



# Safety and Self Preservation Module

**Commented [SL1]:** The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

Key	
<b>Bold Blue Highlight:</b>	Module narrative and directions- assessment level instructions and/or help
<b>Orange:</b>	Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
<b>Green:</b>	Skip patterns
<b>Red:</b>	Additional instructions – item level help
<b>Purple:</b>	Section level help
<b>Light Blue:</b>	Notes for automation and/or configuration
<b>S</b>	Denotes a shared question with another module (one way only unless otherwise directed)
<b>Gray Highlight:</b>	Responses/Text Boxes to pull forward to Assessment Output
<b>Yellow Highlight:</b>	Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself
<b>Green Highlight:</b>	Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
<b>M</b>	Denotes mandatory item
<b>↔</b>	Item populates forward for Reassessment
<b>Teal Highlight:</b>	Items for Revision and CSR- Support Plan only
<i>Italics:</i>	Items from FASI (CARE) -Department use only

The purpose of the Safety and Self Preservation module of the Assessment process is to identify how the participant handles emergency situations; highlight any needs that should be addressed as part of support planning; and, to identify any personal safety needs.

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review.



## 1. EMERGENCY SAFETY & PREPAREDNESS

For participants age 0-3, have the parent/guardian answer the items on behalf of the participant. For participants age 4-13, have the participant answer the following items with assistance from parents/guardians. For participants age 14 and older, have the participant answer the following items without assistance.

**Commented [SL2]:** Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.

### 1. What do you consider an emergency? (Pulls to Section 15 Support Plan)

### 2. How would you get help in an emergency? (Pulls to Section 15 Support Plan)

### 3. Do you need help in an emergency? (Pulls to Section 15 Support Plan)

- No
- Yes

Describe help needed in an emergency:

### 4. Can get out of the home easily in an emergency? (Pulls to Section 15 Support Plan)

- Yes
- No

### 5. Emergency exit plan is in place (Pulls to Section 15 Support Plan)

- Yes
- No

### 6. Emergency kit available (flashlight, candle, water, etc.) (Pulls to Section 15 Support Plan)

- Yes
- No

### 7. Emergency phone numbers easily available (Pulls to Section 15 Support Plan)

- Yes
- No



**8. Notes/Comments: Emergency Safety & Preparedness**

**2. PERSONAL SAFETY**

**Commented [SL4]:** These questions are from NCI-AD and item language and responses cannot be changed.

**1. Do you feel that the people who are paid to help you treat you with respect?**

- |  |   |
|--|---|
| <input type="radio"/> <b>No, never or almost never</b>                                 | <input type="radio"/> <b>Usually</b>      |
| <input type="radio"/> N/A- No paid support persons                                     | <input type="radio"/> Don't know          |
| <input type="radio"/> N/A- Question not asked because paid support persons are present | <input type="radio"/> Unclear response    |
| <input type="radio"/> Yes, always  | <input type="radio"/> Refused/no response |

**1A. If "Usually" or "No, never, or almost never" Describe concerns about being treated with respect by those paid to help you**

**2. Do you feel safe around the unpaid/natural supports who help you?**

- |  |   |
|--|---|
| <input type="radio"/> <b>No, never or almost never</b>   | <input type="radio"/> Yes, always         |
| <input type="radio"/> N/A- No unpaid/natural support persons                                     | <input type="radio"/> <b>Usually</b>      |
| <input type="radio"/> N/A- Question not asked because unpaid/natural support persons are present | <input type="radio"/> Don't know          |
|  | <input type="radio"/> Unclear response    |
|  | <input type="radio"/> Refused/no response |

**2A. If "Usually" or "No, never, or almost never", Describe concerns about safety around unpaid/natural supports:**

**3. Do you feel safe around the people who are paid to help you?**

- |  |  |
|--|--|
| <input type="radio"/> <b>No, never or almost never</b> | <input type="radio"/> N/A- Question not asked because paid support persons are present |
| <input type="radio"/> N/A- No paid support persons     | <input type="radio"/> Yes, always  |



- Usually
- Don't know
- Unclear response
- Refused/no response

**3A. If "Usually" or "No, never, or almost never", describe concerns about safety around people paid to help:**

**4. Are you concerned for your safety at home?**

- Yes, most of the time
- Sometimes
- Rarely or never
- Don't know
- Unclear response
- Refused/no response

**4A. If "Yes" or "Sometimes", Describe concerns about home safety:**

**5. If you are concerned for your safety or if you were to ever feel unsafe, do you have somebody to talk to that could help you feel safe?**

- No
- Yes
- Maybe, not sure
- Don't know
- Unclear response
- Refused/no response

**5A. If "Maybe" or "No", Describe concerns and potential strategies for mitigating:**

**6. Are you ever worried for the security of your belongings?**

- Yes, most of the time
- Sometimes
- Rarely or never
- Don't know
- Unclear response
- Refused/no response

**6A. If "Yes" or "Sometimes", describe concerns about the security of your belongings:**



**7. Do you feel that someone around you has been using your money in a way that you did not give them permission to?**

- No
- Yes**
- Maybe, not sure**
- Don't know
- Unclear response
- Refused/no response

**7A. If "Yes" or "Maybe", describe concerns about misuse of your money:**

**8. Do you feel that you have enough privacy in your home?**

- No**
- Yes
- Don't know
- Unclear response
- Refused/no response

**8A. If "No", describe concerns about privacy in your home:**

**9. Is this participant at risk of self-neglect? !**

- No
- Yes**

**9A. Check all that apply:**

- Alcohol and/or other drug use leading to health or safety concerns
- Behaviors that pose a threat of harm to self or others
- Dehydration or malnutrition
- Hygiene that may compromise health
- Impairment of orientation, memory, reasoning and/or judgment
- Inability to manage funds that may result in negative consequences
- Inability to manage medications or to seek medical treatment that may threaten health or safety
- Unsafe/unhealthy living conditions
- Other

Describe risk of self-neglect:



**10. Is this participant at risk of neglect, abuse, or exploitation by another person?** ⓘ

- No
- Yes

Describe risk of neglect, abuse, or exploitation by another person: \_\_\_\_\_

**11. In the past five years has adult protective services (APS) and/or child protective services (CPS)/child welfare received a report or referral of mistreatment about the participant?** ⓘ

- Unknown
- Choose not to respond
- No
- Yes

unsubstantiated allegation(s) have been made

Describe unsubstantiated allegations: \_\_\_\_\_ If participant/proxy declines to provide indicate in the describe field.

- Current involvement APS
- Current involvement CPS
- Past involvement APS
- Past involvement CPS

**12. Is the participant currently on probation and/or parole?** ⓘ

- Unknown
- Choose not to respond
- No
- Yes

Describe reason for probation/and or parole: \_\_\_\_\_ If participant/proxy declines to provide indicate in the describe field.

Does this have implications for rights modifications?

- No
- Yes

**13. Notes/Comments: Personal Safety**



### 3. LIVING SAFELY IN THE COMMUNITY

For each of the settings identified in Item 1, identify the type of supervision and the frequency the supervision is needed for the setting. Definitions for the types of supervision are:

- **On call remote/phone support** – The participant requires a support to be available by phone, text, email, or other communication but does not require direct monitoring. For example, a participant with IDD may require standby phone support to answer questions about bus routes or cooking but is otherwise independent and requires no supervision.
- **Remote video/auditory/other supervision/monitoring** - The participant requires remote monitoring via security camera, microphone, web camera or other mechanism. This can be monitoring from a separate physical site (e.g., support person's office) or remote monitoring only from support persons on site who are not in direct contact with the participant.
- **Onsite supervision** - Intermittent or continuous onsite supervision of a participant. Support person may be asleep or awake but must be physically onsite. Support persons do not have to be within hearing or visual range.
- **Awake onsite supervision** - Intermittent or continuous onsite supervision of a participant. Support person must be awake and physically onsite. Support persons must be continually within hearing or visual range.
- **Direct sight and hearing supervision (excludes remote monitoring)** - Continuous onsite supervision of the participant during which support persons must be within hearing and visual distance of the participant. This includes only onsite support persons, not remote monitoring.
- **Undivided attention of one person** - Participant requires the undivided attention of one support person. The support person must not be performing other tasks or supervising other individuals during this time.
- **Undivided attention of one person with one or more persons able to provide assistance at a moment's notice** - Participant requires the undivided attention of one support person with another support person in the immediate area who is able to provide additional physical assistance at a moment's notice. The support person providing undivided attention must not be performing other tasks or supervising other individuals during this time.

Definitions for the frequency response options are:

- **All of the time activity occurs-** Requires the identified level(s) of supervision during the entire occurrence of the activity (e.g., awake, asleep, employment site)
- **50% or more of the time the activity occurs-** Requires the identified level(s) of supervision 50% or more of the occurrence of the activity (e.g., awake, asleep, employment site)
- **Less than 50% of time the activity occurs-** Requires the identified level(s) of supervision less than 50% of the occurrence of the activity (e.g., awake, asleep, employment site)
- **Weekly-** Requires the identified level(s) of supervision throughout the week but does not require this supervision daily



- **Less than weekly up to monthly-** Requires the identified level(s) of supervision less than weekly but the supervision need occurs at least monthly

**1. Participant requires non age-appropriate supervision in the following settings:** ⓘ

- No supervision needed (**Skip to Item 2- Level of supervision likely to change**)
- Awake Time in Residence (**Show Items 1A-1B**)
- Asleep Time in Residence (**Show Items 1C-1D**)
- Employment (**Show Items 1E-F**)
- Day program (**Show Items 1G-H**)
- Other community activity (**Show Items 1I-J**)

**Column 1 is required for the applicable response is selected in item 1**  
**Column 2 should not be enabled/required until the corresponding supervision type in Column 1 is selected. This applies to questions 1A, 1C, 1E, 1G, 1I**

**1A. Awake Time in Residence** ⓘ

Supervision Type Needed	Frequency (Drop Down)
<input type="checkbox"/> On call remote/phone support	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Remote video/auditory/other supervision/monitoring	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Onsite supervision (supervising support can be asleep)	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Awake onsite supervision	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Undivided attention of one person	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> </ul>



	<ul style="list-style-type: none"> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>

**1B. Describe details of supervision needed during awake time in residence:** ⓘ

**1C. Asleep Time in Residence** ⓘ

Supervision Type Needed	Frequency (Drop Down)
<input type="checkbox"/> Stand by remote/phone support	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Remote video/auditory/other supervision/monitoring	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Onsite supervision (supervising support can be asleep)	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Awake onsite supervision	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Undivided attention of one person	<ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul>



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|---|---|
| <input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice | <ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul> |
|---|---|

**1D. Describe details of supervision needed during asleep time in residence:** !

**1E. At employment site** !

Supervision Type Needed	Frequency (Drop Down)
<input type="checkbox"/> Stand by remote/phone support	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Remote video/auditory/other supervision/monitoring	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Onsite supervision (supervising support can be asleep)	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Awake onsite supervision	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Undivided attention of one person	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>



- |   |   |
|---|---|
| <input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice | <ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul> |
|---|---|

**1F. Describe details of supervision needed at employment site:** !

**1G. At day program** !

Supervision Type Needed	Frequency (Drop Down)
<input type="checkbox"/> Stand by remote/phone support	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Remote video/auditory/other supervision/monitoring	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Onsite supervision (supervising support can be asleep)	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Awake onsite supervision	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Undivided attention of one person	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>



- |   |   |
|---|---|
| <input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice | <ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul> |
|---|---|

**1H. Describe details of supervision needed at day program:** ⓘ

**1I. At other community activity** ⓘ

Supervision Type Needed	Frequency (Drop Down)
<input type="checkbox"/> Stand by remote/phone support	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Remote video/auditory/other supervision/monitoring	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Onsite supervision (supervising support can be asleep)	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Awake onsite supervision	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>
<input type="checkbox"/> Undivided attention of one person	<ul style="list-style-type: none"> <li>➢ All of the time activity occurs</li> <li>➢ 50% or more of the time the activity occurs</li> <li>➢ Less than 50% of the time the activity occurs</li> <li>➢ Weekly</li> <li>➢ Less than weekly up to monthly</li> </ul>



- |   |   |
|---|---|
| <input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice | <ul style="list-style-type: none"> <li>➤ All of the time activity occurs</li> <li>➤ 50% or more of the time the activity occurs</li> <li>➤ Less than 50% of the time the activity occurs</li> <li>➤ Weekly</li> <li>➤ Less than weekly up to monthly</li> </ul> |
|---|---|

**1.J Describe details of supervision needed during other community activity:** ⓘ

**2. Is the level of supervision needed likely to change prior to the next scheduled assessment in any of the following areas:** ⓘ

- Awake Time in Residence  
Describe level of supervision change needed for Awake Time in Residence:  
\_\_\_\_\_
- Asleep Time in Residence  
Describe level of supervision change needed for Asleep Time in Residence:  
\_\_\_\_\_
- Employment  
Describe level of supervision change needed for employment: \_\_\_\_\_
- Day program  
Describe level of supervision change needed for day program: \_\_\_\_\_
- Other community activity  
Describe level of supervision change needed for other community activity:  
\_\_\_\_\_
- None

**3. Notes/Comments: Living Safely in the Community**