Risk Awareness Tool
Frequently Asked Questions

Q1. Why is the Risk Awareness Tool (RAT) necessary?

A1. The Risk Awareness Tool (RAT) has been designed to ensure:

- An annual review of the potential indicators of risk and to ensure that a discussion occurs between the individual and their support system at the time of their annual ISP about the potential risk of an adverse or fatal event;
- That these potential risks are/have been addressed by a qualified healthcare professional unless this has been declined;
- That essential supports addressing potential risks are addressed in the individuals ISP.

Q2. Who does the Support Coordinator need to complete the Risk Awareness Tool (RAT) with annually?

A2. Anyone who has a DD Waiver.

Q3. Is a formal health outcome needed in the ISP to address each potential risk that is identified on the Risk Awareness Tool (RAT)?

A3. No. An effort should always be made to minimize any risk, but a formal outcome would not be needed until the potential risk becomes a known risk.

For example, if someone appears unsteady, but has no fall risk history, you would adjust the support instructions to better meet the person's needs while he or she is being assessed for falls and/or seen for any possible related medical or psychiatric condition. Once assessed by a qualified health professional, if identified as a fall risk, therefore a known risk, the individual will need a formal outcome.

If there are multiple known risks identified that are similar and / or have similar essential support needs they can be "grouped" together under one formal outcome.

Q4. Do we have to obtain something in writing from a qualified professional that states they have completed an evaluation for a potential risk identified through the Risk Awareness Tool (RAT)?

A4. The individual is connecting with the qualified healthcare professional or therapeutic consultant to obtain an assessment and determine if they are at risk for an adverse event as suggested by the identified indicator. The determination of the qualified health professional should be documented the same as any other appointment or consultation and maintained in the person's record.

However, if the qualified healthcare professional makes recommendations for care, then any recommended interventions will require physician orders and/or a written protocol that has been written and/or approved by a qualified healthcare professional. A new diagnosis or condition would warrant a new outcome if not related to an existing outcome in the plan.

Q5. Where do we document potential areas of risk identified by the Risk Awareness Tool (RAT) in the ISP?

A5. In Version 3.1 of the ISP: Essential information, there is an element stated as "Does this person have any previously unidentified risks (medical or mental health and/or behavioral)?" If yes, "Describe how this/these risks will be addressed."

Q6. Where do we document recommendations from a qualified healthcare professional in the ISP?

A6. It depends on the recommendation. If the recommendations relate to a new diagnosis then,

1) They would be included under the Essential Information under the element *"Are there identified health (medical or mental health) and / or behavioral support needs to be addressed under outcomes in Part III Shared Planning?"* and

2) An outcome would be added, if not already included in a revision to the provider – completed Plan for Supports. If the need is related to a new allergy, it would be listed under allergies/ reactions and any new medications would be added as well. If there is an existing outcome related to the recommendations, it might only require new activities and instructions under that existing outcome.

Q7. Why does selecting only one indicator in Step #2 trigger a recommendation for a referral rather than, for example, 2 or more indicators triggering the recommendation?

A7. The research shows that any of the indicators/triggers listed in Step #2 can represent potential risk of an adverse event. The tool directs the individual and their support team to discuss the potential for risk to ensure that a plan to reduce the potential risk can, or is implemented and that a referral to a qualified health professional or therapeutic consultation be considered.

Q8. Is the decision to do Steps #2 & #3 in the Risk Awareness Tool (RAT) based on the diagnosis in Step #1 being answered yes or no?

A8. Yes.

If you answer "YES" to question #1, you should ensure that there is information in the ISP that addresses the identified diagnosis. This will be different for everyone. For some, it may involve a standalone health outcome. For others, it might be part of a general wellness outcome or be included in the essential information about the person.

If you answer "NO" to question #1, then steps #2 & #3 must be completed. If any indicators in Step #2 apply, then you move on to step #3.

Q9. If an individual's primary care doctor provides the oversight for a known risk and only sees the individual annually for their physical and as needed, is it ok to put an estimated date for when their next physical will be if it hasn't been scheduled yet?

A9. Yes, so long as there is ongoing monitoring for the condition by others during the year. A lot can change in a year.

Q10. In the "Community Safety Risk" section, we have several folks that have been convicted and do not have a current/ updated PBS plan in place. Can we check yes for having a behavior support plan or behavioral guidelines in place even though they may be old guidelines or an old plan? We do not have any PBS facilitators in our area anymore so it could take us months to get someone set up with a behavior support plan or behavioral guidelines, meaning that it would probably not make it into the ISP by the new ISP start date if we are completing this form at the annual ISP meeting. We also have had people, both convicted and not convicted, who have refused positive behavior guidelines or support. What should we do in that situation to satisfy the expectations and purpose of this form?

A10. If the plan is working and does not require updating, you can check *"Yes."* If the person needs a new plan and is interested in the service, you should refer them regardless of how long it takes. The process of making referrals helps increase demand for the service and can support the development of provider capacity even though the services aren't immediately available. For those who refuse and do not have a legal guardian, indicate in the notes that they would benefit from a referral but have exercised their right to not have supports at this time and that you will re-visit this with them during quarterlies and annuals to make sure this remains their preference.

Q11. If a behavior related risk identified on this form is already addressed in the ISP, can we check yes for "Does the person have a behavior support plan or behavioral guidelines in place addressing…" even if the person has not been given behavior guidelines or a behavior support plan in years? Do key action steps in the ISP that address steps needed to alleviate/lessen the risk of negative behaviors suffice for this question? For example, sometimes we have folks that often display self-injurious behaviors such as chewing on their wrist, and we address them in the plan by putting key action steps that work towards alleviating/preventing those self-injurious behaviors. Is this ok?

A11. If the supports provided work and mitigate the risk yes. If they do not work and mitigate the risk, then you need to discuss and offer a referral for more comprehensive supports.

Q12. What is the purpose of the Summary Section of the RAT?

A.12. The purpose of the Summary Section of the RAT is a worksheet designed to serve as a location for additional comments or as a "To Do List" for the support team. Comments entered in this section will be reviewed by DBHDS in efforts to increase training opportunities and improve support to CSBs and providers.

Q13. Is the Summary Page the only page of the RAT that must be uploaded to WaMS?

A13. Yes. Only the Risk Awareness Tool Summary Page must be uploaded. Uploading the entire Risk Awareness Tool is optional.

Q14. Where in WaMS does the Summary Page get uploaded?

A14. Summary Page will be uploaded to the attachments section in WaMS under "Person's Information." (This is outside of the ISP section.)

There will be three options/categories to choose from when uploading (listed below). They can choose "no potential risk," or the appropriate remaining option based on the person's SIS level if any potential risk is identified.

- RAT: No Potential Risk
- RAT: Potential Risk for Level 1, 2, 3
- RAT: Potential Risk for Level 4, 5
- RAT: Potential Risk for Level 6, 7

Q15. Who counts as a qualified healthcare professional (QHP)?

A15. A qualified healthcare professional is a broad term that includes a wide range of healthcare professionals who are qualified to conduct assessments. Examples of qualified professionals include:

- Primary Care Physician
- Nurse Practitioner
- Registered Nurse
- Therapeutic Consultant for Behavior
- Wound Care Specialist
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Nutritionist (Dietician)
- Other licensed healthcare providers

The objective is to locate a qualified healthcare professional who has professional competency in the particular healthcare area that is of potential risk. If the team is unsure who to connect with, a good first step is to ask the Registered Nurse (if one is involved) and/or the individual's Primary Care Physician.

Q16. Physician offices are reluctant to schedule appointments based on the potential risk(s) identified in the RAT. Does a potential identified risk warrant an exam by a physician?

A16. A potential risk is expected to be assessed by a qualified healthcare professional. A physician is just one possible qualified professional. If the ISP support team determines a referral to a physician is appropriate, an appointment with a specialist is not needed. The potential areas of risk identified by the Risk Awareness Tool (RAT) could be addressed at variety of opportunities, for example:

- At the individual's annual physical

- At women's' or men's' health visit
- When they see a healthcare professional for a Flu shot
- During a visit for medication renewal
- A visit for presenting illness to offer a few common options that are covered by most insurance.

Q17. Support Coordinators already have so much to manage. How are they going to remember to ensure appropriate follow-up of the RAT?

A17. The RAT Summary Page can serve as a checklist for needed follow-up and/or as a contact note used to track needed actions from one visit to the next.

Q18. It feels like the RAT positions non-medical staff in an adversarial role with healthcare professionals. How do we address issues in the RAT with healthcare professionals?

A18. Presenting a qualified healthcare professional with an observation or an event that occurred in the past year and asking them if there is a risk for a particular adverse event is not "questioning" a medical professional; it is a dialog about a potential concern. Most healthcare professionals will ask a patient if they have anything to discuss or any concerns. This is the opportunity to talk and work together toward mitigating health and safety risks.

Q19. It is difficult to obtain all of the information and medical records needed to complete the RAT. Is access to medical records necessary to complete the RAT?

A19. Copies of medical records are not required.

Q20. Can a person refuse to connect with a qualified healthcare professional even if a potential risk has been identified?

A20. Yes. While the RAT is helpful in recognizing potential health and safety concerns, an individual does not lose the ability to direct their medical care. If an individual, or their legally appointed decision maker, thinks a referral to a qualified healthcare professional is not necessary, document this on the RAT in the appropriate place.