchases | 1 or more incidents or when situation is revealed | | MOCABI 3.3, 5.5  SIS Question 2/7, Section 2;Question 6, Part B | |  | |
| Requires assistance in protecting themselves from financial exploitation (e.g., credit card offers, solicitors) | 1 or more incidents or when situation is revealed | | MOCABI 5.5  SIS Question 3, Section 2 | |  | |