

INDEPENDENT CARE HEALTH PLAN

Department: Family Care Partnership	Policy Name: Member Safety and Risk
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Cross Reference: FCP QI-029 Member Incidents, FCP IDP CM-107 Vulnerable High Risk Member, FCP CM-018 Restrictive Measures	

POLICY:

Independent Care Health Plan (*iCare*) Associates are responsible for ensuring the health and safety of members while respecting those members' rights to refuse services, take risks and live their lives in such a manner that may appear in conflict with optimal health and safety. Through a process of ongoing negotiation and joint problem solving the Interdisciplinary Team (IDT) associates strive to balance member rights with member safety. Members have a right to be free from unnecessary physical or chemical restraints. Independent Care Health Plan prohibits of any form of abuse, neglect, exploitation, and/or mistreatment of members by any *iCare* associate or any contracted provider. The identification and assessment of risk will be in compliance with ch.51.61 (l) (i) Wis. Stats. and C. DHS 94.10 Wis. Adm. Code, in the use of isolation, seclusion, and physical restraints, which may not be used without specific case-by-case approval of the Department. When there are allegations of abuse or neglect, reports will be made to the appropriate protective service entity in accordance with ch. 46.90 and 55.043 Wis. Stats. Specific organizational policies and work processes relating to the use of restrictive measures and to the reporting of abuse will be referred to as circumstances warrant.

PROCESS:

1) Risk Assessment and Identification

- a) IDT Associates assess risk as part of the ongoing care management process. This includes the initial comprehensive assessment and whenever there is a concern about member risk and/or safety. IDT associates identify, implement, and document appropriate individualized monitoring and safeguards to address and mitigate potential concerns and assure the health and safety of all members and those identified as vulnerable/high risk.
- b) Specific prompts within the social work and nursing assessments require associates to address potential risks regarding a member's living situation and functional status as well as medical, emotional, and psychological health.
 - i) IDT Associates use their professional judgment in determining when a member's choice puts the member at risk for health and safety. This includes any potential conflict of interests related to member choice. The IDT associates work collaboratively with the member to identify individualized services or supports to facilitate a safe environment and to address the areas of risk and any potential conflict of interests.

Effective Date: 1/1/2010	Responsible Department: Family Care Partnership
Revision Number: 12	Last Review Date: January, 2025
Sourced From: N/A	Version Sourced From: N/A
Last Revision Date: January, 2025	Next Review Date: 1/31/2026
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- c) The identification and assessment of risk is within the context of a member’s outcomes and preferences. This includes the member and the member’s family, informal supports, relevant providers, community supports, and any other involved parties of the member’s choosing when addressing safety concerns.
- d) The IDT Associates document conflicts of interest, assessed risk, and the efforts of the member, the member’s support system, community supports, and the IDT to manage the risk in the “Approaches” sections of the Member Centered Plan (MCP).
 - i) FCP Associates use the FCP Risk Assessment to capture specific identified risk(s), mitigation efforts, and track completed risk agreements if applicable.
- e) The IDT Associates refer to *FCP CM-018 Restrictive Measures*, the *iCare Restrictive Measures Policy and Procedure*, when confronted with questions regarding risk associated with unnecessary restraint and/or use of restrictive measures.
- f) The IDT Associates refer to the language in State statutes 46.90(4) and 55.043(1m) when confronted with questions regarding risk associated with potential abuse or neglect.
 - i) Procedures for mandated reporters include reporting suspected abuse, neglect, exploitation or mistreatment of members to the appropriate county contact for elders-at-risk or adults-at-risk and collaborating with and implementing recommendations as a result of any subsequent investigations.
 - ii) In addition, a Reportable Incident Report is completed by IDT Associates and provided to the Quality Assessment Process Improvement (QAPI) RN for follow-up. See *FCP QI-029 Member Incidents* for detailed process and procedures for member incident management.
- g) The identification, assessment, mitigation, and follow up of risk is monitored as part of the quality management program through review of reportable incident reports, audits of care management records, and periodic review and updating of policies, procedures, and associated documents. This is to monitor, evaluate, and improve its performance in the area of safety and risk issues.
- h) All changes to this policy require the review and approval of DHS. This policy is subject to review at any time by DHS.

2) Vulnerable High Risk Member

- a) IDT Associates complete the Vulnerable/High Risk Member (VHRM) assessment with all new members, semiannually, and upon a significant change of condition.

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- i) This assessment does not replace the ongoing identification of member safety and risk for all members; it is a supplemental review and targets the specific needs of a member with high medical needs and at a high risk for abuse or neglect.
- b) The IDT Associates use the following criteria:
 - i) Is the member dependent on a single caregiver, or two or more caregivers all of whom are related, to provide or arrange for the provision of nutrition, fluids, or medical treatment that is necessary to sustain life
 - ii) If the assessment identifies that the member meets the definition, IDT Associates answer the following additional follow up questions.
 - (1) Is the member non-verbal and unable to communicate feelings or preferences?
 - (2) Is the member unable to make decisions independently?
 - (3) Is the member clinically complex requiring a variety of skilled services or high utilization of medical equipment?
 - (4) Is the member medically frail?
 - iii) If the IDT Associate answers affirmatively to any of the questions, the member is considered to be a Vulnerable/High Risk Member and must increase the frequency of contact and update the MCP.
- c) The VHRM assessment prompts IDT Associates to review both a member’s natural and paid support network in combination with their health needs, and abilities to make decisions and effectively communicate needs and preferences. If after the assessment is completed and member meets the definition of the VHRM category, the IDT Associates identify the increased frequency of in person contact necessary to monitor and ensure member’s health and safety. IDT Associates do the following:
 - i) Assess the stress of the caregiver and considerations of how to add additional external caregivers to provide risk mitigation
 - (1) The IDT Associates use the Modified Caregiver Strain Index to assist in identification of caregiver stress
 - ii) Create and validate back up plans for caregivers
 - iii) Validate that caregivers are capable and willing to provide supports as identified in the assessments and MCP
 - iv) Validate that the caregiver has training and is able to demonstrate appropriate caregiving specific to the member’s individual needs initially and if the member’s condition changes pursuant to the Managed Care Organization Training and Documentation Standards for Supportive Home Care

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- (1) For new members this occurs within 10 calendar days of enrollment. This includes a review of existing services or referrals to an agency or co-employment agency.
- (2) For existing members this is completed at a minimum during semi-annual assessments and upon the identification of a new request of a service or employee.
- v) Document the attempts to collect data from the member’s support network, including primary care and other health care providers, caregivers identified in the backup plan, and other significant people who regularly see the member to determine if there are areas of concerns or need the that the IDT Associates should consider in order to best monitor and coordinate services.

3) Leadership involvement

- a) The Manager and the Family Care Partnership Associate Director should be notified when a significant health and safety concern arises regarding the member.
- b) Leadership work with the IDT Associates to discuss the concern with the member and seek to implement appropriate measures to eliminate or minimize the risk to the member. Discussions regarding the issue, as well as the results or recommendations from these discussions, and all follow up are documented by the IDT Associates in a case note.
- c) The discussion of risk and the response of the IDT include the following questions:
 - i) Is the IDT Associate doing everything necessary to respond to the situation?
 - ii) Has the IDT Associate taken reasonable steps to prevent foreseeable harm considering:
 - (1) The member’s decisional capacity- including the need to involve other parties, the member’s legal decision maker and the member’s ability to make decisions in accordance with her/his own values. (Note: decisional capacity is not necessarily equivalent to legal competence.)
 - (2) The nature of the harm that might result
 - (3) The level of risk or likelihood that the harm will occur
 - (4) The member’s acceptance of IDT recommendations
 - (5) What education was provided to the member by the IDT Associate related to the identified risk?
 - (6) What resources and alternatives were provided to the member by the IDT?
 - (7) What is the member’s preference about how the situation should be handled?

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(8) What is the plan for follow up including the frequency of member contacts and agreed upon interventions by the IDT?

(9) Are all identified risks documented and updated in the MCP?

4) Risk Agreements

- a) The IDT Associate completes a Risk Agreement (DHS F-0010) that documents the identified risk, the member's perception and understanding of the risk, all attempts/efforts to implement/negotiate measures to minimize or eliminate risk and any agreement reached to address risk when one or more of the following events occur:
 - i) The risk to the member is imminent and severe
 - ii) The member is unwilling to address an identified risk
 - iii) The agreed upon interventions are not successful in mitigating or minimizing the risk after implementation
 - iv) The assessment of the IDT Associate leads to the conclusion that a risk agreement is warranted
- b) The Care Manager uploads a copy of the completed Risk Agreement to document summary in TruCare and attaches a copy of the Risk Agreement to MCP for future reference.
- c) The IDT Associate considers modifying the required member contacts as appropriate to continually ensure the interventions are effectively managing the identified risk. These contacts and follow ups are documented using case notes and in the MCP.
- d) IDT Associate updates the Risk Agreement form as necessary during the follow-up member contacts.

5) Elder Adults/Adults at Risk Agencies and Adult Protective Services

- a) IDT Associates and Contracted Provider Responsibilities:
 - i) Are able to recognize the signs of abuse, neglect, self-neglect, and exploitation as defined in Wis. Stats. §§ 46.90 and 55.01.
 - ii) Identify members who may be at risk of abuse, self-neglect and exploitation and in need of elder adult/adult-at-risk or adult protective services (EA/AAR/APS).
 - iii) Report incidents involving member abuse, neglect, self-neglect and exploitation as provided in Wis. Stats. §§ 46.90(4) and 55.043(1m).
 - iv) Refer members at risk or in need of services to the appropriate EA/AAR/APS agency.
- b) IDT Associates Responsibilities

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- i) Update the member’s care plan as needed to balance member needs for safety, protection, physical health, and freedom from harm with overall quality of life and individual choice.
- ii) Follow-up to ensure that member needs are addressed on an ongoing basis.

6) Access to Elder Adults/Adults at Risk (EA/AAR) and Adult Protective Services (APS)

- a) For members in need of services provided by EA/AAR Agencies or APS, the MCO shall involve the entity or Department (which the County has designated to administer EA/AAR/APS) in the following capacities:
 - i) The MCO shall, as appropriate, invite an EA/AAR/APS staff person to participate in the member-centered planning process including plan development and updates, comprehensive assessment and re-assessments; and
 - ii) The MCO shall, as appropriate, invite an EA/AAR/APS staff person to participate on the interdisciplinary team to the extent that the staff person makes recommendations as necessary to fulfill their EA/AAR/APS responsibilities.
 - iii) The MCO shall designate a contact person to assist staff working in county EA/AAR/APS agencies to develop service options for MCO members or potential members. This contact person, or a representative of the member’s MCO interdisciplinary team, may participate in the county EA/AAR interdisciplinary team.

7) Examination and Treatment Services

- a) The MCO shall arrange for the provision of examination and treatment services by providers with expertise and experience in dealing with the medical/psychiatric aspects of caring for victims and perpetrators of elder abuse, abuse of vulnerable adults, and domestic violence.
 - i) Such expertise shall include the identification of possible and potential victims of elder abuse and domestic violence, statutory reporting requirements, and local community resources for the prevention and treatment of elder abuse and domestic violence.
- b) The MCO shall consult with human service agencies on appropriate providers in their community.
- c) The MCO shall further assure that providers with appropriate expertise and experience in dealing with perpetrators and victims of domestic abuse and incest are utilized in service provision.

8) Memoranda of Understanding on Adult Protective Services

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- a) The MCO shall enter into memorandums of understanding with the Elder Adults/Adults-At-Risk/Adult Protective Services agencies in each of the counties in its service area. These MOUs shall follow the policies and procedures issued by the Department and shall be submitted to the Department for review and approval.

9) Court Ordered Services

- a) The MCO shall comply with the provisions in Section L, Court-Ordered Services, in this article for all adult protective services through Wis. Stats. §§ 51, 54, or 55.

10) Requirement to Notify Counties and Tribal Human/Human and Family Services of At-Risk Members

- a) If the MCO identifies risk factors for a member that indicate a need to coordinate planning efforts or provide information to a county and tribal Human Services agency, IDT Associates complete the following
 - i) Send the Family Care Member County Notification Form (F-02558) <https://www.dhs.wisconsin.gov/forms/f02558.docx> to the county of responsibility on record, the county where the person lives (if different) and the tribal Human/Human and Family Services agency
 - ii) When appropriate or requested, work with the receiving county, tribal Human/Human and Family Services agency, and any relevant providers in the development of a behavior support plan, a crisis plan, or other community safety plans.
 - iii) Update the information on form F-02558 if the member’s address or other essential information changes and provide that information to the county and tribal Human/Human and Family Services agency.
 - iv) If the member lives in a residential setting, provide a copy of the notification form to the member’s residential provider agency.
 - v) If a member moves voluntarily to a county in which the MCO does not operate, follow the Change Routing Notification process in Article **Error! Reference source not found..Error! Reference source not found..Error! Reference source not found..**
 - vi) In instances in which the individual’s county of legal residency comes into question, or when the individual does not provide written consent for the MCO to provide this notification form to the county or tribal Human/Human and Family Services agency, the MCO will convey only the necessary information to ensure appropriate service coordination, as defined in Wis. Stat. § 46.22(dm), about the individual to the appropriate county, tribal Human/Human and Family Services agency, or state agency involved in residency determinations and/or in the coordination of services.

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11) Training

- a) Care Management Associates receive training regarding the identification of and the management of risk and coordinating of care with members at new hire orientation. This includes instruction on recognizing abuse, neglect, and exploitation.
 - i) Recognizing Abuse, neglect and exploitation instruction includes, but is not limited to the following main topics:
 - (1) IDT Associates noting a change in reportable incidents for a member
 - (2) Member's not being able to afford monthly expenses including Room and Board or cost share
 - (3) Family Members or other supports speaking over or for the member
 - (4) Unexplained change in Power of Attorney documents
 - (5) The needs of supports taking over the needs or wants of the member
 - (6) Pharmacy refills not being on schedule (either too early or not being picked up timely)
 - (7) Unexplained injuries
 - (8) Changes in member behavior not linked to an acute medical issue
 - (9) Refusal of visits from IDT
 - (10) Member experiencing client's rights limitations without notification to IDT
 - ii) At every in-person contact, the IDT staff are required to check and document in the chart that every member with a behavior support plan (BSP) and/or restrictive measure have an effective, up to date BSP and/or restrictive measure in place and that residential provider staff are trained and following the BPS and/or restrictive measure appropriately.
- b) This includes access to and review of current policies regarding safety and risk, including but not limited to restrictive measures and mandated reporting suspected abuse.
- c) Ongoing training is provided to the Managed Care Organization and other appropriate individuals as policies change and at other times as needed.
- d) During the initial contracting process providers receive information regarding the safety and risk policy and procedures, including, but not limited to restrictive measures, reportable incidents, and reporting suspected abuse in the Provider Manual. Updates are provided as policies change on this web-based document. Targeted trainings on various topics such as reporting incidents are scheduled and offered to providers on an as needed

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basis. In order to keep providers involved and informed *iCare* solicits feedback for future training topics on a regular basis.

DHS Approval: Reviewed and Approved on 8/12/2024

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