

## Section 4-Supplemental Needs/Risk Assessment Instructions

### 1. Severe Medical Risk High Level:

Refer to Section 3A-Medical Supports Needed, under Respiratory Care, Feeding Assistance, Skin Care, and Other Exceptional Medical Care. Severe Medical Risk is identified by a “2” rating for any of the specific risks mentioned in any of the specific risks mentioned in Supplemental Risk Section 4, Question 1.

- a. The Individual requires frequent and lengthy hands-on staff involvement to address critical health and medical needs. This means that medically-related treatments; transfers; lifts, and positioning; and/or direct monitoring, routinely require extensive 1:1 and/or 2:1 staff support to perform and complete. Examples include lengthy periods of wound care, complicated, manual/mechanical transfers, the need for frequent 2-person repositioning at night, and administering other critical medical treatments.
- b. The severity of the Individual’s medical risk currently requires direct professional care on a 24-hour basis. Direct professional care is defined here as RN supervised care which is delivered by an RN, LPN, or delegated/trained staff.
- c. The Individual has medical care plans in place related to these specific support needs, that are documented within the ISP process, such as the Essential Information, Shared Planning, Plan for Supports, crisis support plan, health protocols, health care plan, nursing plan or other assessments. It is not expected that these documents be brought to the SIS meeting, but that they be made available, if requested, for later review.

### 2. Severe Community Safety Risk-Convicted

Refer to Section 3B-Behavioral Supports Needed, under Externally Directed Destructiveness and Sexual. Severe Community Safety Risk to Others is indicated by a “2” rating for any of the specific risks mentioned in Supplemental Risk Section 4, Question 2.

- a. The Individual has ever been found guilty through the criminal justice system, including but not limited to the Psychiatric Security Review Board, of a criminal action involving actual or attempted assault and/or injury to others; property destruction due to fire setting and/or sexual aggression.
- b. The severity of the Individual’s community safety risk to others currently requires a specially controlled environment that limits the individual’s ability to leave the home setting without direct supervision; and/or requires direct supervision during all waking hours within the home setting. Direct supervision is defined here as exclusive 1:1 staffing dedicated to this individual and/or the constant availability of staff whose primary responsibility is to provide an immediate physical intervention, as needed. The conviction may be several years old; however, the support needs are current.

- c. The Individual has documented restrictions in place, related to these risks, through parole, probation, visitation or proximity restrictions, court order, or other legal requirements. These restrictions are addressed within the Individual's ISP process, in documentation such as the Essential Information, Shared Planning, Plan for Supports, Positive Behavioral Support Plan, crisis support plan, psychosocial/sexual evaluation, post prison supervision conditions, ~~and/or~~ probation conditions, or other assessments. It is not expected that these documents be brought to the SIS interview, but that they be made available, if requested, for later review.

### 3. Severe Community Safety Risk- Not Convicted

Refer to Section 3B-Behavioral Supports Needed, under Externally Directed Destructiveness and Sexual. Severe Community Safety Risk to Others is indicated by a "2" Rating for any of the specific risks mentioned in Supplemental Risk Section 4, Question 2.

- a. Although never convicted the individual displays the same severe community safety risk to others as individuals who have been found guilty through the criminal justice system, including but not limited to the Psychiatric Security Review Board, of a criminal action involving actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression.
- b. The Severity of the Individual/s community safety risk to others currently requires a specially controlled environment that limits the individual's ability to leave the home setting without direct supervision; and/or requires direct supervision during all waking hours within the home setting. Direct supervision is defined here as exclusive 1:1 staffing dedicated to this Individual and/or the constant availability of staff whose primary responsibility is to provide an immediate physical intervention, as needed.
- c. The Individual has documented restrictions in place, related to these risks. These restrictions are addressed within the Individual's ISP process, in documentation such as the Essential Information, Shared Planning, Plan for Supports, Positive Behavioral Support Plan, crisis support plan, psychosocial/sexual evaluation, or other assessments. It is not expected that these documents be brought to the SIS Interview, but that they be made available, if requested, for later review.

#### 4. Severe Risk Or Injury to Self

Refer to Section 3B-Behavioral Supports needed, under Self-Directed Destructiveness, Severe Risk of Injury to Self is indicated by a “2” rating for any of the specific risks mentioned in Supplemental Risk Section 4, Question 4.

- a. The Individual engages in self-directed destructiveness related to self-injury, PICA, and/or suicide attempts, with the intent or effect of creating a serious danger to their own health and/or safety. Examples of self directed destructiveness include head banging, eye gouging, severe skin picking, and cutting, ingestion of inedible substances and/or fluids, and suicide attempts.
- b. The severity of the Individual’s risk of injury to self currently requires direct supervision during all waking hours within and/or outside of the home setting. Direct supervision is defined here as exclusive 1:1 staffing dedicated to this individual and/or the constant availability of staff whose primary responsibility is to provide an immediate physical intervention, as needed.
- c. The Individual has prevention and intervention plans, in place, that are documented within the ISP process, such as the Essential Information, Shared Planning, Plan for Supports, Positive Behavioral Support Plan, crisis support plan, psychosocial/sexual evaluation, health protocols, health care plan, nursing plan, or other assessments. It is not expected that these documents be brought to the SIS Interview, but that they be made available, if requested, for later review.

5. Risk of Falling – answer “yes” or “no”. If yes then describe specifically the frequency in the past 12 months and nature of the falls.

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**Note:** All four sections of the Supports Intensity Scale (SIS) are administered with individuals in the ID/MR and DS Waivers every three years, but Section 4, the Supplemental Needs/Risk Assessment must be completed annually. For years in which a SIS is not administered, the following instructions apply:

1. Obtain a separate copy of the 1/2010 version of the Supplemental Needs/Risk Assessment which can be found at [www.dbhds.virginia.gov/ODS-SIS.htm](http://www.dbhds.virginia.gov/ODS-SIS.htm)
2. Complete items 1-4 d and 5 by referring to a SIS Booklet. Without marking the booklet, determine from questions in Section 3 A/B (Medical and Behavioral) whether the individual has extensive needs, and record the frequency and amount of support required.
3. Assure documentation of what these needs would be on the Risk Assessment form and use additional pages as needed. (most likely the current information may be recorded in the Essential Information or in the Profile of the PC ISP).
4. Complete Risk Assessment Section 4 hard copy and distribute to all DS and ID Waiver Providers.