

OTAC: Introduction

Jenn: Good morning and welcome to today's webinar, "Identifying Risk with the ONA Risk Report." This webinar is intended for Service Coordinators and Personal Agents who support people in in-home settings. Today is Tuesday, October 6th 2020.

My name is Jennifer Buss, a program representative at OTAC and The Arc Oregon. We're providing today's webinar at no cost to you with funding provided through Oregon's Office of Developmental Disability Services, or ODDS.

As some of you may remember, this webinar was originally scheduled in March. At that time, the webinar had been canceled due to the emerging pandemic and shifting priorities of the field. Much of today's webinar was recorded for that original session, so you will hear a few March dates mentioned during today's webinar. When that happens, you'll see a box appear on the slide, correcting the dates mentioned.

As of October 1st 2020, the ONA Risk Report is now an option for Service Coordinators and Personal Agents who support people in in-home settings. The guidance documents detailing how to use the ONA Risk Report were also released on October 1st.

Today's webinar will be presented by three of our Oregon ISP trainers, myself, Aniko Adany, and Jen Dibello. OTAC has been collaborating with and providing training and consultation to Oregonians since 1984. As of April 2018, OTAC now operates as a program of The Arc Oregon. We are also happy to be joined by Eddie Plourde, a board member of the Oregon Self Advocacy Coalition, or OSAC.

Today we're also joined by several people from Oregon's Office of Developmental Disability Services, or ODDS. This includes Melissa Elliott, the Service Equity Manager; Fred Jabin, the Assessment Unit Manager; and Brent Watkins, the Quality Assurance Unit Manager. It's great to have you all with us this morning.

We've posted a copy of today's slideshow and a few handouts in your webinar control panel. Take a moment to explore the webinar control panel and download a copy of the materials. You may also submit questions at anytime during the webinar. Our team will follow-up with you after the webinar with answers to your questions.

To address your questions, we will also be providing a “frequently asked questions” document. We will email this to everyone who registered for the live broad cast of this webinar.

With that, I’m going to turn this over to Fred Jabin, the ODDS Assessment Unit Manager, to get things going.

Introduction of Changes

Fred: The purpose of today’s webinar is to discuss the Oregon Needs Assessment Risk Report, who will be using it, when they can use it, how they can use it, and what it will do. The most important part is that this is an option for people who are in in-home services, for their Services Coordinators or Personal Agents to use, so it applies to Services Coordinators and Personal Agents who support people in in-home settings and it does not apply to people who live in other types of settings, such as 24-hour residential, supported living, or foster care. The Service Coordinator or Personal Agent will choose whether they are going to use the Risk Identification Tool (RIT) that is currently being used or if they want to switch and use the ONA Risk Report. This webinar will tell them how to use that and how to apply that to the ISP process.

I want to talk a little bit about the differences between the two tools and why we created those. So the Oregon Needs Assessment was created with a lot of input from people all around the field. We created the Oregon Needs Assessment as two requirements were put down to us. One was the federal government, CMS, requires that there is an annual functional needs assessment for everybody who receives I/DD services and the Oregon legislature told us that we needed to have one assessment tool that captured them all. Previously, we had the CIS assessment, the SNAP assessment, the ANA assessment, and the CNA assessment, and they told us that we needed to have one assessment for all people. We had a stakeholder group that looked at a variety of different tools and decided in the end that we should create our own tool. As part of that project, we began asking people around the field, people receiving services, their families, their providers,

and the case managers who work with them what things we needed to measure to make sure that we could capture the things that people needed support for, and risks that they encountered. And we consistently heard back the same feedback is that we needed to consolidate some of our tools, that not only did we have the different functional needs assessments, but that we were also asking people very similar questions in the Risk Identification Tool and the Level of Care and they wanted all of those things put into one tool to be used so that people didn't have to have so many different meetings where people asked them sometimes invasive or personal questions. At the same time, we were hoping to reduce some of the workload for case managers who had to fill out several different tools. So the request was that instead of having a separate Risk Identification Tool that we would identify those risks asked in the Oregon Needs Assessment and would then be able to print those out on a separate report which will identify those risks. And that's where the ONA Risk Report came from.

We are still working on how to implement that with all group and that is why we are starting with this option of it being used in in-home settings. We will be collecting data afterwards on how this process worked and if there are improvement that can be made. Because we really want this to be a tool that will work to help identify those but not limit people based on the tool based on just the tool itself but really be responsive to the individual's needs and risks.

And now I'm going to turn this over to Jen DiBello from OTAC and Eddie Plourde from the Oregon Self Advocacy Coalition.

OTAC/OSAC: Self Advocate Perspective on Risk Identification and Reporting

Jen: Hi, my name is Jen DiBello and I work with the OTAC program at the Arc Oregon.

Eddie: And I'm Eddie Plourde, part of the Oregon Self Advocacy Coalition, and Jen's husband.

Jen: We are going to talk about why risk identification is important, and some things to keep in mind while talking about risks with people and their families.

Eddie: Talking about risks is not easy but it's important. You have to get through them and it's hard to talk about these kinds of things, especially when you're feeling down in the dumps.

Everybody deals with risks every day – if something happens to me, like if my power chair falls apart and I run it without getting it fixed, I can hurt myself on that.

It's a part of all of our lives to deal with risks daily.

Jen: Yes, risks are a part of all of our lives. It's all part of life, keeping people safe and finding out what somebody needs to learn to be more independent.

In my life, I have never lived without mom and dad, and someday I want to live with my husband, Eddie. I feel safe around him, even though it freaks mom and dad out a little. But parents won't live forever and it's important to learn how to be more independent.

My dad is more protective, I'm his baby of the family – mom is more laid back. We will take things one step at a time. First, Eddie will get his apartment, he will live there for a while and invite me into his environment, I'll spend the weekend, and so on.

Eddie: People have the right to take risks in their life. This is called Dignity of Risk. It's their life and they have the right to do it on their own.

We all have the right to learn from our own mistakes, and the right to take risks in life without being labelled.

It's hard to talk about the risks – with your Services Coordinator, it feels like invading my space when they are asking questions about my life. I like listening to music and watching tv after I have those conversations, to help me feel better about things.

Jen: A long time ago, a Voc Rehab counselor told me and my parents that I'd never work outside of a workshop. I remember at the time, my mom left the room, she was so mad.

These assessments and forms affect people's lives.

I have worked at OTAC and now the Arc of Oregon for over 20 years, so I guess that counselor was wrong!

Eddie: Now, we will hear from Melissa. She will share the different guidance documents that can help you to use the ONA Risk Report.

Melissa- Introduction of Guidance Documents

Melissa: Thank you Jen and Eddie, for sharing your thoughts. It will help us keep in mind that while we are doing work with the ONA Risk Report and Risk Identification in planning, it all directly affects the lives of people and families throughout Oregon. It's important for us to not lose sight of that as we get into the weeds of the forms.

Now, I'm here to talk to you about the different documents that you can find to give you more information about the ONA Risk Report and how the risk report fits into the ISP Risk management Plan. These will be your guidance tools for using the ONA Risk Report after the webinar today- everything we are covering in the webinar today can be found in these documents. Links to all the documents can be found on the Oregon ISP Website, underneath the 'instructions tab', and on the ODDS website under Provider and Partner Resources.

1. The Policy Transmittal explains that the ONA Risk Report can be used by case managers and teams for people who receive services in an in-home setting.
2. Case Managers using the ONA Risk Report can then refer to the "How to Use the ONA Risk Report" document to understand how the report is generated, can be accessed, functions and is completed within the eXPRS system. The ONA Risk Report also gives definitions to frequently used terms and components to this process within all the documents, such as Serious Risk, Potential Risk Factor and others.
3. Risk Identification with the ONA Risk Report' is a guidance document created in partnership between ODDS and OTAC. This document acts as an addendum to the current ISP manual. As such, it contains targeted information for Service Coordinators and Personal Agents, information for providers who support people who live in in-home settings, and some information for people accessing services and their families. This document has two focuses. First, this document looks at *how* to use information from

the ONA Risk Report, along with your knowledge of the person and collaboration with the person and their team to think critically about which risks are and are not present in a person's life. The document includes and optional tool: a Potential Risk Factor Decision Tree, to help teams think about risk. Secondly, the document provides detailed information about how to bring information from the ONA Risk Report into the ISP Risk Management Plan and how to use information from the ISP Risk Management Plan to create a Provider Risk Management Strategies document (PRMS)

4. The One Page Snapshot is a visual tool that case managers can use to refer back to understand the different parts of the ONA Risk report and where information can be entered into the ISP Risk Management Plan. This is a supplemental document which provides a visual example to the more detailed information contained in the "Risk Identification with the ONA Risk Report" guidance document.

These four documents will be your guidance tools for using the ONA Risk Report after the webinar today. Of course, you can always ask a question at OregonISP.org if you need support.

With that, let's turn it over to Fred, who will demonstrate how to access ONA Risk Reports through eXPRS.

Fred- Generating ONA Risk Report

Fred: Thanks Melissa.

How to generate ONA Risk Report

In order to generate an ONA Risk Report

-First, you'll want to log into eXPRS, select "Client", then select "Oregon Needs Assessment"

Start on the "Find Oregon Needs Assessment" search page and select the most recent ONA with an "approved" status for the individual.

which should reveal a page that looks like this

On the bottom of the “Assessment and Demographic Information” page, select the “Create Risk Report” button.

This will open the ONA Risk report.

What to do if ONA is not in “approved” status

If the ONA is in draft status, you will not be able to create a risk report for it. A risk report can be created from the most recent ONA in “Approved” status. You can request that the assessor submit the ONA that is in draft, or you can use the previous ONA to create the Risk report.

Remember, currently the ONA risk report is still optional. A Services Coordinator or Personal Agent can also choose to use the Risk Identification Tool instead.

To Submit the ONA, the assessor should go to the final page of the ONA (the Comprehensive Review page) and press the “Submit” button on the bottom of the page.

How Risk Report is generated

The ONA took many items directly from the Risk Identification Tool. In some cases it copied the item and in others it created a similar question that was close to the original. This question about aspiration is an example of a question that was changed slightly.

If the ONA shows a Potential Risk Factor is present it Appears on the ONA Risk Report

Some items were changed from the original RIT item because they weren’t written in a way that made them valid and reliable questions. Assessors viewed the question differently and therefore the answers weren’t consistent across assessors. Those items were replaced with items that were more objective and met validity and reliability standards.

For example the description of “Injury due to falling” from the RIT Was changed in the ONA to these questions which are more objective.

Depending on how these questions are answered on the ONA, they may appear as potential risk factors in the ONA Risk Report.

Each item in the ONA Risk Report is generated from the questions in the ONA. If the answer on the ONA indicates that there is support needed or a risk present, it will show up on the risk report as a listed potential risk factor.

Risk Report Walkthrough: Completing Report

When a risk report is created, it will show all the potential risk factors that were selected in the ONA. Each section heading has buttons to select either “yes” or “No” next the heading. The person and his/her team should discuss the items and the person’s services coordinator, or Personal Agent should select “Yes” if the team believes this is a Serious Risk, or “no” if the team believes this is not a Serious Risks. All Serious Risks will be listed and addressed in the Risk Management Plan of the ISP. Jen and Aniko will go through this process in more detail in a few moments.

There is a comments box along with each heading. If there are potential risk factors listed, but the SC/PA marks “no” it is expected they write a comment describing why it isn’t a serious risk.

If a heading doesn’t list any risk factors (it will say “No risk identified in this section”) the SC/PA may still mark “yes” to the heading. It would be expected that they would describe the risk if this happens, using the comment box.

With that, I’ll turn it over to Jenn and Aniko from OTAC

OTAC- Risk Report Walkthrough: Risk Report Components

Jenn: Great, thank you Fred. So now that we’ve talked about how to access and generate a person’s ONA Risk Report, we want to take some time to talk about how to complete the ONA Risk Report. We’ll review when comments are expected and talk about things to consider before marking ‘yes’ or ‘no’.

To do this, we’ll walk through a sample ONA Risk Report. The report you’re looking at now belongs to a fictional person, Olivia, who is five years old and lives at home with her father.

I want to take a moment to look at the different parts of the Report.

First, you’ll notice that there are a number of different bolded headings, in those purple lines on the ONA Risk Report. These list things such as Aspiration,

Dehydration, Other Serious Health or Medical Issues, and Safety Awareness and Support, just to name a few.

These bolded heading called the SECTION HEADINGS.

Next, notice that in Olivia's ONA Risk Report, there is text listed underneath some of the Section Headings. For instance, under the Section Heading "Safety Awareness and Support", you'll the text "Fire evacuation safety: Needs assistance to evacuate when a fire or smoke alarm sounds". Items listed under the Section Headings are known as POTENTIAL RISK FACTORS.

These potential risk factors are generated with information captured in the person's ONA, as Fred described. For instance, Olivia's father may have shared that she would need verbal prompts in order to leave house if the smoke alarm were to sound. Now, that information is showing up in Olivia's ONA Risk Report.

Service Coordinators and Personal Agents using the ONA Risk Report will review each potential risk factor. This brings us to a key concept of this webinar.

Eddie: The ONA Risk Report generates POTENTIAL risk factors. Critical thinking and collaboration is needed to determine if a Serious Risk is present in a person's life.

Aniko: Thank you Eddie. It's important to remember that the ONA Risk Report is NOT a list of risks in a person's life. The ONA Risk Report contains information that is important to consider when identifying risk; however, we still need to collaborate with the person and their team to use critical thinking and professional judgment to determine if a potential risk factor poses a serious risk in the person's life or not. We would not necessarily just take ALL of the potential risk factors and assume they are all relevant and serious risks for the person – it will be up to SC/PAs to lead thinking and communication about each item from the risk report.

But what is Serious Risk anyway? How will we know if something is a Serious Risk or not?

Jenn: This is a key question. So, even though the ONA Risk Report is a new tool available for identifying risk for people living in in-home settings, the definition of Serious Risk has not changed from the Risk Identification Tool. We have; however,

provided some additional information and tools to help clarify what is meant by Serious Risk. This brings us to another key concept.

Jen D: Serious Risks are risks that, without specific, individualized support, would likely place the person or others in imminent harm or result in hospitalization, institutionalization, serious financial hardship, or legal action

Jenn: Great. Here is the same definition in a more vision format. As you can see, Serious Risk is risk that is likely to result in a significant negative outcome. This includes things like having to go to the hospital or jail. Those outcomes are represented here by those four icons.

Aniko: Serious Risks are those that are likely to result in significant harm. But what is meant by specific, individualized support?

Even if something is a Serious Risk for someone, there may be personalized supports in place that actively prevent the Serious Risk from happening. For instance, a person may have a specific protocol that addresses aspiration. The protocol is specific to the person and their health needs, as well as their support preferences. If these supports are working, perhaps the person has not aspirated in several years. That doesn't mean Aspiration is no longer a risk for the person- it just means that the supports are working and actively prevent harm from occurring.

It's important for us to pause here for a moment and think about supports versus risks. Someone may have many support needs in their life... we want to avoid calling everything a person needs support with a "risk." Just because a person needs some support taking their medication, it does not mean they are at risk for unsafe medication management. Similarly, just because someone needs support to clean their apartment, doesn't mean the conditions of the apartment present a Serious Risk. We need to use critical thinking and collaboration with the person (and their team, whoever might be a part of that) to take a look at those potential risk factors and see if they truly present a Serious Risk or not. Of course, people will receive supports for their needs, regardless if those needs are considered "risks" or not.

OTAC- Risk Report Walkthrough: Reviewing Potential Risk Factors

Jenn: Now that we've talked about what it meant by Serious Risk, let's look again at Olivia's ONA Risk Report. To review, there's several Section Headings, with Potential Risk Factors listed underneath.

You'll notice that Sections without any potential risk factors listed show the red guidance text "no risk identified in this section".

Now, as the Services Coordinator/Personal Agent, you'll review each Potential Risk Factor listed on the ONA Risk Report.

Let's begin by looking at the Section Heading of Aspiration on Olivia's ONA Risk Report.

As you can see, there are a few things listed underneath. First, we see the Potential Risk Factor "Has condition Dysphasia". We will need a bit more information about this to make a decision about whether this is a Serious Risk or not for Olivia.

Aniko: This is where communicating with the person, their family, team, etc will be especially important. For Olivia, after talking with her father, we would find out that three years ago Olivia was diagnosed with Dysphasia after going to the ER with what turned out to be pneumonia. When Olivia got the diagnosis of Dysphasia, the pediatrician talked to Olivia's father about the risk of Aspiration and recommended that Olivia's fluids be thickened. Based on this, Olivia's father, her pediatrician, and her SC all agree that Aspiration is a Serious Risk for Olivia.

Jenn: Okay, thank you for that context. So, it sounds like Aspiration is a serious risk for Olivia.

Aniko: Yes.

Jenn: Let's go ahead and mark "yes" for Aspiration on Olivia's ONA Risk Report. Now, let's look at the next Section Heading

The next Section Heading, as you can see, is Dehydration. You can see that in this section, there is this black guidance text which reads "if the person experiences any of the following symptoms and has not already been determined to be at risk for Dehydration, a current evaluation by a qualified professional is expected to determine if the person is at risk for Dehydration".

That language might sound very familiar!

It is in fact the same language that is used on the Risk Identification Tool. The expectations around evaluations are the same whether you're using the Risk Identification Tool or the ONA Risk Report to identify risk. Let's talk about what those expectations are.

So, let's break this down into a couple of scenarios. The first would be if you see the guiding text about an evaluation, but have already determined that the person is at Serious Risk. Remember, the purpose of an evaluation is to rule in or rule out a Serious Risk. If we already know that something is a Serious Risk for the person, an evaluation is not expected. We would be marking "yes" on the ONA risk report.

The second scenario would be if you see the guiding text about evaluation and the team is not sure if there is a serious risk or not, or perhaps they even have concerns about the Potential Risk Factors that they are seeing. In that case, an evaluation would be expected to help rule in or rule out the serious risk. We may be marking "yes" or "no" on the ONA Risk Report, depending on the results of the evaluation.

Finally, I want to talk about if you see the guiding text about evaluation, but the team is not concerned and believe there is no Serious Risk for specific reasons. In this situation, an evaluation is not expected because Serious Risk has already been ruled out. "No" would be marked on the ONA Risk Report and comments would be used to explain why there is not a concern. Again, I want to remind those watching the webinar that this guidance is intended only for SC/PAs supporting people in an in-home setting.

Let's look back at Olivia's ONA Risk Report. Under the bolded guidance text about evaluation, we see the Potential Risk Factor "has mechanically altered food/fluid-require change in food or liquid (food puree, thickened liquids)" listed.

Aniko: Again, we will need to think this through with her family. Olivia's dad thickens her liquids because of her Dysphasia. We would want to find out if Olivia has ever been evaluated for Dehydration. Since her Services Coordinator encouraged Olivia's father to talk to her pediatrician about the risk of dehydration, he has brought it up with the pediatrician. Olivia's pediatrician did not believe that Olivia was at risk for dehydration.

Jenn: Ok. Because it sounds like Dehydration is not a Serious Risk for Olivia, we'll go ahead and select "no" for the Section Heading of Dehydration. We'll also want to close the loop on the question of evaluation.

Underneath the "yes and no" buttons, there is an open comments field. We'll be using this comments box to close the loop on the question of evaluation. There will be four situations in which comments are expected, and recording the results of an evaluations is one of them. This is one of our key concepts.

Eddie: Use comments if any type of evaluation with a qualified professional was used to determine if any Potential Risk Factor presents a Serious Risk for the person. In the Comments Box, describe the evaluation and where it can be found, as well as the conclusion of the evaluation.

Aniko: Thanks Eddie. So for Olivia's ONA Risk Report, we can use the comments box in the Dehydration section to write "Olivia's father spoke with her pediatrician about dehydration concerns. Pediatrician determined that Olivia is not at risk for dehydration. Records of this conversation can be found in Olivia's MyChart."

Jenn: Great, let's move on to the next section headings for Olivia's ONA Risk Report.

As you can see, there are no potential risk factors listed under the next several section headings. In general, we would check in with the person, and others on the team, such as family, just to make sure that there aren't any concerns that were not already captured on the ONA Risk Report.

When reviewing the ONA Risk Report, you could ask if there are other important health and safety concerns or risks that are important to talk about. Let's say we asked Olivia's father this, and he brought up that Olivia is allergic to wasp stings.

I'm going to go ahead and mark no for all of these section headings, except for "Other Serious Health or Medical Issues". Since Olivia's father raised the concern of her allergy to wasp stings, let's look at that question in more detail on the next slide.

This raises an important question- what if someone on the team has a serious concern that is not listed as a Potential Risk factor on the Person's ONA Risk Report?

Aniko: It is always possible that there is a Serious Risk, even if there are no Potential Risk Factors listed in a section. Let's say we ask a few follow up questions to get more information about Olivia's wasp allergy. We learn her dad and other supporters carry around an EpiPen wherever she goes. If she were to be stung, she would need to go to the ER right away.

So, It sounds like wasp stings are a Serious Risk for Olivia. First, we'd find a section on the Risk Report that best captures the risk- in this case we'll be looking at the Section Heading "Other Serious Health or Medical Issues". We would go ahead and mark "yes" next to the Section Headings.

Then- and this is important- a comment is need to explain what the serious risk is, since there are no potential risk factors listed in this section. This is another key concept.

Jen D: Use comments if the team believes a Serious Risk exists under a Section Heading with no listed Potential Risk Factors. Use the comment box on the ONA Risk Report to describe the Serious Risk.

Aniko: For Olivia we'll use the comments box to record- "Olivia is severely allergic to wasp stings". Now, it's clear what the Serious Risk is under the Section Heading "Other Serious Health and Medical Issues".

Jenn: Alright, now let's look at the next section of Olivia's Risk Report "Safety Awareness and Supports". I see one potential risk factor listed "Fire evacuation safety: Needs assistance to evacuate when a fire or smoke alarm sounds"

Would this be considered a serious risk for Olivia? Let's get a little more context.

It's true that Olivia would need some support to evacuate in case of a fire. But so do most five-year-olds. Olivia is never home alone, and if the fire alarm were to go off, someone would be there to help prompt her to leave the house. Her Services Coordinator has talked to her father about this, and neither of them feel that this is a serious risk for Olivia. Rather, it is a support need, which is consistent with Olivia's age.

In this case, we'll would mark "no" for this section. Because there is a Potential Risk Factor listed for this section, we'll need to use comments to explain why "no" was marked. This is the third situation in which comment are expected.

Eddie: Key Concept- Use comments if Potential Risk Factors appear under a Section Heading, but the overall selection for the Section Heading is 'no'. Use the Comments Box to document why 'no' was selected.

Jenn: Thanks Eddie. To document why 'no' was selected here we'll write "Olivia is effectively supported to evacuate in case of a fire, as would be expected for her age (5). This is not a Serious Risk."

Now we've closed the loop on why 'no' was selected. Let's move on to the next section.

We can see the next several sections do not have any potential risk factors listed. This includes environmental safety, other safety, financial, and mental health. Since Olivia's team doesn't have any concerns for these, we can go ahead and mark no for these sections.

Let's move on to the next section in Oliva's ONA Risk Report.

Aniko: Okay. Moving on to Behavior- Present in the past year. We see three different potential risk factors listed here.

We will want to think about each of these separately. We may find that some are Serious Risks for Oliva, while others are not. If some of these are serious risks, and some of these are not serious risks, what should we be choosing for the overall section?

Jenn: Good question. For any of the section headings, if ANY of the potential risk factors are serious risks, the overall selection will be yes. Comments are then expected to explain which potential risk factors are serious risk and which are not. This is another KEY CONCEPT.

Jen D: Use comments if under a single Section Heading, some Potential Risk Factors are a Serious Risk for the person while others are not a Serious Risk. Use comments to clarify which Potential Risk Factors are and which are not a Serious Risk. Mark "yes" for the section.

Jenn: So we need to look at each of these potential risk factors individually and decide what is a serious risk and what is not. We can start by looking at the first potential risk factor listed: "injurious to self". We will need to have some

conversation around why people in Olivia's life think this potential risk factor is listed in Olivia's risk report.

Let's say that by speaking to Olivia's father, we find out that when Olivia feels really overwhelmed and upset, she'll throw herself against walls and the floor, banging her legs, arms, and head repeatedly. But let's say we're still not sure if this is a risk for Olivia or not. She did break her wrist a year and a half ago, but she hasn't sustained any major injuries since then.

Aniko: Here is new, optional tool called The Potential Risk Factor Decision Tree could come in handy.

The decision tree can be used to help guide conversations. Of course it is not a substitute for the team's judgment, but it may help us think through what we're seeing and help us make a decision about whether something is a serious risk or not.

We will use Olivia's example to show how we can use this tool.

So let's start by thinking about that first item "injurious to self". Is the Services Coordinator or Olivia's dad concerned about Olivia throwing herself against the floors and walls as it's described?

If that answer is "yes, we are concerned" then we move on to the next question.

Jenn: The next question is "Is the likely outcome of this Potential Risk Factor imminent harm, hospitalization, institutionalization, serious financial hardship, or legal action"?

Based on what the team is seeing, do we think Olivia is likely to experience imminent harm, hospitalization, institutionalization, serious financial harm, or legal action?

As we mentioned, Olivia did break her wrist a year and a half ago, but now, Olivia's dad knows what signs to watch for when Olivia is becoming upset and overwhelmed. He also has a number of great tools and strategies to help calm her down. She's had a few bumps and bruises in the year and a half since, but nothing like "imminent harm" or "hospitalization". Based on all of this, her team would agree that we'd say "no" to this question.

Aniko: Okay, so we will move on to the next question: “Are these significant outcomes unlikely because of supports that are currently in place?” We mentioned that her father watches for signs of her becoming upset and that he has strategies for helping her to calm down.

Her Services Coordinator worked with Olivia’s father and her Occupational Therapist to develop some of these strategies. They believe that these supports are making things like “imminent harm” and “hospitalization” unlikely for Olivia.

Jenn: Okay, final question. Are these supports individualized and do they actively address a specific, known concern for Olivia?

Since the supports are definitely specific to Olivia and her needs AND they actively address the concern of hurting herself when she gets overwhelmed and upset, her team would say yes.

So, “injurious to self” is a serious risk for Olivia.

Aniko: Of course, this is not just for children and we can use this same method of critical thinking for adults as well.

For example, someone might have a potential risk factor of Intrusiveness or Susceptibility to Victimization. We would need to carefully think through each of these to make sure they pose concerns to the person and their team, whether they are likely to lead to the person or others in the hospital, jail, or other critical harm... for example, would the person’s “intrusiveness” lead to them being arrested or seriously hurt? Are they “Susceptible for Victimization” beyond a support need to be alert and cautious of ill-intentioned people or potential scams – do they offer their wallet to strangers on the bus, or have they signed up for credit cards and now having to deal with legal issues as a result? We would also consider whether or not supports are in place – does the person want supports, and are these working to minimize the potential for harm? These conversations and critical thinking will help with deciphering what Potential Risk Factors are Serious Risks and which are not.

Jenn: So looking back at Olivia’s ONA Risk Report in the Section “Behavior-Present in Past Year”. Through conversation and critical thinking, we’ve determined that ‘Injurious to Self’ is a Serious Risk for Olivia. Let’s say we’ve had similar conversations about Injurious to Animals and Leaving Supervised Areas,

and we're determined that 'Injurious to Animals' is not a Serious Risk and Leaving Supervised Area is a Serious Risk.

We'll be marking 'Yes', as there are Serious Risks in this section. But, remember, we'll also be using the comments box to clarify which Potential Risk Factors are Serious Risks and which are not. Here, I'll write "Olivia needs prompts to know how tightly she can hug and pet animals, but this is not a Serious Risk. When she is upset, Olivia may run away from her father and caretakers in public or may bang her arms, legs, and head against the floor and walls- there are Serious Risks".

Moving on to the last two Section Headings in Olivia's ONA Risk Report- "Behavior- Has history, but has not displayed symptoms in the past year, but assessor has concerns about reoccurrence" and "Behavior- no history, but assessor has concerns may become an issue". There are no Potential Risk Factors listed here, and there were no additional concerns from Olivia's Service Coordinator, or her father, so I will go ahead and mark 'no' on these last two.

And that's it. We've finished reviewing Olivia's Risk Report. I want to remind everyone that all of the content we're going through today are also available in the guidance documents which Melissa reviewed at the beginning of this webinar.

So, now that we've finished reviewing the Risk Report, Fred, can you show us how to save and complete the Risk Report within eXPRS?

Fred: Completing the Risk Report

Fred: Of course.

Completing Report

After the SC/PA has selected "yes" or "no" on at least one item, they may save the risk report by selecting "Save".

Once the Risk Report has been saved, the SC/PA may finalize the Risk Report by selecting "complete" at the bottom of the risk report page.

Once an ONA Risk Report has been completed, it can be seen on the ONA search page.

In the Risk Report column on the far right of the page there will be a date displayed for every risk report that was created.

If Serious Risks are changing in a person's life after the ONA risk report has been completed, or if we get more information about a Potential Risk Factor throughout the year, a SC/PA may need to make changes to the person's ONA Risk Report. To make changes throughout the year, use a change form.

In addition, the SC/PA will need to determine if the change effects how that item was scored in the ONA, or just how the team responded to it in the ONA risk report. This will help determine if an ONA reassessment is also needed.

For example: The team determined that the person refusing food or liquids puts the person at serious risk of dehydration and should go in the plan. If they later have an evaluation that determines that the person isn't at risk of dehydration even though they refuse food or liquids-- then this item can be changed on the ONA risk report.

To make a change to the risk report, the SC/PA generates a new risk report from the ONA and then they (and the team) can change any of the yes or no answers on the risk report.

A change form can also be used to document this change. Using a change form is important, as changes to the ONA Risk Report may impact the Serious Risks addressed in the ISP Risk Management Plan.

However, if the change is that the person no longer refused food and liquids – then this would alter the ONA, so a new ONA must be completed and then a new ONA risk report would be created after the new ONA was completed. Again, a change form will be used to document any mid-year changes to the ONA Risk Report, ISP Risk Management Plan, or Support Documents.

With that, I will turn it back over to Jenn and Aniko, who will share information about how to bring information from the ONA Risk Report into the ISP Risk Management Plan.

OTAC: ONA Risk Report to ISP Risk Management Plan

Jenn: Thanks Fred. Now, let's take a look at how to take information from the ONA Risk Report to complete the "Known Risks" table in the ISP Risk Management Plan. To walk through this process, we'll again be using Olivia as a sample.

So, just like the Risk Identification Tool, Serious Risks that are identified in the ONA Risk Report will appear in the ISP risk management plan. Just a reminder, Olivia is a child but this will work the same way for an adult as well. You'll see on the screen, those sections which we marked 'yes' to on the ONA Risk Report are circled in green.

In the lower right hand corner of the screen, you can see the "known risks" table from the ISP Risk Management Plan. This is where all of those things that you marked "yes" in the ONA Risk Report will appear. This is another KEY CONCEPT.

Eddie: KEY CONCEPT: Items that are marked "yes" in the ONA Risk Report will appear in the Person's ISP Risk Management Plan.

Jenn: Thanks Eddie. Let's review what we marked as Serious Risk in Olivia's ONA Risk Report. As you can see, this includes Aspiration, Other Serious Health and Medical Issues, and Present in Past Year.

You might notice that some of these Section Headings make sense to write in the known risks table, like Aspiration, but others would not make sense, like "present in past year". Let's take a moment to talk about what you'll be writing in the "Risk" Column of the known risks table.

The table that you're looking at on the screen is page 14&15 of the "Identifying Risk with the ONA Risk Report" document. This table describes all of the different ONA Risk Report Section Headings, and what you would write them as in the Known Risks Table- we call these "Risk Domains". Let's take a look.

As you can see, several of the ONA Section Headings have the same Risk Domain names that you'll be listing in the known risks table. This includes things like 'dehydration', 'diabetes', and 'injury due to falling'.

Other ONA Section Headings will be listed under a different Risk Domain name in the ISP Risk Management Plan known risks table. You can see that the ONA Section Headings "Safety Awareness and Supports" "Environmental Safety" and "Other Safety" will all be listed under the risk domain "Safety".

So here, let's use this table to find the correct risk domains for Olivia's Risk Management Plan.

For the Section Heading Aspiration, we'll write aspiration in the known risks table.

For the Section Heading "Other Serious Health or Medical Issues" the Risk Domain to list in the ISP risk management plan is "Other Serious Health Issues".

Finally, take a look at the ONA Risk Report Section Heading "Present in the Past year". As you can see, the risk domain you'll be listing in the ISP Risk Management Plan is simply "Behavior".

Aniko: Okay, so here we are in Olivia's ISP Risk Management Plan. On the known risks table I'll write "Aspiration" "Other Serious Health Issues" and "Behavior".

We can notice here that more information is needed, as "Other Serious Health Issues" and "Behavior" are very broad categories. We will use person-centered language to describe the Serious Risks under each risk domain. We'll write this description in the Known Risks table under "describe the issue and how it is addressed or note where other information can be found".

This is another Key Concept.

Jen D: In the ISP Risk Management Plan, use person centered language to describe what the serious risk is as it pertains to the person.

Aniko: Thanks Jen. So, what do we mean by this?

For example, in Olivia's Risk Domain "behavior" listed in the known risks table in Olivia's ISP. At a minimum, we would want to provide clarification on what specific serious risks are included under this risk domain.

Writing in "injurious to self" and "leaves supervised area" without additional information would not give us a clear idea of what this means in Olivia's life.

I'd encourage us to use other words, to describe the situation in a way that is easily understood. For Olivia, who is five, "leaves supervised area" isn't a great description of the serious risk. Likewise, "injurious to self" doesn't give us much information about what the actual serious risk is, and could feel a lot like jargon for those who love and support Olivia.

We would work with the team to figure out a description of the risk that is more person-centered and makes sense for Olivia.

For instance, instead of “leaves supervised area” We could write “Olivia’s father and other supports use a stroller or hold her hand while walking in public to prevent her from running away. They watch Olivia closely while in public and look for signs of her getting upset. Her father uses social stories before leaving the house and carries a laminated one-page profile with Olivia’s photo to share with others just in the event she runs away from caregivers.”

Jenn: Saying that Olivia is at Serious Risk of running away from caregivers while in public seems to be a much more fitting description of the risk than saying she “leaves supervised area”. It will probably also make a lot more sense to Olivia’s fathers or others who will read to ISP.

Aniko: Now let’s try to write a more person-centered description for “injurious to self”. Based on conversations with her family, we might write “Olivia’s father and other supports watch for signs of Olivia becoming upset, as she may hit her head, legs, and arms against the floor and walls. They will use her weighted blanket and sing her favorite songs in a soft voice to help calm her down. Olivia’s father has also used pillows to soften blows if other techniques do not work.”

Jenn: We’ll also want to provide information about what the specific Serious Risk for Olivia is next to “Other Health Issues”. I’ll write “Olivia is severely allergic to wasp stings.” I’ll also add in information about what her father and other supporters would do if Olivia was stung by a wasp.

Now, all that’s left is to describe the risk of Aspiration and how it is addressed. Here I’ll write “Olivia’s father and other supports thicken her fluids. They also watch her while she eats and cut up her food into small pieces. Olivia’s father has information about dysphagia from her doctor and knows the warning signs of aspiration to watch for.”

With that, we have finished Olivia’s ONA Risk Report and used this information to create the known risks table in Olivia’s ISP risk management plan.

I want to remind those watching this webinar that this information can also be found in the document “Risk Identification with the ONA Risk Report”. Additionally, if you are a more visual person, we offer a one page snapshot that

visually shows how to bring information from the ONA Risk Report into the ISP Risk Management Plan. Both can be found on OregonISP.org.

With that, I will turn it over to Brent, who is the Quality Assurance Unit Manager for the Office of Developmental Services. Brent is here to share important information about what Quality Assurance will be looking for when they review ONA Risk Reports and ISP Risk Management Plans.

Brent: QA Expectations

Brent:

I. Regulatory Requirements: The Code of Federal Regulations (CFR) related to providing person-centered services to individuals with intellectual/developmental disabilities requires the service planning process reflect risk factors AND what measures are in place to minimize them (42 CFR § 441.540 (b)(6)). Additionally, Oregon's approved 1915(c) waivers indicate Oregon will use a standardized functional needs assessment to identify risks. In Oregon, that needs assessment is known as the Oregon Needs Assessment or "ONA."

The identification of a risk triggers a discussion of services available to address the risk. For many risks, this means the development of protocols or support documents for caregivers to follow in order to prevent, minimize and respond to the presence of risks.

II. What documentation is the ODDS Quality Assurance Unit looking for when they do a review of the ISP and support documents?

1. What Serious Risks were identified on the ONA Risk Report? If a potential risk factor is marked 'yes' as a serious risk, it is expected this serious risk is included on the ISP Risk Management Plan. Additionally, the ISP Risk Management Plan should also include more detailed information, specifically describing the Serious Risk and, if applicable, where the support document or protocol can be found so caregivers have a clear understanding of what supports need to be provided to address the Serious Risk.

Second, the QA reviewer would be looking at the description for detail about the specific issue. Again, going back to the same scenario, is it known why the person Aspirates—Does the person eat food too quickly? Do they not chew enough so that food needs to be cut into smaller bites?

Ideally, the description of the issue should be personalized so that a caregiver understands the unique support needs the person has regarding the serious risk. Using the previous example, there are many things that can cause aspiration. What is the personalized support needed for each person? Avoid just cutting and pasting the ONA text.

Finally, if available, the QA reviewer would also be looking for information in that section that points to where a protocol or support document can be found—Where is the protocol kept? Is the information in a nursing support plan, etc.?

For people receiving supports in their own or family home, there may not be formal support documents. The QA reviewer is looking for information that explains how the risk is addressed or supported and, if available, additional information can be found (such as a support document). It is possible there are not any formal support documents. If that is the case, we would expect to see details about the needed supports in the actual ISP Risk Management Plan.

2. Another situation that often comes up relates to sections that may have several potential risk factors listed, like the Behavior, Medical or Safety sections of the ONA Risk Report. In Olivia's example, three risks were identified related to behavior—"Injurious to Self," "Injurious to Animals," and "Leaving Supervised Area." During the ONA interview, the ISP team identified these as support needs. As a result, all three potential risk factors were listed when the Risk Report was generated. However, the team had a conversation about these Potential Risk Factors and concluded that while some support was needed for the Potential Risk Factor of "Injurious to Animals", it did not pose a serious risk for Olivia. This would not appear in her ISP Risk Management Plan.

This sort of conversation is exactly what should happen as the Risk Management Plan is being developed. However, it is not enough to simply have the conversation and then omit the Potential Risk Factor from the ISP Risk Management Plan. Remember, our approved Federal waivers indicate that ALL serious risks will be addressed in the ISP. Without documentation of the conversation and the reason the decision was made not to include a Potential Risk Factor, the QA team has no way of knowing if the omission of the potential risk factor from the ISP Risk Management Plan was intentional or an oversight. While

we would always like to assume positive intent, our process does not allow us to draw that conclusion.

In this scenario, the QA reviewer will look at the Risk Report's comment text box for details about the conversation that took place and an explanation why "injurious to Animals" is not a serious risk addressed in the ISP Risk Management Plan. If that documentation exists, it will satisfy the current QA process in place and no citation would occur.

Finally, for those potential risk factors in that section identified as a serious risk, it is not necessary to list each separately in the "Known Risks" column of the ISP Risk Management Plan. You may choose to document the known risk as "Behavior," similar to the heading in the ONA, and then provide a separate description for each serious risk in the text box provided for additional details.

The important thing to remember is that any Potential Risk Factor on the Risk Report that is not carried over to the Risk Management Plan will require a documented explanation why the identified risk is not considered a serious risk that should be included in the Risk Management Plan.

3. Finally, remember, if the ISP team determines the known Serious risk(s) is a "high risk" the check box will need to be marked. If three or more of the known Serious risks are marked high risks, the Service Coordinator or Personal Agent will be required to provide a monthly case management contact or (CMC). This is important because it changes the nature of monitoring. A CMC requires the Service Coordinator or Personal Agent have a reciprocal contact with the individual or their legal or designated representative MONTHLY! Additionally, that contact must be a check in regarding one of the following:

- Does the individual feel their ISP is meeting their needs (are they happy with the services they are receiving)?
- Does the individual feel like there are changes that need to be made to the ISP, either to meet an unmet need/support, goal or desired outcome?
- Are health and safety supports being met by the current ISP?

The important questions to ask yourself are:

- Is there enough documentation to support decisions being made?

- Does the documentation explain why specific supports are either being provided or not provided?
- Does the documentation direct people where they can find more detailed information about the risk and the support needed to minimize it? And finally,
- Does the ISP address all serious risks identified in the Risk Report?

Closing Script:

Jenn: Thank you Brent, that's really helpful.

We are nearing the end of our time together today, and I'm sure that we have plenty of questions from those watching the webinar today. While we didn't have time on today's webinar to respond to them, we will be reviewing them and will follow up afterward. If you have a question but haven't submitted it in the questions box yet, now is a great time to do so. Of course, you can send us a question anytime at OregonISP.org.

In addition, we plan to send out a 'frequently asked questions' document to those who have registered to today's broadcast. If you're listening to a recorded version of this webinar at our website, this FAQ document will also be sent out with our November Pipeline article.

I'll take just one moment to highlight some of the most important points from today's webinar.

1. First, this guidance applies to Service Coordinators and Personal Agents who support people in in-home settings. If that's your role, you will have the option of using the ONA Risk Report or the Risk Identification Tool (RIT) to identify risk for those you support in in-home settings. This guidance won't yet apply to those living in 24-hour, foster, or supported living settings. For those SC/PAs supporting people in residential settings, you will continue to use the Risk Identification Tool to identify risk. If you're supporting people in in-home settings, it is your choice which tool to use, but you will need to choose one or the other. We recommend checking in with your manager, in case they have guidance around which tool they would like you to use.
2. Another key point to review is this: The ONA Risk Report generates a list of POTENTIAL risk factors. Critical thinking and collaboration is needed to

determine if a Serious Risk is present in a person's life. Serious Risks will then be addressed in the person's ISP Risk Management Plan. Things that are not Serious Risks may still be support needs that are addressed elsewhere in the plan. Others may not be relevant or may not be support needs for the person. Fortunately, there are a few more tools available to assist teams with this critical thinking. This includes a more detailed definition of Serious Risk, as well as a new Potential Risk Factor decision tree.

3. Again, all of the content in today's webinar can be found in the guidance documents which were published on October 1st. These can be found on OregonISP.org/instructions and on the DD staff tools page. However, if you want to watch this webinar again, we'll be posting a recording on OregonISP.org, which will go up on our website this afternoon. As I mentioned, we will also be sending out an FAQ document to participants on today's webinar, but the same information will be available to those who subscribe to our pipeline newsletter. If you're not already signed up, you can do so on the front page of OregonISP.org, using that blue button. Finally, if you ever get stuck, you can ask questions at OregonISP.org. There's that orange button at our front page that will allow us to connect with you. We are here to help!

That brings us to the end of today's broadcast. As soon as the webinar ends, a brief evaluation survey will appear on your screen. Please take a moment to share your thoughts with us. Your feedback helps us improve future programs like this one.

If you need confirmation of attendance in today's webinar, we will provide a follow-up email and certificate to each webinar attendee. If you're participating in this webinar as part of a group at your organization and you need documentation of participation in training, we encourage you to record your attendance on your organization's internal in-service or training documentation form. We can only send a follow-up email and certificate to the name and email address that is registered and connected directly to this webinar.

On behalf of all of us at OTAC and The Arc Oregon, we want to thank each of you for joining us for today's broadcast. Have a great day!