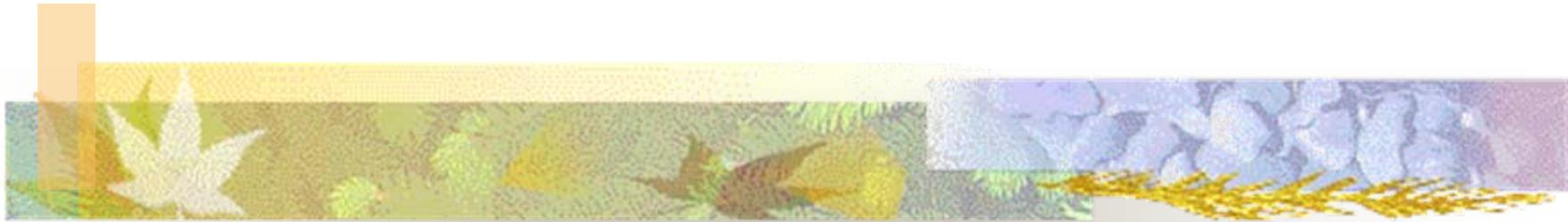


CAPS Risk Assessments, Monitoring & Documentation



Presented by: Suzy Quinlan



AGENDA

- Case Manager's Role in Risk Management
- Continuous Risk Intervention Services
- Risk Process
- Monitoring Requirements
- CAPS Upgrade of Risks
- Risk Assessment Worksheet and Guidelines
- Contact Information



Case Manager's Role in Risk Mgmt

- Identify individuals at risk
- Identify what risk factors the individual has
- Work with individual to eliminate or minimize the risks
- Monitor & continue to offer options over time, to assist the individual in evaluating risks and developing a plan



Continuous Risk Intervention Services

- Assessing and identifying risks
- Work with individual to eliminate or reduce risks
- Develop and Implement Plans
- Monitoring risks over time
- Make adjustments to Service Plan as needed
- Documenting risks in the RISK section of CAPS



Risks that cannot be mitigated

- Continue periodic monitoring
- Continue to offer interventions and solutions to minimize the risk
- Discuss the risks with the individual



CAPS Risks Plan/Comments

- Document the overall risk level and the monitoring plan for the client
 - Eg, the overall risk is high and the monitoring plan is monthly in-person or phone contact (assessed as high risk in 3 areas)
- Identify risks needing clarification
- If no Risk Reducing Factor or additional info is needed, identify how each risk is or is not going to be resolved
- Explain solutions offered to minimize the risk
- **Document the individual's ability to understand and accept or decline any plan or intervention**
- Enter the name, address & phone number of person that is assisting with the risk and how this person will assist the individual
- Plan/Comments is used for CAPS2 Emergency Concerns Report – next slide



CAPS2

Emergency Concerns Report

- High Risk Level for Power Outage or Natural Disaster/Extreme Weather
- Develop contingency plans for in-home plans
- CBC or nursing Facilities are responsible to develop contingency plans for emergencies
- Document in the CAPS Risks Plan/Comments





Monitoring Requirements

Monitoring contacts must be documented in the OACCESS narrative. Use “Monitoring” as the 1st word in the narrative and then explain the contact information

1. All client must have at least 2 contact per year:
 - This is clients with **NO HIGH** risk levels
2. Clients with 3 or more High risk categories:
 - Must have contact at least monthly
3. Clients with 1 or 2 High risk categories:
 - Must have contact at least quarterly



CAPS Upgrade of Risks



CAPS Upgrade of Risks

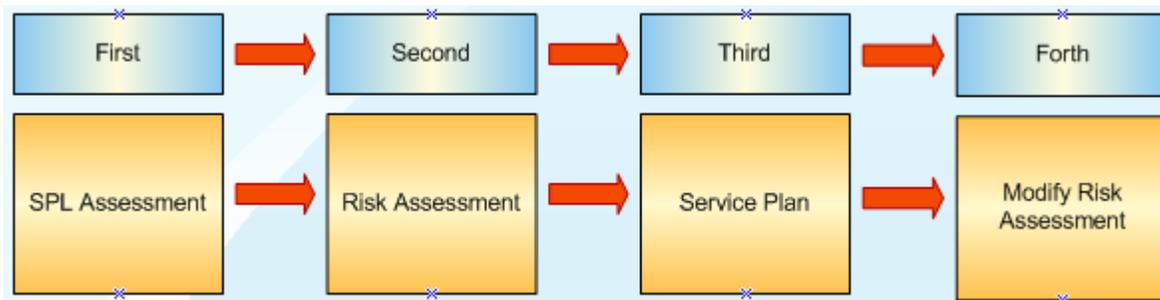
- New risk assessment process required for new CAPS and re-assessments completed 7-16-12 or later

- All Client Details are required for all service types

- Cannot create in-home service benefit/plans unless the Risk Assessment is completed for:
 - APD In-home
 - ICP
 - Spousal Pay

Order for completing sections of CAPS

- 1st Complete the SPL Client Assessment
- 2nd Complete the Risk Assessment
- 3rd Complete the Service Plan
- 4th Modify completed Risk Assessment if necessary



Case for RISK ASSESSMENT (Case Branch : Beaverton Senior Resource Center)

| Risks | Risk Level | Risk Reducing Factor | Selected Factors |
|--|------------|------------------------------------|------------------|
| Power Outage | | Assistive Devices | |
| Natural Disasters/Extreme weather | | Back-up worker or faci alternative | |
| Physical Functioning | | Clothing Assistance | |
| Mental/Emotional Functioning | | Education/Information | |
| Cognitive Functioning | | Emergency Response | |
| Behavioral Issues | | Energy assistance pro | |
| Income/Financial Issues | | Facility Responsibility | |
| Safety/Cleanliness of Residence/Facility | | Food assistance progr | |
| | | Gatekeeper/Telephone Reassurance | |

Client Details

- Medications
- Diagnosis
- Strengths/Preference
- Risks**
- Goals
- Equipment
- Personal Elements
- Scales/Tools
 - GDS
 - MMSE
 - TUG

Completed Date

Current Living Situation

Plan/Comments

INFORMATION 1705

 The Risk Assessment cannot be modified. Please create a new Risk Assessment.

OK

Case for RISK ASSESSMENT (Case Branch : Beaverton Senior Resource Center)

| | | | | |
|---|--|--------------------------------------|---|--|
| <ul style="list-style-type: none"> Client Details <ul style="list-style-type: none"> Medications Diagnosis Strengths/Preferences ➔ Risks Goals Equipment Personal Elements Scales/Tools <ul style="list-style-type: none"> GDS MMSE TUG | Risks Power Outage Natural Disasters/Extreme weather Physical Functioning Mental/Emotional Functioning Cognitive Functioning Behavioral Issues Income/Financial Issues Safety/Cleanliness of Residence/Facility | Risk Level [Dropdown menu] | Risk Reducing Factor Assistive Devices Back-up worker or faci alternative Clothing Assistance Education/Information Emergency Response Energy assistance pro Facility Responsibility Food assistance progr Gatekeeper/Telephone Reassurance Home Delivered Meals | Selected Factors [Empty list] |
| | Completed Date: Pending | Current Living Situation: | <input type="button" value="Complete"/> <input type="button" value="Modify"/> <input type="button" value="Create"/> | <input type="button" value="Print"/> <input type="button" value="Summary"/> <input type="button" value="History"/> |

Risk Levels

| Risks | Risk Level | Risk Reducing Factor |
|--|------------|--|
| Power Outage | | Assistive Devices |
| Natural Disasters/Extreme weather | None | Back-up worker or facility alternative |
| Physical Functioning | Low | Clothing Assistance |
| Mental/Emotional Functioning | Medium | Education/Information |
| Cognitive Functioning | High | Emergency Response |
| Behavioral Issues | | Energy assistance program |
| Income/Financial Issues | | Facility Responsibility |
| Safety/Cleanliness of Residence/Facility | | Food assistance program |
| | | Gatekeeper/Telephone Reassurance |
| | | Home Delivered Meals |

- Every Risk must have a Risk Level selected
and
- At least one Risk Reducing Factor selected
- Note: Risk Level of **NONE** will auto-select the Risk Reducing Factor of **None/Not at Risk**

| Risks | Risk Level | Risk Reducing Factor | Selected Factors |
|--|------------|------------------------------------|------------------|
| Power Outage | | Assistive Devices | |
| Natural Disasters/Extreme weather | | Back-up worker or faci alternative | |
| Physical Functioning | | Clothing Assistance | |
| Mental/Emotional Functioning | | Education/Information | |
| Cognitive Functioning | | Emergency Response | |
| Behavioral Issues | | Energy assistance pro | |
| Income/Financial Issues | | Facility Responsibility | |
| Safety/Cleanliness of Residence/Facility | | Food assistance progr | |
| | | Gatekeeper/Telephone Reassurance | |
| | | Home Delivered Meals | |

| | | | | |
|----------------------------------|---------|-----------------|----------------|----------------|
| Completed Date: | Pending | Complete | Modify | Create |
| Current Living Situation: | | Print | Summary | History |

| | | |
|--|--------------------|---------------------|
| Plan/Comments | Spell Check | New Comments |
| <div style="border: 1px solid black; height: 80px;"></div> | | |

| Risks | Risk Level | Risk Reducing Factor | Selected Factors |
|---|------------|------------------------------------|------------------|
| * Power Outage | High | Assistive Devices | Identify in Plan |
| * Natural Disasters/Extreme weather | | Back-up worker or faci alternative | |
| * Physical Functioning | | Clothing Assistance | |
| * Mental/Emotional Functioning | | Education/Information | |
| * Cognitive Functioning | | Emergency Response | |
| * Behavioral Issues | | Energy assistance pro | |
| * Income/Financial Issues | | Facility Responsibility | |
| * Safety/Cleanliness of Residence/Facility | | Food assistance progr | |
| | | Gatekeeper/Telephone Reassurance | |
| | | Home Delivered Meals | |
| Completed Date: | Pending | Complete | Modify Create |
| Current Living Situation: | | Print | Summary History |
| Plan/Comments | | Spell Check | New Comments |
| <p>Client is a person with quadriplegia and is on a ventilator. In the event of a power outage, natural disaster or extreme weather, his generated will automatic be turned on. The neighbor, Jane Doe will check on him. Her address</p> | | | |

| Risks | Risk Level | Risk Reducing Factor | Selected Factors |
|--|------------|------------------------------------|------------------|
| * Power Outage | High | Assistive Devices | Identify in Plan |
| * Natural Disasters/Extreme weather | | Back-up worker or faci alternative | |
| * Physical Functioning | | Clothing Assistance | |
| * Mental/Emotional Functioning | | Education/Information | |
| * Cognitive Functioning | | Emergency Response | |
| * Behavioral Issues | | Energy assistance pro | |
| * Income/Financial Issues | | Facility Responsibility | |
| * Safety/Cleanliness of Residence/Facility | | Food assistance progr | |
| | | Gatekeeper/Telephone Reassurance | |
| | | Home Delivered Meals | |

| | | | |
|---|-----------------|----------------|----------------|
| Completed Date: 06/14/2012 03:46:04 pm | Complete | Modify | Create |
| Current Living Situation: | Print | Summary | History |

| | | |
|---|-------------|--------------|
| Plan/Comments | Spell Check | New Comments |
| <p>Client is a person with quadriplegia and is on a ventilator. In the event of a power outage, natural disaster or extreme weather, his generated will automatic be turned on. The neighbor, Jane Doe will check on him. Her address</p> | | |

6/14/2012

Risks

Page 1

Client: RISK ASSESSMENT

CAPS Assmt: 6/14/2012 Title XIX Pending

Completed
Completed By
Last Changed:

| <u>Risk</u> | <u>Risk Level</u> | <u>Risk Reducing Factor</u> |
|--|-------------------|---|
| Income/Financial Issues | Low | Food assistance programs Home Delivered Meals |
| Safety/Cleanliness of Residence/Facility | Low | Supports |
| Service Plan meets Physical/Medical Needs | Low | Back-up worker or facility alternative Emergency Response System |
| Service Plan meets Mental/Emotional/Behavior | None | None/Not at Risk |
| Adequacy/Availability of Natural Supports | Low | Supports |
| Access to Care/Services | Low | Home Delivered Meals Referral to CRN |
| Other - Identify in plan | None | None/Not at Risk |

Comments: Client is a person with quadriplegia and is on a ventilator. In the event of a power outage, natural disaster or extrem automatic be turned on. The neighbor, Jane Doe will check on him. Her address

Risk Assessment History

Risk Assessment History

| Risk Assmt Created | Risk Assmt Status | Risk Assmt Completed | CAPS Date | Type | Status |
|--------------------|-------------------|----------------------|-----------|-----------|---------|
| 6/14/2012 04:48 PM | Completed | 6/14/2012 04:49 PM | 6/14/2012 | Title XIX | Pending |
| 6/14/2012 12:44 PM | Completed | 6/14/2012 03:46 PM | 6/14/2012 | Title XIX | Pending |



Risk Assessment Worksheet and Guidelines

RISK ASSESSMENT WORKSHEET and GUIDELINES

Case Manager's Name: _____

Individual's Name: _____

Prime # _____



| RISK CATEGORIES | | | | | Risk Reducing Factors | |
|--|---|---|---|---|--|---------------------------------|
| | H | M | L | N | | |
| Power Outage | | | | | 1. Assistive Devices | 13. Law enforcement |
| Natural Disaster/Extreme Weather | | | | | 2. Back-up worker or facility alternative) | 14. Mental Health Referral |
| Physical Functioning | | | | | 3. Clothing Assistance | 15. None/Not at Risk |
| Mental/Emotional Functioning | | | | | 4. Education/Information | 16. Referral (Identify in Plan) |
| Cognitive Functioning | | | | | 5. Emergency Response System | 17. Referral to APS |
| Behavioral Issues | | | | | 6. Energy assistance programs | 18. Referral to CRN |
| Income/Financial Issues | | | | | 7. Facility Responsibility | 19. Referral to I & A |
| Safety/Cleanliness of Residence/Facility | | | | | 8. Food assistance programs | 20. Refuses at this time |
| Service Plan Meets Physical/Medical Needs | | | | | 9. Gatekeeper/Telephone Reassurance | 21. Supports |
| Service Plan Meets Mental/Emotional/Behavioral Needs | | | | | 10. Home Delivered Meals | 22. Training |
| Adequacy/Availability of Nat. Supports | | | | | 11. Home/environmental modifications | 24. Unresolved—CM Follow-up |
| Access to Care/Services | | | | | 12. Identify in Plan | |
| Other – Identify in Plan | | | | | | |

Monitoring:

1. All clients must have at least two contacts per year. This is clients without High risk levels in any risk category.
2. Clients with 3 or more **High** risk categories, must have contact at least monthly.
3. Clients with 1 or 2 **High** risk categories, must have contact at least quarterly.

Plan/Comments: _____

Level of Risks

| RISK CATEGORIES | H | M | L | N |
|--|---|---|---|---|
| Power Outage | | | | |
| Natural Disaster/Extreme Weather | | | | |
| Physical Functioning | | | | |
| Mental/Emotional Functioning | | | | |
| Cognitive Functioning | | | | |
| Behavioral Issues | | | | |
| Income/Financial Issues | | | | |
| Safety/Cleanliness of Residence/Facility | | | | |
| Service Plan Meets Physical/Medical Needs | | | | |
| Service Plan Meets Mental/Emotional/Behavioral Needs | | | | |
| Adequacy/Availability of Nat.Supports | | | | |
| Access to Care/Services | | | | |
| Other – Identify in Plan | | | | |

- **H** - High Risk
- **M** - Moderate Risk
- **L** - Low Risk
- **N** - No Risk

22 Risk Reducing Factors

| Risk Reducing Factors | |
|---|---------------------------------|
| 1. Assistive Devices | 13. Law enforcement |
| 2. Back-up worker or facility (alternative) | 14. Mental Health Referral |
| 3. Clothing Assistance | 15. None/Not at Risk |
| 4. Education/Information | 16. Referral (Identify in Plan) |
| 5. Emergency Response System | 17. Referral to APS |
| 6. Energy assistance programs | 18. Referral to CRN |
| 7. Facility Responsibility | 19. Referral to I & A |
| 8. Food assistance programs | 20. Refuses at this time |
| 9. Gatekeeper/Telephone Reassurance | 21. Supports |
| 10. Home Delivered Meals | 22. Training |
| 11. Home/environmental modifications | 24. Unresolved—CM Follow-up |
| 12. Identify in Plan | |
| | |

RISK ASSESSMENT WORKSHEET and GUIDELINES

Case Manager's Name: _____
 Individual's Name: _____

Prime # _____

| RISK CATEGORIES | Risk Level | | | | Risk Reducing Factors | |
|--|------------------|---|---------|---|--|--------------------------------------|
| | H | M | L | N | | |
| Power Outage | 22 | | | | 1. Refuses at this time | 12. Assistive devices |
| Natural Disaster/Extreme Weather | 22 | | | | 2. Referral (Identify in Plan) | 13. Food assistance programs |
| Physical Functioning | 15, 10, 6, 12 | | | | 3. Referral to I & A | 14. Energy assistance programs |
| Mental/Emotional Functioning | | | | X | 4. Referral to CRN | 15. Home/Environment modifications |
| Cognitive Functioning | | | | X | 5. Unresolved-CM Follow-up needed | 16. Education/Information |
| Behavioral Issues | | | | X | 6. Supports | 17. Training |
| Income/Financial Issues | | | 6 | | 7. Home Delivered Meals | 18. Gatekeeper/Telephone Reassurance |
| Safety/Cleanliness of Residence/Facility | | | 6 | | 8. Emergency Response System | 19. Clothing Assistance |
| Service Plan Meets Physical/Medical Needs | | | | X | 9. Facility Responsibility | 20. Mental Health Referral |
| Service Plan Meets Mental/Emotional/Behavioral Needs | | | | X | 10. Back-up worker or facility alternative | 21. Referral to APS |
| Adequacy/Availability of Nat. Supports | | 6 | | | 11. Law enforcement | 22. Identify in Plan |
| Access to Care/Services | | | 7 13 | | | |
| Other – Identify in Plan | | | | X | | |

1. All clients must have at least two contacts per year. This is clients without High risk levels in any risk category.
2. Client with 3 or more **High** risk categories, must have contact at least monthly.
3. Clients with 1 or 2 **High** risk categories, must have contact at least quarterly.

Monitoring:

Plan/Comments: _____

Risk Level Descriptions

⊕ **RISK FACTOR DESCRIPTIONS** - Descriptions are examples and are not intended to be all-inclusive

| | HIGH RISK | MODERATE RISK | LOW RISK | NO RISK |
|---|---|--|--|--|
| POWER OUTAGE | No alternative heat source for life/safety. Dependent on consistent power &/or no alternative heat source/power source & no back-up plan. | Can withstand a limited power outage. Would result in health/safety issues after 3 or more days. | Has emergency preparedness plan or supports in place. | Has emergency preparedness plan and supports in place. |
| NATURAL DISASTER – EXTREME WEATHER | No plan in place & dependent on others, but no supports available. | Has a plan in place, but is dependent on others & supports are not immediately available. | Has a plan in place, but is dependent on others & supports are immediately available. | Has a plan in place & are able to vacate home/area without supports. |
| PHYSICAL FUNCTIONING | Has a progressive, debilitating condition or has a permanent impairment and is incapable of most or all ADLs. No supports or inadequate supports. | Moderate physical challenges | Minimal physical challenges | No physical challenges. |
| MENTAL and EMOTIONAL FUNCTIONING | Mental/emotional functioning severely impacts health & safety issues of self & others. | Mental/emotional functioning impacts health & safety issues of self & others. | Mental/emotional functioning may result in limited health & safety issues that are reduced through intervention. | No apparent mental or emotional challenges. |
| COGNITIVE FUNCTIONING | Confusion. Disoriented to person, place or time. Unable to make decisions. Forgets to do things that meet their basic needs (ie: food, shelter & clothing). | Periodic confusion. Impaired reasoning ability. Makes decisions with assistance. Periodic forgetfulness that over time negatively impacts basic needs. | Mild forgetfulness. Can meet basic needs. | No apparent cognitive impairment. No confusion. |

Risk Level Descriptions

| | HIGH RISK | MODERATE RISK | LOW RISK | NO RISK |
|---|---|---|--|--|
| BEHAVIORAL ISSUES | Severe problem behaviors that place the client at high risk, e.g., wandering, current substance abuse/ addiction, or life-threatening medical non-compliance. | Moderate problem behaviors, e.g., intermittent meds, non-compliance, or occasional failure to make Doctor's appointments. Occasional substance abuse. | Minor problem behaviors, e.g., history of substance abuse but no current abuse. | No problem behaviors or indication of substance abuse. |
| INCOME / FINANCIAL ISSUES | Unable or unwilling to provide for life's necessities. | Barely able to provide for life's necessities. Sometimes must choose between necessities, e.g., medicine or food. | Adequate income for necessities only. No safety net. | Financially independent & has adequate income for necessities. Has safety net. |
| SAFETY/ CLEANLINESS OF RESIDENCE/ FACILITY | Residence poses problems that place client at immediate high risk, e.g., no heat or water, caved-in ceiling. Eviction in progress. | Safety or cleanliness poses a degree of risk e.g., interruption of utilities, access issues or threat of eviction. | Ongoing minor maintenance &/or cleanliness issues. May have threat of eviction. | No apparent safety or cleanliness risks. |
| SERVICE PLAN MEETS PHYSICAL/ MEDICAL NEEDS | Client has unmet, critical physical/ medical needs. | Service plan fails to meet some of client's medical or physical needs. | Some minor or occasional issues with service provision, but client's basic medical/physical needs are met. | Service plan meets all client's needs. |

Risk Level Descriptions

| | HIGH RISK | MODERATE RISK | LOW RISK | NO RISK |
|---|---|--|---|--|
| SERVICE PLAN MEETS MENTAL/ EMOTIONAL/ BEHAVIORAL NEEDS | Client is at serious or imminent risk due to inadequacy of in-home or facility care/services to meet client's critical emotional/behavioral needs. | Service plan fails to meet some of client's mental, emotional or behavioral needs, but risk to client's health is not serious or imminent. | Some minor or occasional issues with service provision, but client's basic mental/emotional/behavioral needs are met. | Service plan meets all of client's mental/ emotional/ behavioral needs. |
| ADEQUACY/ AVAILABILITY OF NATURAL SUPPORTS | Family and/or friends interfere with client's needs being met, or are abusive/neglectful. Family members are estranged, or client has no known family/friends, is isolated. | Family and/or friends are unreliable. Provide little or no help. Express good intentions but rarely follow through. | Family &/or friends are concerned but provide only limited assistance. | Family &/or friends are actively involved to assist & client accepts assistance. |
| ACCESS TO CARE/ SERVICES | Client has significant medical/mental health needs but access to care/services is unavailable, eg, transportation, phone, EMS. | Client has medical/mental health care needs but has limited access to care/services. | Client's ability to access care/services system is occasionally problematic. | Client has unimpeded access to services. |
| OTHER – IDENTIFY IN PLAN | Does not understand the risk & refuses intervention. Other high risks not defined above. | Understands the risk & refuses intervention. Other moderate risks not defined above. | Accepts needed services & intervention. Other low risks not defined above. | Needs no intervention |



Power Outage

■ High Risk

- No alternative heat source and impacts the life and safety of the person
- Dependent on consistent power and no back-up plan
- Select “High” risk to pull to the Emergency Concerns report



Power Outage – continued....

■ Moderate Risk

- No alternative heat source and impacts the life and safety of the person
 - Can manage without power for up to 3 days
 - After 3 days will need intervention



Power Outage – continued....

■ Low Risk

- No alternative heat source and impacts the life and safety of the person
 - Has an emergency preparedness plan *or*
 - Supports in place



Power Outage – continued....

- **No Risk**

- No alternative heat source and impacts the life and safety of the person
 - Has an emergency preparedness plan *and*
 - Supports in place



Natural Disaster – Extreme Weather

■ High Risk

- No plan in place *and*
- Dependent on others to evacuate or vacate *and*
- No support available
- Select “High” risk to pull to the Emergency Concerns report



Natural Disaster – Extreme Weather

■ Moderate Risk

- Has plan in place *and*
- Dependent on others to evacuate or vacate *and*
- Supports not immediately available



Natural Disaster – Extreme Weather

■ Low Risk

- Has plan in place *and*
- Dependent on others to evacuate or vacate *and*
- Supports are immediately available



Natural Disaster – Extreme Weather

- **No Risk**

- Has plan in place *and*
- Are able to evacuate or vacate without supports



Physical Functioning

■ High Risk

- Has a progressive debilitating condition *or*
- Has a permanent impairment *and*
- Is incapable of most or all ADLs *and*
- Has no supports or inadequate supports available



Physical Functioning – continued....

■ Moderate Risk

- Similar to high risk, but with less physical changes
 - Has a progressive debilitating condition *or*
 - Has a permanent impairment *and*
 - Is incapable of most ADLs *and*
 - Has no supports or inadequate supports available



Physical Functioning – continued....

- **Low Risk**

- Minimal physical challenges

- **No Risk**

- No physical challenges



Mental & Emotional Functioning

■ High Risk

- Mental/Emotional functioning severely impacts health and safety issues of the client or others

■ Moderate Risk

- Similar to high risk, but doesn't impact the health and safety of the client or others as "severely" as high risk



Mental & Emotional Functioning

■ Low Risk

- Mental/emotional functioning may result in “limited” health & safety issues that are reduced through intervention

■ No Risk

- No apparent mental or emotional challenges



Cognitive Functioning

■ High Risk

- Confusion
- Disoriented to person, place or time
- Unable to make decisions
- Forgets to do things that meet their basic need, such as food, shelter and clothing



Cognitive Functioning

■ Moderate Risk

- Periodic confusion
- Impaired reasoning ability
- Makes decisions with assistance
- Periodic forgetfulness that over time negatively impacts basic needs



Cognitive Functioning

■ Low Risk

- Mild forgetfulness
- Can meet their basic needs

■ No Risk

- No apparent Cognitive impairment
- No confusion



Behavioral Issues

- **High Risk**

- Severe problem behaviors that place individual at risk

- **Moderate Risk**

- Moderate problem behaviors



Behavioral Issues

- **Low Risk**

- Minor problem behaviors

- **No Risk**

- No problem behaviors



Income/Financial Issues

■ High Risk

- Unable or unwilling to provide for life's necessities

■ Moderate Risk

- Barely able to provide for life's necessities
- Sometimes must choose between necessities



Income/Financial Issues

■ Low Risk

- Adequate income for necessities only

■ No Risk

- Adequate income for necessities
- Financially independent



Safety/Cleanliness of Residence/Fac...

■ High Risk

- Residence poses problems that place the individual at immediate high risk, such as no heat or water, caved-in ceiling
- Eviction in progress

■ Moderate Risk

- Safety or cleanliness poses a degree of risk



Safety/Cleanliness of Residence/Fac..

■ Low Risk

- Ongoing minor maintenance &/or cleanliness issues
- May have threat of eviction

■ No Risk

- No apparent safety or cleanliness risks



Service plan meets **Physical/Medical** needs

- **High Risk**

- Client has unmet critical physical and medical needs

- **Moderate Risk**

- Service plan fails to meet some medical or physical needs



Service plan meets **Physical/Medical needs**

■ **Low Risk**

- Some minor or occasional issues with service provisions, but client's basic medical/physical needs are met

■ **No Risk**

- Service plan meets all of client's medical and physical needs



Service Plan meets Mental/Emotional/Behavior Needs

■ High Risk

- At serious or imminent risk due to inadequacy of in-home or facility care/services meeting critical emotional/behavioral needs or problems

■ Moderate Risk

- Service plan fails to meet some of client's mental, emotional or behavioral needs, but risk to client's health is not serious or imminent



Service Plan meets Mental/Emotional/Behavior Needs

■ Low Risk

- Some minor or occasional issues with service provisions, but client's basic mental/emotional/behavioral needs are met

■ No Risk

- Service plan meets all mental/emotional/behavioral needs



Adequacy and Availability of Natural Support

■ High Risk

- Family, friends or other supports interfere with client's needs being met or are not involved at all

■ Moderate Risk

- Family, friends or other supports are unreliable



Adequacy and Availability of Natural Support

■ Low Risk

- Family, friends or other supports are concerned but provide only limited assistance

■ No Risk

- Family, friends or other supports are actively involved to assist, and client accepts assistance



Access to Care and Services

■ High Risk

- Has significant medical and/or mental health needs but access to care and/or services is unavailable

■ Moderate Risk

- Has medical and/or mental health needs but has limited access to care and/or services



Access to Care and Services

- **Low Risk**

- Ability to access care and/or services system is occasionally problematic

- **No Risk**

- Has unimpeded access to services



Other – Identify in Plan

■ High Risk

- Does not understand the risk and refuses intervention
- Other high risk factors

■ Moderate Risk

- Understands the risk & refuses intervention
- Other moderate risk factors



Other – Identify in Plan

- **Low Risk**

- Accepts needed services and intervention
- Other low risk factors

- **No Risk**

- Needs no intervention



Contact Information

- Suzy Quinlan (503) 947-5189
- Jenny Cokeley (503) 945-6985
- Darwin Frankenhoff (503) 947-5162
- Kelsey Weigel (503) 945-6413