

FAQs: Utilizing the “At-Risk” Survey

1. Why is it necessary to identify Consumers who are “at-risk”?

The most obvious answer is to better assist Consumers in maintaining their choice to live in a community-based setting. Also, the Workforce Innovation and Opportunities Act of 2014 (WIOA) mandates that under the 5th core service, CILs “(i) facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services” and “(ii) provide assistance to individuals with significant disabilities who are “at risk” of entering institutions so that the individuals may remain in the community.”

The “At Risk” Survey can be a standardized tool to assist Texas CILs in identifying Consumers, who, because of their current life circumstances, have increased odds for institutional placement. Having this information can help Independent Living (IL) Staff to better assist the Consumer in developing an Independent Living Plan (ILP) that addresses those “at risk” factors; thus, diverting Consumers from institutional placement.

2. What kind of training is required to fill out the “At Risk” Survey?

In order for the survey to be an effective tool, some training may be necessary with IL Staff. It may be helpful for CIL Directors to discuss the survey prior to implementing, so as to ensure a standardized approach in moving forward.

3. Will the survey need to be completed for all Consumers?

No. The assessment is intended to become part of the intake process when opening a Consumer Service Record (CSR) or to be completed with Consumers who already have an active CSR.

4. What if an individual only requests Information & Referral (I & R)?

If an individual is only requesting I & R, then the assessment is not necessary; however, if the requests are frequent and depending on the nature of the requests, then IL Staff may suggest opening a CSR in order to address any potential “at risk” factors.

5. What if the Consumer comes in with a particular goal, but the goal does not address any of the issues brought out in the questionnaire?

Most Consumers don’t come into our CILs saying that they have a goal to stay out of the nursing home. If the questionnaire identifies that Consumer as “at-risk” and he/she has

goals that do not address any of those factors, simply inform the Consumer of your concerns and offer to help develop a more comprehensive ILP. Consumers always have the right to say, “No”, but they should be made aware of their options. In our experience, Consumers have a tendency to focus on their immediate needs and are often in that perpetual cycle of putting out little fires. As both peers and professionals, it is our job to see the big picture.

6. *How long does it take to complete the survey?*

The survey takes about three minutes to complete. For Consumers with an existing CSR, IL Staff may be able to complete most of the survey because of the familiarity they may have with their Consumer, but obtaining clarification from that Consumer if uncertain about any of the anticipated responses.

7. *What if the Consumer does not believe he/she is at-risk?*

Asking the Consumer if he/she is “at risk” is only one aspect of the assessment and is not the only criteria for determining if the Consumer is “at-risk”. This may be a judgment call and not all Consumers understand what makes them “at risk”. This is why the survey needs to be completed in its entirety. The experience of IL Staff as peers, as well as professionals, can utilize the survey in conjunction with other information obtained during the intake process to make a more informed assessment of the Consumer’s “at-risk” status.

8. *What is the scoring threshold to determine if a person is “at-risk”?*

A score of 50 and above indicates that the Consumer may be at risk of institutionalization. The survey consists of two tabs on an Excel document:

- Tab 1 – Summary of responses and tabulated score
- Tab 2 – Scoring detail that captures individual score assigned to each response

9. *How were scores determined?*

The scoring methodology is strictly arbitrary, but validated using Consumers that were determined by experienced IL Staff to be “at-risk”. However, in the CILs’ efforts to improve the survey in the future, a more technical approach may need to be considered.

10. *Once the individual has reached the at-risk threshold of 50, do we continue with the survey?*

Yes, the assessment needs to be completed in its entirety.

11. The questions seem to be personal and invasive. How do we approach this with Consumers?

Once you explain to the Consumer why you are asking these questions, they are usually amenable to answering your questions. This survey is not intended in any way to compromise the CILs' philosophy of Consumer directed services. The Consumer has the right to refuse any service offered.

12. Why aren't more significant disabilities included in Question 4?

Because our target population is of individuals with significant disabilities, we often provide services based on that assumption. The conditions in Question 4 are chronic medical conditions that research indicates increases the likelihood of an individual entering a nursing home. We intentionally stayed away from including the more significant disabilities because of the appearance of disabilities needing to be treated or cured. All chronic medical conditions are disabilities, but not all disabilities are medical conditions.

13. Would this assessment be completed with recent nursing home relocations?

Yes. There is no one more "at risk" than those individuals recently relocated from nursing homes. As a matter of fact, the survey was completed on recently relocated Consumers to assess its effectiveness in identifying "at risk" individuals.

14. Are there a specified number of those items on the survey that CIL Staff will need to assist the Consumer with before counting him/her as a successful diversion?

No. The purpose of the survey is for the CILs to implement a standardized approach in identifying Consumers who are "at-risk" of institutionalization and to assist CIL Staff in developing an ILP with that Consumer that will stabilize the Consumer's living situation and maximize resources that will address those "at-risk" factors. A successful diversion can only be determined by the Consumer, working in conjunction with IL Staff to achieve the goals established in the ILP.

15. What if the score identifies the Consumer as "at-risk", but the identified needs are services your Center does not provide?

The CIL does not have to provide the service in order to assist the Consumer in addressing his/her needs. A well-developed ILP will help to establish the role CIL Staff will play in identifying, referring and/or arranging for those services to meet the needs of the Consumer; hence, decreasing the likelihood of institutionalization.

16. Is it a liability once we have identified a Consumer to be “at-risk”?

The CIL is not anymore liable in implementing this activity than it is with any other activity in which that CIL engages. The survey is just a tool to 1) help you better serve your Consumer and 2) help you meet compliance in identifying “at-risk” Consumers and diverting them from an institutional setting. Making a referral to Adult Protective Services is not necessary unless there is a resource they can provide in helping IL Staff meet the needs of that Consumer.

17. Once a person is identified as “at-risk” what do you do with that information?

Identifying the individual as “at-risk” is of course the beginning of the process. The next step would be to help the Consumer develop an ILP that would increase the Consumer’s chances for maintaining his/her stay in the community. Utilizing the CIL’s data collection program, record this information where it can be easily retrievable and included in future 704 reports to show compliance with the 5th core service. Creating a simple yes/no custom field for nursing home diversion in your CILs’ data collection program is highly recommended. This information may also be used later to calculate a value or return on investment for the CIL Program.

18. How would you determine the value or return on investment using this survey?

A standardized methodology has not yet been developed among Texas CILs to determine a return on investment for nursing home diversion. The first step is being able to identify “at-risk” individuals and subsequently assigning a value to those instances of successful diversions. The Greenlights project is currently in the process of assisting the Texas CILs in this effort.

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