

**SECTION**

CASE MANAGEMENT SYSTEM

**SUBJECT**

SCREENING FOR ABUSE AND RISK

**PURPOSE**

Home and Community Based Service (HCBS), providers and staff shall support wavier recipients in individual-direction to the maximum extent possible and assist them in decision-making through informed consent. Case Managers, Community Program Officers and other service providers shall support an individual's informed choice regarding life, liberty and the pursuit of health and happiness, unless the individual's actions or decisions endanger themselves or others.

Under HCBS, states are required to ensure individuals are protected from abuse, neglect and exploitation and get appropriate assistance and intervention if their choices and other events jeopardize their health and welfare.

Individuals capable of making informed choices have the right to decide the types and amount of services they receive. Individuals have the right to receive services under conditions of acceptable risk in which they assume the risks associated with decisions made under conditions of informed consent.

To help identify risks and possible preventive measures, the individual and case management team will complete an initial Screening Form (SDMI HCBS 914) and a Risk Prevention Assessment Form (SDMI HCBS 915a) at the time the individual enters service.

**Initial Risk Assessment Screening Form (SDMI HCBS 914a)** will be completed to identify if an individual is a possible victim of abuse, neglect or exploitation. The screening will be completed by the CMT at the time the individual is added to the waiting list or enters services. If the CMT suspects the individual to be a victim they will make a report to the appropriate authority e.g. law enforcement, adult protected services, county health official, public health and or mental health crisis response team. CMT must immediately inform the Community Program Officer of any report being given to an authority.

**Risk Prevention and Management Form (SDMI HCBS 915a)** will be used to consider what constitutes the existence of normal or unusual risks that are acceptable and can be addressed through reasonable safety and prevention measures being implemented into the individual's daily life and identified in the person's Person-Centered Recovery Plan.

**Risk Negotiation Agreement Form (SDMI HCBS 916a-in Casewave)** If there are risks that an individual wishes to take knowingly and are unacceptable to the case management team in terms of health and welfare assurance, the CMT with the individual should complete a Risk Negotiation Agreement Process Form (SDMI HCBS 916a).

The Risk Negotiation Agreement Form is used by the CMT to assess risk and takes into consideration the individual's preferences and choices. CMT should make every effort to resolve issues that create risk for an individual. This form can be used when an individual first enters service or when presence of unacceptable risk comes apparent by an individual already receiving

**SECTION**  
CASE MANAGEMENT SYSTEM**SUBJECT**  
SCREENING FOR ABUSE AND RISK

services.

If the individual does not agree with the CMT's assessment and/or does not agree to the recommended services in the Person-Centered Recovery Plan, and the CMT believes the individual's choice continues to jeopardize health and safety, the CMT should contact the Community Program Officer for a discussion about needed corrective action and/or possible termination from HCBS.

**PROCESS**

If the CMT identifies a situation which puts the individual's health and safety at risk, the CMT should meet with the individual, their legal representative (if applicable) and other appropriate family, friends and support staff to complete the Risk Negotiation Agreement Form. (SDMI HCBS 916a and a Risk Prevention and Management Form 915a) In all circumstances, the CMT should work with the individual to discuss service options to resolve or reduce the risk and ensure the individual understands the potential consequences of his/her choices.

Whenever a Risk Negotiation Agreement Form is completed, CMTs must document that the individual meets capacity and is able to make an informed choice. If the CMT questions whether an individual meets capacity a referral to a Mental Health professional or the individual's Health Care professional should be made to help determine capacity.

If the CMT cannot assure health and safety based on the results of the risk negotiation process (e.g. the CMT determines that the risk poses significant risk to health and safety) the CMT must contact the Community Program Officer to discuss whether discharge from HCBS is appropriate.

If the risk identified by the CMT puts the individual or support staff in immediate or imminent danger, the CMT should contact the appropriate agency as needed e.g. law enforcement, adult protected services, county health official, public health and or mental health crisis response team.

CMTs should take into account the following when completing the Risk Negotiation Agreement Form:

- Have the potential risks/benefits been weighed?
- What can be done differently to prevent these risks?
- What strengths/resources does the individual have toward prevention?
- Who can help the individual with prevention?
- What supports or services (formal or informal) would minimize the risks?
- Who can provide the supports?

In all cases the CMT should keep the following documentation in the individual's chart.

- Documentation of individual capacity and understanding of the consequences/risks of their

**SECTION**  
CASE MANAGEMENT SYSTEM

**SUBJECT**  
SCREENING FOR ABUSE AND RISK

informed choices.

- Documentation of all the services and supports offered and the specific interventions tried by the CMT (formal & informal).
- Documentation in the chart that the individual and CMT have developed a Risk Prevention and Management Plan, documentation should include:
  - the date of plan
  - date of reassessment
  - outcomes of plan to date
- Documentation of the specific needs not being met.
- Recommendations and reasons why the needs cannot be met.

**Risk Assessment Screening Tool (914)** should be used for those individuals on the waiting list or at the time they enroll in the HCBS program and any time the individual is suspected as being a victim of abuse, neglect and or exploitation by a case manager or any staff employed by a service provider. In the event of suspicion, the case manager or staff should complete the Suspected Abuse Screening Form with the individual and along with a report give the completed tool to their supervisor. The case manager or service provider must inform the Community Program Officer of any occurrence of suspected abuse, neglect or exploitation. Any case of suspected abuse, neglect or exploitation must be reported to the appropriate law enforcement and adult protected services.

All persons employed by an agency participating in Home and Community Based Services, including, Medicaid Personal Assistance, Self-Directed Personal Assistance, Home Health, Home Dialysis & Hospice are mandatory reporters of suspected abuse, neglect or exploitation of individuals receiving services.

To report suspected abuse, neglect or exploitation of an individual, contact your local Law Enforcement and Adult Protective Services Office.

All completed screening forms and risk assessment/negotiation forms should be kept in the individuals chart.

