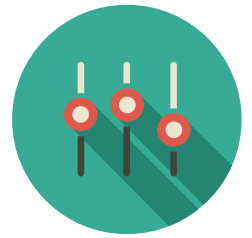
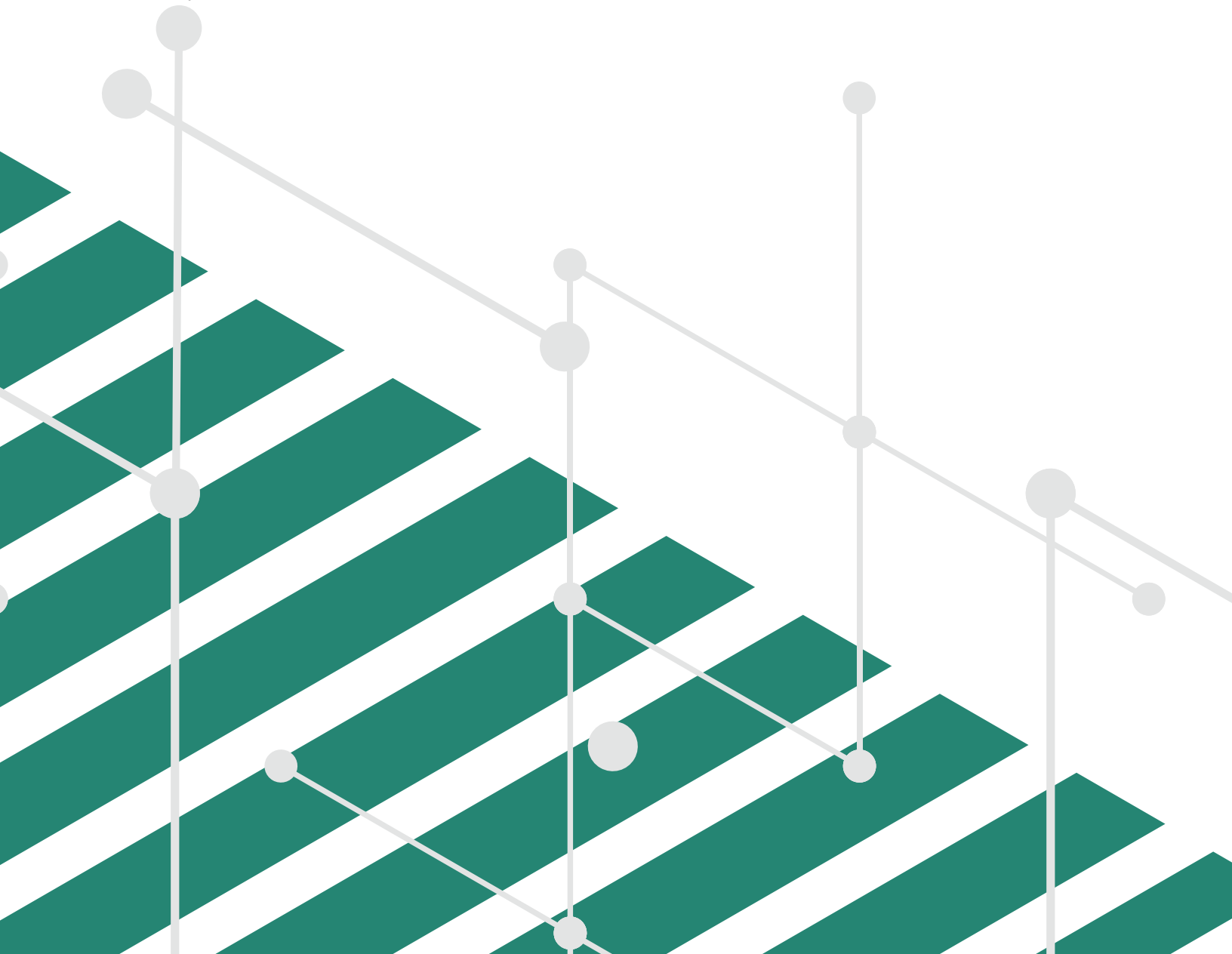


PERIODIC RISK EVALUATION (PRE) **MANUAL**

edition three



The PRE was developed to assess risk level of adults with autism over the age of 21 who are served by programs overseen by Pennsylvania's Department of Human Services, Office of Developmental Programs, Bureau of Supports for Autism and Special Populations (BSASP) and may not accurately assess risk levels of other individuals with autism. If the PRE is used to assess risk levels of other individuals with autism, the results may not be able to be interpreted or be used to inform clinical treatment delivery. Additionally, the PRE captures historical information and should not be used as a definitive predictive tool for future behavior and risk domain experiences.



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WHAT IS THE PERIODIC RISK EVALUATION (PRE)?

The Periodic Risk Evaluation (PRE) is a tool designed to assess risk, across eight domains, for Bureau of Supports for Autism and Special Populations (BSASP) Adult Autism Program participants served within the Adult Autism Waiver (AAW) and Adult Community Autism Program (ACAP). The PRE is designed to help teams identify areas that should be addressed through a case conceptualization and risk mitigation process. The PRE also identifies those participants that may benefit from additional resources, dependent upon risk factors. It is designed to be completed by a Supports Coordinator or Behavioral Specialist/Behavioral Health Specialist at intake, annually and/or if a new risk arises. The PRE takes approximately 11 minutes or less to complete. The PRE will be used in conjunction with the existing assessment protocol for ACAP and AAW participants. The PRE should be completed online. The PRE is hosted on the online platform QuestionPro and is accessible on computers and mobile devices.

Based on responses to questions about history and frequency, concern and impact, severity and maintenance across each of the eight domains, a total score is compiled. This score does not trigger changes in type or amount of services, but is meant to inform areas of consideration, how the case is approached and the development of a risk mitigation plan (if needed), and next steps.

The tool is designed to be completed with clinical judgment, but if questions arise, you can contact the Bureau of Supports for Autism and Special Populations Provider Support Mailbox by emailing ra-basprovidersupprt@pa.gov.

PURPOSE OF THE PRE: RISK MANAGEMENT

There are many existing tools and processes designed to assess an individual's strengths, in order to inform the ISP. The PRE, however, is not specifically designed for this purpose. The intent of the PRE is to identify risk in order to inform planning, monitoring, tracking, and mitigation. Since the ISP is a comprehensive document, the risks identified through the PRE and their corresponding mitigation strategies should be incorporated into the ISP.

When using the term "risk", it is important for everyone to define the term in the same way. This will also help to have a shared understanding of how the PRE flows into the risk mitigation cycle. *Refer to Service Guidance Document 3: Risk Mitigation Cycle*

Risk is the likelihood of some undesirable event or negative outcome occurring to a participant or others. For example:

- Physical and mental health risks to self or others
- Risk of abuse, neglect, and/or exploitation

- Diabetes
- Heart disease

Risk factors are attributes, behaviors, health conditions, features of environment, actions, events, or other determinants that increase the likelihood of an incident or negative result or outcome for the participant. For example:

- Depression is a risk factor for suicide
- Challenging behaviors can lead to an individual's hospitalization or incarceration
- Family history of breast cancer

Imminent Risk is the likelihood that something adverse (serious injury or harm) is going to happen and soon. This type of risk requires immediate action before documentation of the risk. Imminent risk usually means there is a need to enlist the immediate support of others. These can include:

- Appropriate law enforcement authorities
- Emergency medical care providers
- APS/OAPSA (using parameters provided by APS and OAPSA)
- Incident Reporting

Benefits of the PRE

Listed below are a few of the many benefits to completing the PRE:

- Information gathered from the PRE can be used to educate and inform participants and to provide an opportunity to develop proactive measures to curtail potential issues.
- The PRE can be helpful in tracking risk over time and emphasizes treatment team planning to meet participant and staff needs.
- The PRE can be helpful in determining and creating a plan to address treatment barriers by working on objectives in a more focused way.
- The PRE can be used to measure progress of the participant over time and across domains.
- The PRE can serve as a mechanism to increase team communication around specific areas of concern.
- The PRE can assist the team in focusing in on risks that may not otherwise be considered.

WHEN DOES THE PRE NEED TO BE COMPLETED?

The PRE will need to be completed:

- during the initial Individual Support Plan (ISP) development (**required**)
- prior to the Annual Review Plan (ARP) meeting (**required**)
- any time a new risk is identified after the ISP development

A new risk is defined as a **significant** change in the condition or environment of the participant. **This is optional and will be based upon need.** Examples of significant changes may include, for example: death of family member, recent homelessness, or incarceration. Please contact the Provider Support Mailbox at ra-basprovidersupprt@pa.gov with questions regarding the need to submit a new PRE based on new risks.

Only one PRE should be submitted per participant per year by the person that knows the participant best (**either** the SC or BS). The Supports Coordinator should assume the responsibility of assuring the PRE is completed in a timely manner. This does not mean that the SC must complete the PRE, rather coordinate, and communicate with the Behavioral Specialist if they are better suited to complete the PRE. When a Behavioral Specialist completes a PRE, a copy of the PRE should be forwarded to the SC so that the information is incorporated into the ISP.

The PRE does not replace any of the current required assessments (Scales of Independent Behavior-Revised, Intake Baseline Outcomes, Quality of Life Questionnaire, and Parental Stress Scale). Like other required assessments, the PRE should inform the Individual Support Plan (ISP) planning process and be completed no more than 90 days prior to the participant's Plan Effective Date (PED) for initial ISPs and ARPs.

The PRE is completed online via QuestionPro. The PRE is not meant to be completed with the participant or caregiver/family/natural supports. Therefore, the provider completing the PRE can wait until they have internet access to enter it into QuestionPro.

While completing the PRE, please make note of identified risks to help ensure all information is captured in the ISP. A blank paper copy of the PRE can be completed prior to completion of the tool in QuestionPro in order for answers to the PRE questions to be tracked by the provider completing the tool. Once you submit the PRE, you will receive an email with a copy of the completed PRE. The option to print it or save it as a pdf is still available. You can have the printed PRE available when ensuring all information is captured in the ISP and to share it with relevant team members. Please note, once you close the web browser, you will no longer be

able to go back in and print it. Please see the section below on how to complete the PRE for additional information about this process.

HOW WAS THE PRE CREATED?

The Bureau of Supports for Autism and Special Populations (BSASP) worked with the Autism Services, Education, Resources & Training Collaborative (ASERT) to create the PRE, based upon the need for a risk assessment tool. The process involved multiple stages of revisions based on completion of the tool for existing participants, provider feedback sessions and surveys, as well as data analysis to assess for scoring. The PRE was implemented in phases and results are monitored for any necessary revisions.

DOMAIN DESCRIPTIONS

The PRE asks questions across eight different domains, to assess for level of risk. Within each domain, you will be answering history and frequency of risk, whether the risk or issue is ongoing and your level of concern. While completing the PRE, if you are unsure of what gets included in each domain, please refer back to the examples in this section. **Please do not duplicate answers across the domains.** For example, do not include mental health diagnoses in the Medical Conditions domain as they should be included in the Co-Occurring Mental Health Diagnoses domain. Below are the eight domains.

Domain 1: Law Enforcement

Definition: Participant had contact with law enforcement **AND** is accused of **OR** being charged with a crime. The risk(s) identified should be based on the actions of the participant.

Examples: Arrested; Charges pressed; Charges under investigation; In court/standing trial; Incarcerated; On probation; On parole; Served time, penalty satisfied

Domain 2: Risk of Harm to Self/Others

Definition: Participant has a history of and/or current behaviors that are considered a risk of harm to themselves or others that have not resulted in law enforcement contact.

Examples: Suicidal ideation with plan, Suicide attempt, Homicidal ideation with a plan, Inappropriate sexual behaviors toward others, Expressed desire to possess child pornography or have other inappropriate sexual encounter with a minor, Self-injurious behaviors (including self-mutilation), Expressed desire to execute terroristic threats (e.g., bomb threats), Expressed desire to destroy property, Expressed desire to set fires, Harassment (online, telephone, or in-person), Elopement with safety concerns

Domain 3: Unstable Living Environment

Definition: Participant is at risk of or is currently homeless or living in otherwise unstable or unsanitary conditions.

Examples: Homelessness, Unsanitary living conditions (inhabitable, structural integrity of home is compromised), Potential for eviction (warning or notice given from landlord or property owner), Bed bugs or other pest infestations, Hoarding (fire, safety, and and/or health concerns), Mold infestations

Domain 4: Natural Supports

Definition: Participant has a dysfunctional natural support network or absence of an unpaid natural support network that impacts stress, daily living, health, and safety. *Note: This domain refers to unpaid natural supports.*

Examples: Multiple internal/external family conflicts that impact stress and daily living/interfere with health and safety, Family/other supports enable behaviors that are harmful to the participant, Lack of natural supports leading to social isolation, Family/other natural supports do not provide proper care for daily living (neglect), Family/other natural supports unable to provide proper care due to significant illness/injury/loss of financial resources

Domain 5: Substance Use

Definition: Participant is currently experiencing or has a history of substance use (use of illegal drugs, abuse of legal drugs, and/or alcohol) or a co-occurring substance use disorder which disrupts participant's daily activities (social/family relationships, loss of housing/employment, legal issues).

Examples: Substance use may include the following substances: Opiates (heroin, oxycodone, and fentanyl), Benzodiazepines (Xanax, Ativan), Stimulants (cocaine, crack cocaine, amphetamines, ecstasy), Abuse of alcohol, Use of other illegal drugs, Abuse of other legal drugs (e.g., drugs that have been prescribed to the participant but are not taken as prescribed), Abuse of over-the-counter medications (e.g., Benadryl, Advil)

Domain 6: Chronic Medical Conditions

Definition: Participant has a diagnosed physical health condition(s) that has impacted their daily living for more than three months. *Note: This does not include mental health conditions.*

Examples: Obesity, diabetes, seizures, Gastrointestinal (GI) issues (e.g., GERD, Acid Reflux, Crohn's, Celiac), vision impairment (vision cannot be corrected to a normal level),

hypertension, heart disease, cancer, stroke, arthritis, deaf/hard of hearing, urinary incontinence

Domain 7: Stressful Life Events

Definition: Participant has been involved in events or experiences that may have or could lead to severe stress or impact daily living.

Examples: Grief or loss, Abuse, Neglect, Sexual abuse or exploitation, Financial Stress, Marital/relationship stress, Job stress

Domain 8: Co-Occurring Mental Health Diagnoses

Definition: Participant has one or more mental health diagnoses in addition to an autism spectrum disorder diagnosis, occurring at the same time. This is an official diagnosis that the individual is currently receiving treatment to support or should be receiving treatment to support.

Examples: Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Disorder, Depression, Obsessive Compulsive Disorder, Panic Disorder, Personality Disorder, Post-Traumatic Stress Disorder, Schizophrenia, Schizoaffective Disorder

*Please refer to *Service Guidance Document 1: PRE Domains & Scoring* in the Appendix.

RISK MANAGEMENT: RISK IDENTIFICATION AND MITIGATION

Risk Mitigation Plan/Cycle

The Office of Developmental Programs (ODP) uses the following five-step process to identify, alleviate, and reduce risk.

- Step 1: Recognize
- Step 2: Assess
- Step 3: Develop Strategies
- Step 4: Implementation
- Step 5: Evaluation

Step 1: Risk Mitigation Cycle | RECOGNIZE

Anyone on the participant's team can identify risk. The following components contribute to recognizing risk (Step 1):

- ISP assessments (e.g., SIB-R, PSS, QoL, Baseline Outcomes)
- PRE
- SC monitoring
- Incident Report Analysis
- Other participant, family member, and provider information

The intent of the PRE is to identify risk areas and develop plans for risk mitigation. Once the PRE is completed, a report will be sent to BSASP and reviewed for risk level. This will inform how BSASP processes the risk and informs ongoing services and supports in mitigating the risk.

The score from the report does not trigger changes in type or amount of services, but is meant to inform how the case is approached by the provider and team and the development of a risk mitigation plan (if needed). The score is one piece of informing support needs. Specifically, it can inform the process in which relevant information is gathered, areas of concern are considered and approaches to best support participants are assessed. The PRE will gather information that will help to inform decision-making and create an overall summary of the needs of the participant. The PRE will serve as a tool for the monitoring process and will help inform BSASP on how to engage with providers to support participants.

Step 2: Risk Mitigation Cycle | ASSESS

Assessment looks more closely at the recognized risk factors, verifies the risk factor is present and determines the severity of the risk. Consider the domains of the PRE where you identified a concern about a risk when you selected:

- **Mild concern:** The participant needs ongoing review;
- **Moderate concern:** The participant needs an update/review of current services and supports to minimize vulnerability and decrease potential for risk or;
- **Severe concern:** There is high risk of harm to self/others and additional services or supports are needed immediately.

The identified risk areas should be captured in the ISP and include plans for addressing and mitigating risks. The default section of the ISP for documenting risks and mitigation strategies is **General Health and Safety Risks**. Other ISP sections may be appropriate. For example, it is appropriate to document risks identified in the Chronic Medical Conditions PRE domain in the Medical Information section of the ISP.

*Please refer to *Service Guidance Document 2: How the PRE Informs the ISP* in the Appendix

Step 3: Risk Mitigation Cycle | DEVELOP STRATEGIES

As the PRE assists in identifying the risk factor(s), the next step is to develop strategies that will reduce or minimize the risk factor(s). The PRE will not directly assist you in developing the strategies. When developing mitigation strategies, consider these following 4 types of strategies:

- Remove the exposure to the risk factor
- Transfer one risk factor for another less risky option
- Isolate the person from the risk factor

- Train or Inform the participant on how to be more safe when exposed to the risk factor

If the risk is imminent, then reactive strategies such as removal or isolation are likely to be used at first to reduce or eliminate the imminent risk. Once imminent risk is addressed, more proactive strategies such as transference or training can be used.

The key to using any one of these strategies is being sure to include a plan for implementation of the strategy. The following questions should be answered:

- Who is going to do what?
- What is going to be done?
- When will it be completed?

*Please refer to *Service Guidance Document 4: Risk Mitigation Strategies* in the Appendix

Step 4: Risk Mitigation Cycle | IMPLEMENTATION

Implementation can be one of the more challenging parts of mitigating risk, especially if the participant (or their family/caregiver) is hesitant about making a change. It is important to plan implementation of the strategies and to document this plan in writing so that the team's agreement is clear and engage the participant and family to address their needs and barriers to implementation. Considerations during this phase of the cycle include:

- Does the participant agree to the risk mitigation plan?
- Is there hesitation or resistance to the plan by any members of the team?
- Are those who are responsible for taking action aware of their responsibilities?
- Has action of the strategies begun?

Step 5: Risk Mitigation Cycle | EVALUATION

Evaluation of the effectiveness of the risk mitigation can occur at least quarterly during the Supports Coordinator's quarterly monitoring in AAW or during the ACAP quarterly team meetings. Evaluation ideally occurs more frequently by the person's team using provider team meetings or other processes to ensure the mitigation is being implemented and working as desired. This evaluation should be able to answer the following questions:

- Did the person(s) do what they were supposed to do, by when?
- Did the plan work to reduce the severity of the risk?
 - If yes, then the risk was reduced.
 - If no, then the risk continues. At this point the risk should be reassessed and new mitigation strategies developed.
- Were there any additional risk factors that were not recognized?

- If yes, how do the risk mitigation strategies need to change?

*Please refer to *Service Guidance Document 3: Full Risk Mitigation Cycle* in the Appendix

SUMMARY OF RESPONSIBILITIES IN RISK MANAGEMENT

In addition to the PRE, there are other means in identifying risk factors and each person on the team has stake in the risk mitigation process described above, including:

Direct Service Provider Agencies

- Incident Management (IM) Reporting
 - Requirement of a point person at each provider
 - Requirement of an Incident Management Representative
 - Requirement that providers have an internal IM policy
 - Linkage to Office of Developmental Programs (ODP) bulletin and 6100 regulations
 - Reporting of incidents required by policy and regulation
 - Adherence to reporting timelines
- Adult Protective Services (APS) Reporting
- Train all supervisors and staff of their responsibilities for risk mitigation according to the participant's ISP
- Monitor supervisors and staff to ensure risk mitigation responsibilities are being met
- Report to Supports Coordinator (SC) any changes or events concerning how well the risk mitigation is working and any new risks to the participant

Supports Coordinators

- Inform all responsible parties of their role in risk mitigation
- Ensure participants, families, and providers are following the risk mitigation plans as part of regular monitoring
- Modify plans and communicate changes as the need arises
 - Existing plan is not working
 - New risks identified
 - Potential improvements identified
- SC quarterly monitoring is an important tool in ongoing risk management
 - Expectation to assess participant's health and welfare, including identification of new risks and update on existing risks
 - Expectation to review incidents and ask providers of status of final report and/or plan to address the incident
 - Update or create new risk mitigation plans as necessary

Families and Participants

- Report to SC on how well the mitigation is working
- Inform direct service providers any issues with provider staff in carrying out their responsibilities for risk mitigation

BSASP

- Monitoring that providers are meeting their responsibilities to identify and address risk
- Technical assistance for providers, including SCs, for situations where providers face challenges to addressing risk

Periodic Risk Evaluation (PRE)

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INSTRUCTIONS FOR COMPLETING THE PRE

Link to Survey: <https://pre2020.questionpro.com>

You will be prompted to the first page with instructions.

All required fields must be entered, especially in the beginning demographic section.

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1%

[Exit Survey](#)

Tool Context: – Supports Coordinators and/or Behavioral Specialists/Behavioral Health Specialists will complete the Periodic Risk Evaluation for each BSASP participant in their caseload at intake, annually, and/or if a new risk is identified after the ISP development. – The Periodic Risk Evaluation (PRE) is intended to use the history and needs of each BSASP program participant to guide actions that prevent negative or unwanted outcomes. **Tool Guidance:** – Using your clinical judgment and information you have available for each participant, select a score for sections under each domain.

The PRE was developed to assess risk level of adults with autism over the age of 21 who are served by programs overseen by Pennsylvania's Department of Human Services, Office of Developmental Programs, Bureau of Supports for Autism and Special Populations and may not accurately assess risk levels of other individuals with autism. If the PRE is used to assess risk levels of other individuals with autism, the results may not be able to be interpreted or be used to inform clinical treatment delivery. Additionally, the PRE captures historical information and should not be used as a definitive predictive tool for future behavior and risk domain experiences.

☐ I Agree

Next

You must select Agree before
moving forward.

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You will be asked to enter demographic information.

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< Back

Exit Survey >

MCI#

Participant Initials (First and Last)

County

Region

Program

Please ensure the above sections are accurate before continuing. Any field may be changed to reflect current information. Please check for spelling.

☐ Continue

Next

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[Back](#) Questions marked with a * are required [Exit Survey](#)

* At which point in time are you completing the PRE for this participant?

-- Select --
-- Select --
Intake
Annual Review Plan
Significant Change in Risk (pre-approval needed)

Next

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12%

[Back](#) Questions marked with a * are required [Exit Survey](#)

Contact Information of Person Entering PRE

Your First Name :

Your Last Name :

Your Email Address :

* Please select your role:

-- Select --
-- Select --
Behavioral Specialist (AAW)
Behavioral Health Specialist (ACAP)
Support Coordinator (AAW or ACAP)

Next

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Supports Coordination Contact Information

SC First Name :

SC Last Name :

SC Email Address :

Next

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Date PRE was Completed

Month	Day	Year
--	--	--

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First Domain: Law Enforcement

This is an example of the first Domain: Law Enforcement. Please note that changes have been made to the PRE tool. Guiding questions have been added to assist the user in more accurately identifying the risks as intended for each domain. Depending on the answers to the guiding questions, the user may experience a hard stop and will not be required to answer the rest of that domain's questions.

***All information identified in each section of the PRE should be captured in the ISP.** For guidance on how the PRE translates into the ISP, please see *Service Guidance Document 2: How the PRE informs the ISP* in the Appendix.

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Domain 1: Law Enforcement:
Participant had contact with law enforcement and is accused of or being charged with a crime. The risks(s) identified should be based on the action of the participant.

Is there an identified risk within the Law Enforcement domain?

☐ Yes

☐ No

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18%

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Was the event(s) **ONLY** related to crisis intervention situations, such as police being called for an emergency psychiatric evaluation/hospitalization, transportation to ER, traffic citations/tickets, participating in general police interviews (not directly involving participant's actions), and/or APS?

☐ Yes

☐ No

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Did the participant have contact with law enforcement?

☐ Yes

☐ No

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20%

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Was the participant currently or historically accused of, being investigated, or is charged with a crime?

☐ Yes

☐ No

If "Yes" is selected, additional prompts will appear.

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24%

[Exit Survey](#)

Specify the Identified Risk(s) In This Domain (Please select all that apply. This list is not all inclusive, please indicate in the "Other" option if the individual situation is not included in this list.)

- ☐ Arrested
- ☐ Charges pressed
- ☐ Charges under investigation
- ☐ In court/standing trial
- ☐ Incarcerated
- ☐ On probation
- ☐ On parole
- ☐ Served time, penalty satisfied
- ☐ Other, please specify:

Please describe the details regarding the risks identified within the law enforcement domain. At minimum, this information should be entered into the ISP (General Health & Safety).

History/Frequency (Please select the response most applicable to the participant's current situation.)

- ☐ No history of interaction with law enforcement
- ☐ Remote (2 or more years ago) history of law enforcement interaction
- ☐ Recent lower intensity (2 or fewer incidents in the last 2 years) of law enforcement interaction
- ☐ Recent high intensity (3 or more incidents in the last 2 years) of law enforcement interaction

[Next](#)

Select all
contacts
with Law
Enforcement
that apply
for this
participant.

Identify how
often and
when these
contacts with
law
enforcement
occurred.

Periodic Risk Evaluation (PRE)

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Questions continue to assess for whether situation is ongoing and the level of concern/impact under the same domain, Law Enforcement.

Has this been a reoccurring or constant issue?

How does this domain impact the participant's daily activities?

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26%

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Is the participant's law enforcement situation ongoing?

☐ Yes

☐ No

Concern/Impact (Please select the response that best describes how the participant's risk can be addressed and/or the service plan can be updated to reflect the needs of the participant.)

☐ No concern about law enforcement contact, and no intervention needed

☐ Mild concern that the participant needs ongoing review

☐ Moderate concern that the participant needs an update/review of current services and supports to minimize vulnerability and decrease potential for risk.

☐ Severe concern that there is high risk of law enforcement interaction and additional services or supports are needed immediately

[Next](#)

The domains will continue in a similar format, with the exception of two domains (Co-occurring Mental Health Diagnosis and Chronic Health Conditions) which will have a variation of these questions specifically geared towards those domains. Below is an example of Domain 8: Co-occurring Mental Health Diagnosis.

Domain 8: Co-occurring Mental Health Diagnosis/Condition

Select all mental health diagnoses that apply.

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93%

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Specify: Current and Previous Mental Health Diagnoses (Please select all that apply. This list is not all inclusive. please indicate in the "Other" option if the individual situation is not included in this list.)

☐ Attention Deficit Hyperactivity Disorder (ADHD)

☐ Anxiety

☐ Bipolar Disorder

☐ Depression

☐ Obsessive Compulsive Disorder (OCD)

☐ Panic Disorder

☐ Personality Disorder

☐ Post-Traumatic Stress Disorder (PTSD)

☐ Schizophrenia

☐ Schizoaffective disorder

☐ Other, please specify:

[Next](#)

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Please describe the details regarding the risks identified within the Co-Occurring Mental Health domain. At minimum, this information should be entered into the ISP (General Health & Safety).

History (Please select the response most applicable to the participant's current situation)

- ☐ No history of mental health diagnosis
- ☐ Suspected mental health diagnosis, but no confirmation from doctor
- ☐ Confirmed mental health diagnosis

Next

Severity (Please select the response that fits the participants current mental health diagnoses)

- ☐ Mild intermittent: Symptoms less than two times per week and symptom presentation is brief
- ☐ Mild persistent: Symptoms are greater than two times per week, but less than 1 per day and symptoms may affect activity and safety
- ☐ Moderate persistent: Daily symptoms and symptoms affect activity and safety
- ☐ Severe persistent: Continual symptoms that limit physical activity and symptoms occur at night and impact sleep and safety of individual and those around them

Maintenance (Please select the response most applicable to the participant's current situation maintaining mental health treatment and impact on daily functioning.)

- ☐ Receiving consistent treatment or therapy as recommended by treatment provider
- ☐ Inconsistent treatment or therapy
- ☐ No treatment or therapy despite treatment provider recommendations

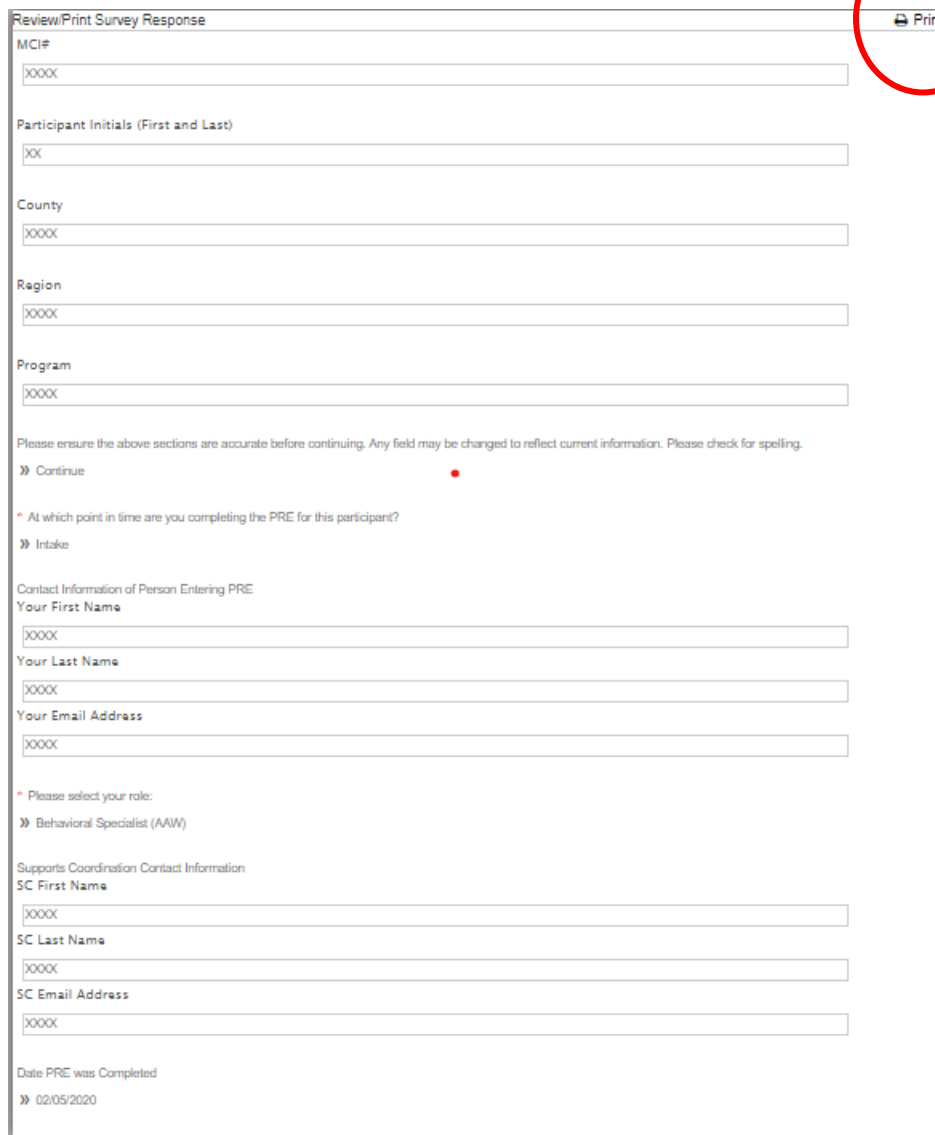
Concern (Please select the response that best describes how the participant's risk can be addressed and/or the service plan can be updated to reflect the needs of the participant.)

- ☐ No concern or condition is stable
- ☐ Mild concern, participant needs ongoing review
- ☐ Moderate concern that the participant needs an update/review of current services and supports to minimize vulnerability and decrease potential for risk
- ☐ Severe concern that without additional services or supports, the participant is at high risk of psychiatric emergency

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After you have submitted your responses, you will receive an email with a copy of the completed PRE provided the email you entered in the tool is accurate. If emails are provided for both the Supports Coordinator and Behavior Specialist, both will receive the PRE via email. The ability to save and print a PDF copy will remain as an option. If you chose to print a copy, your screen will look similar to the one below. Please note, once you close the browser, you will **not** have the option to go back in and print it.



The screenshot shows a web form titled "Review/Print Survey Response". In the top right corner, there is a "Print" button with a printer icon, which is circled in red. The form contains several sections with input fields, each with a placeholder "XXXX":

- MCI#**: A single-line text input field.
- Participant Initials (First and Last)**: A single-line text input field.
- County**: A single-line text input field.
- Region**: A single-line text input field.
- Program**: A single-line text input field.

Below these fields is a message: "Please ensure the above sections are accurate before continuing. Any field may be changed to reflect current information. Please check for spelling." This is followed by a "» Continue" button with a red dot next to it.

Next is a section titled "At which point in time are you completing the PRE for this participant?" with an "» Intake" button.

Then is a section titled "Contact Information of Person Entering PRE" with three input fields: "Your First Name", "Your Last Name", and "Your Email Address", each with a "XXXX" placeholder.

Below that is a section titled "Please select your role:" with a "» Behavioral Specialist (AAW)" button.

Then is a section titled "Supports Coordination Contact Information" with three input fields: "SC First Name", "SC Last Name", and "SC Email Address", each with a "XXXX" placeholder.

Finally, there is a section titled "Date PRE was Completed" with a "» 02/05/2020" button.

PERIODIC RISK EVALUATION (PRE): DOMAINS & SCORING



Service
Guidance
Document 1

This service guidance document is designed to help you prepare for the completion of the PRE and to also help you to determine how the PRE will inform individual service planning. An additional service guidance document has been created to highlight how these domains can be incorporated into the individual support plan (ISP).

DOMAINS:

- Law Enforcement
- Risk of Harm to Self & Others
- Stressful Life Events
- Unstable Living Environment
- Natural Supports
- Substance Use
- Co-Occurring Mental Health Diagnoses
- Chronic Medical Conditions

DOMAIN QUESTIONS:

These questions will clarify how often a situation occurs and your level of concern.

History/Frequency

- No history
- Remote history (2 or more years)
- Recent lower intensity (2 or fewer incidents in the last 2 years)
- Recent high intensity (3 or more incidents in the last 2 years)

Ongoing

- Yes
- No

Concern/Impact

- No concern
- Mild concern
- Moderate concern
- Severe concern

UNIQUE DOMAIN QUESTIONS:

These unique questions apply to the Co-Occurring Mental Health Diagnoses domain and the Chronic Medical Conditions domain. They help to understand how daily living is impacted and the need for treatment.

Severity

- Mild intermittent
- Mild persistent
- Moderate persistent
- Severe persistent

Maintenance

- Receiving consistent treatment or therapy as recommended
- Inconsistent treatment or therapy
- No treatment or therapy despite provider recommendations

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Please submit questions regarding this Service Guidance Document to BSASP at RA-basprovidersupprt@pa.gov

This resource was developed for the Department of Human Services, ODP, Bureau of Supports for Autism and Special Populations (BSASP) by the ASERT Collaborative.



PAautism.org

Pennsylvania's leading source
of autism-related resources
and information.

877-231-4244

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PERIODIC RISK EVALUATION (PRE): INDIVIDUAL SUPPORT PLAN (ISP)



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The PRE is designed to inform the ISP. This service guidance document shows how the PRE informs different sections of the ISP. Note the different domains and how to document applicable information in the ISP.



RISK DOMAIN	ISP SECTION
Law Enforcement	General Health and Safety Risks; Psychosocial Information; Crisis Support Plan
Risk of Harm to Self or Others	General Health and Safety Risks; Psychosocial Information; Behavioral Support Plan; Crisis Support Plan
Unstable Living Environment	General Health and Safety Risks; Social/Emotional; Crisis Support Plan;
Natural Supports	General Health and Safety Risks; Know & Do; Crisis Support Plan
Substance Use	General Health and Safety Risks; Psychosocial Information; Behavioral Support Plan; Crisis Support Plan; Other Non-Medical Evaluation
Chronic Medical Conditions	General Health and Safety Risks; Medications/Supplements (and Treatments); Physical Assessment (System Area and Description) ; Current Health Status
Stressful Life Events	General Health and Safety Risks; Social/Emotional; Crisis Support Plan
Co-Occurring Mental Health Diagnoses	General Health and Safety Risks; Psychosocial Information; Behavioral Support Plan; Health Promotion; Crisis Support Plan; Other Non-Medical Evaluation

NOTES:

****DISCLAIMER: All identified risks should be documented in the ISP under Health and Safety > General Health and Safety Risks. This section should include a brief summary of the risks and the plan to mitigate those risks.****

- Document in other ISP sections as appropriate. For example, if a trauma evaluation was conducted it would be appropriate to summarize in “Other Non-Medication Evaluations”. Information in the Psychosocial Section reflects what has happened in the past 12 months. Social/Emotional is used to document information that is historical – more than 12 months in the past.
- An updated FBA, revisions to the Behavioral Support Plan and revisions to the Crisis Intervention Plan may be warranted based on the information gleaned from the PRE.

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PERIODIC RISK EVALUATION (PRE): FULL RISK MITIGATION CYCLE



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Recognize:

The PRE is one of several components used to recognize risk. It is used in conjunction with ISP assessments, SC monitoring, Incident Report Analysis and participant/family member and provider information.

Evaluate:

Evaluate the effectiveness of the risk mitigation plan and continue to monitor either during quarterly team meetings or more frequently at provider team meetings. The PRE can be completed again if a new risk is present and again annually at the ISP renewal.



Assess:

The PRE informs assessment based on whether concerns were identified as mild, moderate or severe in the different domains. Risk factors are verified as present and severity of risk is determined.

Implement:

Implementation can be challenging, as it requires change. Plan implementation of the strategies and document this plan in writing.

Develop Strategies:

Once risks are assessed, the next step is to develop strategies to minimize or reduce the risk. Once imminent risk is addressed, more proactive strategies can be used.

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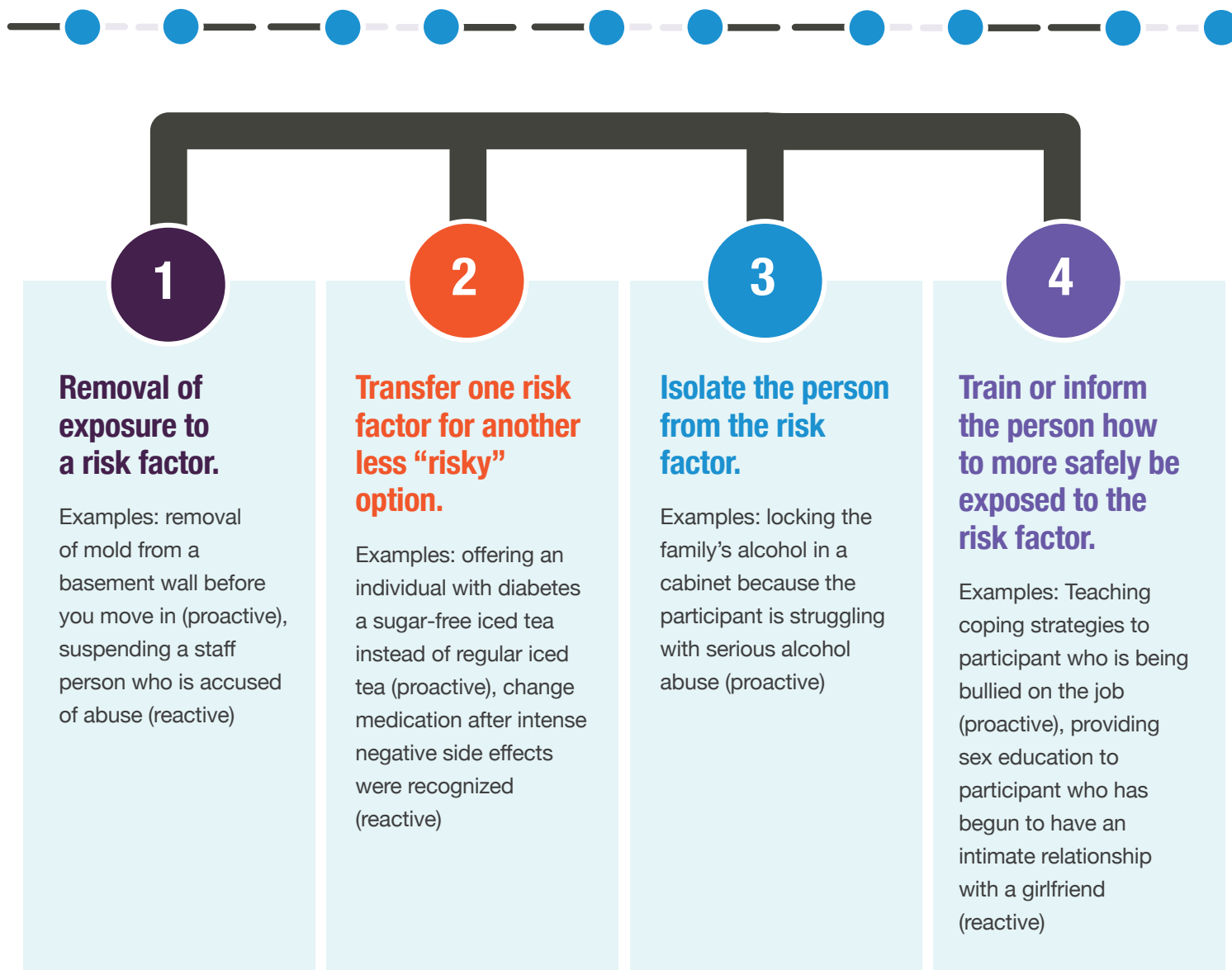
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PERIODIC RISK EVALUATION (PRE): 4 STRATEGIES TO MITIGATE RISK:



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FREQUENTLY ASKED QUESTIONS (FAQ)

Question: Is there a specific timeframe in which the PRE needs to be completed? Does the PRE need to be completed within the same 60-90 day timeframe that all other assessments are required to be completed?

Answer: Like other required assessments, the PRE should inform the Individual Support Plan (ISP) planning process and be completed no more than 90 days prior to the participant's Plan Effective Date (PED) for initial ISPs and ARPs. Ideally, it should be completed prior to the development of the ISP so that the identified risks and mitigation strategies can be discussed at the ISP and then incorporated in to the ISP.

Question: Who is responsible for completing the PRE, and who should be notified once it is completed?

Answer: The PRE should be completed by **one** member of the participant's treatment team: either the Supports Coordinator, Behavioral Specialist or Behavioral Health Specialist. Supports Coordinators will likely be completing it for new participants. In other cases, the Behavioral Specialist or Behavioral Health Specialist who sees the participant more frequently may be the person completing it. **The Supports Coordinator should coordinate with the Behavioral Specialist in order to avoid duplication of submissions.**

Once a member of the treatment team completes the PRE for a participant, that person will be responsible for informing the rest of the team about the completed PRE. The team will then work together to determine any relevant service needs and/or any needed Risk Mitigation Plan.

Question: Is there a way to access a paper copy of the PRE assessment once it has been completed to maintain in a participant's file? Is there a way to access the completed PRE online to ensure all information is captured in a participant's ISP? Can we access the online version of the PRE after it has been submitted?

Answer: With the recent update to the PRE tool, as long as you provide an accurate email address, you will automatically receive an email with the PRE results. If the user provides an email address for both the behavior specialist (if applicable) and the supports coordinator, both will receive an email. The option to save and print a pdf copy will remain available. If you chose to print or save, remember that once you close the web browser you will no longer be able to go back in to view, save or print the PRE.

If you did not receive an email with the PRE results, please contact the Provider Support Mailbox (ra-basprovidersupprrt@pa.gov) with a request for assistance. Requests will be considered by BSASP on a case-by-case basis.

Question: Are we able to complete the PRE over the phone with the participants?

Answer: No. The PRE is not meant to be completed with the participant. The PRE should be completed online via QuestionPro, using your clinical judgement. We know providers may want to complete it while meeting with the participant or when they don't have access to the internet in the field; however, this is not how the PRE was designed.

Question: Should the PRE be completed within a certain timeframe of the last one submitted?

Answer: If a PRE has been submitted within 90 days of the next due date, a new PRE does not need to be completed, as long as the PRE is current, and no new significant risks have been identified. For example, if a new PRE was submitted due to a significant change in risk on January 31, 2020 and the ARP is due March 5th, a new PRE does not need to be submitted, since the most current PRE was completed within 90 days. This is consistent with the guidance on completion of the SIB-R.

Question: How long after the Annual Review should the PRE be submitted? Is there a deadline?

Answer: The PRE should be completed no more than 90 days prior to the participant's Plan Effective Date (PED) for initial ISPs and ARPs.

Question: Can a mental health condition/diagnosis also be counted in the category for a chronic medical condition?

Answer: No. It is important that all risks/concerns be captured and described in only one category listed in the PRE. For example, if a participant has a diagnosis of anxiety, this diagnosis should be listed only under the mental health condition/diagnosis section. It should not be included under the chronic medical condition category.

Question: What should I do if I submit a PRE and believe I made an error?

Answer: Contact the Provider Support Mailbox (ra-basprovidersupprt@pa.gov) with a subject line of **PRE Error**. Please include the participant's name, date and time the PRE was submitted. BSASP will delete the PRE from the QuestionPro database. Please complete and submit a new, corrected PRE for this participant after informing BSASP that an error was made in the original PRE submitted.

Question: I'm having a difficult time deciding how to answer a question because the answer is somewhere in between two of the answers I can select. What should I do?

Answer: This type of scenario may occur on the Co-Occurring Mental Diagnosis/Condition domain under the severity question because the response requires consideration for both frequency of symptom expression and the impact of those symptoms. When in doubt, make a determination based on the impact of the risk.

Periodic Risk Evaluation (PRE)

Training Manual



Question: In some of the domains, the participant may have multiple risk factors (e.g., multiple mental health diagnoses, multiple health/medical concerns, or multiple behaviors). How do I answer the domain questions when I am not answering the question for each risk, behavior, symptom, condition, etc.?

Answer: If there are multiple factors within a domain, answer the questions based on the factor that is most significant.

Question: The participant I support has a Behavioral Support Plan (BSP). Do I need to include every behavior addressed on the BSP when answering the PRE?

Answer: The Risk of Harm to Self/Others domain was designed to capture historical and/or current behaviors that are considered a risk of harm to self or others that have not resulted in law enforcement contact. If the behaviors do not pose a risk of harm to self or others, do not include (e.g., swatting another person on the arm, shredding papers, picking fingernails). Please consult the *Domain Descriptions* section of this manual for examples of behaviors that would be included in this domain.