



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 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 complete the “At-Risk” Survey?

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

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

No. The survey 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 to address any potential or existing “at-risk” factors.

5. *What if the Consumer establishes an Independent Living Plan, but the goals do not address any of the at-risk factors identified in the survey?*

Most Consumers don't come into our CILs saying that they have a goal to stay out of the nursing home. If the survey 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 tend to focus on their immediate needs and are often in that perpetual cycle of putting out little fires. As both peers and experienced CIL Staff, it is our job to assist the Consumer in seeing the big picture.

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

The time it takes to complete the survey may vary for each Consumer. For Consumers with an existing CSR, IL Staff may be able to complete the survey in three to five minutes, depending on staff's familiarity with their Consumers, obtaining clarification when uncertain.

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, as some Consumers do not understand what makes them "at-risk". Therefore, encourage the Consumer to complete the survey in its entirety. IL Staff may also 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 the 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, if possible.

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 control and direction. The Consumer has the right to refuse any phase of the assessment.

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 excluded 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 chronic medical conditions.

13. Should the survey 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. Is there a specified number of those items on the survey, with which CIL Staff will need to assist the Consumer 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. The survey can 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 services needed are not provided by your Center?

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

providing, arranging and/or purchasing 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” and not report it to Adult Protective Services?

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, or the Consumer is being abused, at which point, staff should follow its state’s and CIL’s procedures for reporting abuse.

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.

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