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| --- | --- | --- | --- | --- |
| Participant Name: |  |  | Date: |  |

## Guidance for Conducting a Successful Risk Assessment

* The participant must be an active member of the team, and provide as much input as possible. Direct support staff, supervisors, friends, family members, and others who know the participant best should be included on the team. It is important to seek as many perspectives as possible, but all team members must be chosen by the participant or legally authorized representative.
* The legally authorized representative should be an active member of the team, and provide as much input as possible.
* Team members should do their homework - review the questions prior to the meeting, and be prepared to discuss concerns, prior incidents, and possible solutions.
* Identification of concerns or possible barriers should not preclude the participant from receiving remote monitoring. Discussion should focus on how concerns might be addressed through technology and remote monitoring options.
* Identified risks should be supported in the individualized plan of care. Identified technology options and training should be addressed in the remote monitoring protocol. Case manager instructions for updating EMWS can be found in the HCBS Remote Monitoring Requirements.
* Refer to the answer to Question #2 often.
* Based on the results of the assessment, the team should determine the appropriateness of remote monitoring as a support option.

Indicate the answer to each question, identify potential health and safety concerns, and evaluate the capacity for technology to address these concerns.

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|  |  | Please mark all that apply | If Yes, when and how often? | How can health, safety, and welfare of the participant and community be ensured if this issue is addressed through technology as an alternative to (add on-site) staff? | Additional Comments/Identified Training Needs |
| 1. | Is there a court order or other legal documentation that requires 24 hour, on site staffing? | No  Yes  (If Yes, Remote Monitoring is not an option) |  |  |  |
| 2. | Does the participant and legally authorized representative (if applicable) want to pursue remote monitoring? | Yes  No  (If No, Remote Monitoringt is not an option) |  | Please explain identified reasons: |  |
| 3. | Does participant live with others who may be impacted by remote monitoring? | Yes  No  Concerns |  | List Roommates:    If roommate concerns are noted, what other options have been explored? | Has roommate consent been obtained?  Yes  No |
| 4. | Does participant have a documented history of sexual behavior that negatively impacts self or others? | Yes  No  Concerns |  |  |  |
| 5. | Does participant leave or wander away from the home or supervision in a manner contrary to the IPC? | Yes  No  Not Known  Concerns |  |  |  |
| 6. | Does participant use behavior that poses a threat to self or others? | Yes  No  Concerns  N/A |  |  |  |
| 7. | Does participant engage in gorging, pica, or other dangerous eating behaviors? | Yes  No  Concerns |  |  |  |
| 8. | Does participant enter housemates’ bedrooms without permission? | Yes  No  Concerns  N/A |  |  |  |
| 9. | Does participant destroy property or tamper with other people’s belongings? | Yes  No  Concerns  N/A |  |  |  |
| 10. | Does participant engage in unsafe smoking, not use an ashtray appropriately, or not dispose of matches/butts appropriately? | Yes  No  Concerns |  |  |  |
| 11. | Does participant use household appliances safely? | Yes  No  Concerns |  |  |  |
| 12. | Does participant behave appropriately around electricity, fire, water, tools, and hazardous physical situations? | Yes  No  Concerns |  |  |  |
| 13. | Is participant able to respond to fire, smoke, or carbon monoxide alarm? | Yes  No  Concerns |  |  |  |
| 14. | Does participant have seizures or a condition that requires treatment or monitoring? | Yes  No |  |  |  |
| 15. | Does participant require physical assistance, including repositioning and bathroom assistance? | Yes  No |  |  |  |
| 16. | Is participant fearful of being alone? | Yes  No  Concerns |  |  |  |
| 17. | Is there reasonable fear that participant will be exploited? | Yes  No  Not Known  Concerns |  |  |  |
| 18. | Does participant understand and demonstrate the ability to lock doors, answer door and phone, and not allow strangers in? | Yes  No  Not Known  Concerns |  |  |  |
| 19. | Can participant reliably recall and communicate their address and phone number? | Yes  No  Concerns |  |  |  |
| 20. | Does participant know when, who, and how to call for help? | Yes  No  Concerns |  |  |  |
| 21. | Can and will participant call 911 or staff if needed? | Yes  No  Not Known  Concerns |  |  |  |
| 22. | Does the participant navigate the community in a safe manner? | Yes  No  Concerns |  |  |  |
| 23. | Does the geographic location of the participant’s residence inhibit his or her ability to access emergency services? | Yes  No |  |  |  |
| 24. | Does participant pose a threat to self or others in the presence of strangers? | Yes  No  Concerns |  |  |  |
| 25. | Is participant receptive to and able to benefit from training on specific areas that may result in decreased supervision? | Yes  No  Not Known  Concerns |  |  |  |
| 26. | Does participant need medication assistance? | Yes  If yes, note assistance needed and how needed support will be offered.  No |  |  |  |
| 27. | Is the technology and necessary connectivity to facilitate remote monitoring (i.e., sufficient internet, cell service) available in this community? | Yes  No  Concerns |  |  |  |
| 28. | Can the participant utilize the technology needed? | Yes  No  Concerns |  |  |  |
| 29. | Does participant currently use technology (tablet, laptop, cell phone, etc.)? If yes, are rights restrictions on its usage in place? | Yes  No  Concerns |  |  |  |
| 30. | Have other health issues that may impact the participant’s ability to receive remote monitoring services been identified? | Yes  No  Concerns |  |  |  |
| 31. | Have other issues that may impact the participant’s ability to receive remote monitoring services (i.e., substance abuse) been identified? | Yes  No  Concerns |  |  |  |

## **Summary and Recommendations**

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## **Informed Consent Statement**

## I understand that remote monitoring is the use of technology to help me gain and maintain independence in my home. I understand that the use of remote monitoring will decrease the amount of time that a staff member is physically available to help me. I understand that there are risks and limitations to using remote monitoring as an alternative to onsite staff supervision and intervention, and choose to assume these risks. I understand that, in order for me to receive remote monitoring, my team must agree that this service is beneficial to me. I understand that I may elect to discontinue remote monitoring at any time, and may choose to receive community living services that do not include remote monitoring.

## 

Participant Date Legally Authorized Representative Date

## Plan of Care Team Remote Monitoring Signature Page

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| --- | --- | --- | --- | --- | --- |
| **Relationship** | **Name** | **Signature** | **Date** | **Agree** | **Disagree** |
| Participant |  |  |  |  |  |
| Legally Authorized Representative |  |  |  |  |  |
| Case Manager |  |  |  |  |  |
| RM Provider |  |  |  |  |  |
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