



NH Statewide Risk Management Committee Practice Guidelines – Effective 10/1/2023

1. Introduction

1. The purpose of the Statewide Risk Management Committee (SRMC) is to support Local Risk Management Committees (LRMCs) at Area Agencies by reviewing cases referred by LRMCs and offering advice and recommendations regarding the Plan of Person-Centered Risk Manageability (RMP). The SRMC and related authorities are outlined in He-M 503, 504 and 505.
2. LRMCs shall remain a Designated Area Agency Delivery System (DAADS) function and as such, will be coordinated by the Area Agencies. SRMC will be coordinated and hosted by The Central Coordinator from Community Support Network, Inc (CSNI) or a designee, on behalf of the Area Agencies. Guests and/or committee members from outside Area Agencies are invited to join SRMC on an as-needed basis, upon invitation by a Local Risk Management Committee and with the prior approval of the Central Coordinator.
3. The current RMP Template can be found at www.csni.org/clinical-resources.
4. The SRMC shall thoroughly review all information provided and offer the presenting LRMC thoughtful advice, suggestions, and recommendations in areas such as:
 - i. Whether the risk management plan provides appropriate services, supports and supervision for the individual,
 - ii. The sufficiency of treatment to be provided for the individual to address the clinical issues associated with the individual's high-risk behaviors.
 - iii. The appropriateness of any proposed restrictions or environmental modifications.
5. In addition, the SRMC offers the following additional functions:
 - i. An opportunity for discussion about Risk Assessment recommendations within the context of the service delivery system.
 - ii. Reviewing and making recommendations regarding the strength of the person-centered aspects of the RMP.
6. The recommendations of the Statewide Risk Management Committee will be considered by the Area Agency LRMC who will provide final approval of the RMP and facilitate implementation of the plan in cooperation with the individual's primary service team. The SRMC advice, opinions and recommendations are advisory to the Area Agency and all authority for approval of the RMP will reside with the Area Agency.
7. Provider agencies are expected to support and adhere to stipulations as outlined in the LRMC approved Risk Management Plan, per He-M 504. If any part of the plan is not able to be implemented, there must be a documented mutual agreement with the Area Agency as to a suitable alternative mitigation.



8. The Statewide Risk Management Committee may also provide, guidance, insight, and recommendations regarding statewide or local issues associated with assessment, treatment, and risk manageability for individuals with developmental disabilities who have histories of high-risk behaviors.

2. Definition

1. An individual may be presented to the Statewide Risk Management Committee when the Local Risk Management Committee determines, in accordance with He-M 500 regulations and applicable LRMC guidelines, that the individual would benefit from inclusion in the Person-Centered Process of Dynamic Risk Manageability.
2. Plans of Person-Centered Dynamic Risk Manageability should be completed in accordance with He-M 500 regulations and applicable LRMC guidelines and should be reviewed and approved by the Area Agency Local Risk Management Committee, and the Area Agency Executive Director, or designee, before being submitted for endorsement by the Statewide Risk Management Committee.
3. Plans must retain final approval by the Area Agency LRMC prior to implementation. For any rights restrictions to be implemented, they must first be approved by the Area Agency Human Rights Committee. Note that the LRMC, nor SRMC are responsible for engaging in the HRC process and the Service Coordinator must perform this function as described in He-M 503.

3. Organization and Operation of the Committee

1. **Membership:** The SRMC shall be comprised of individuals who have knowledge and experience in the assessment, treatment, and support of individuals with histories of high-risk behaviors. All committee members of SRMC as well as any guests attending an SRMC meeting must sign a valid Confidentiality Agreement (appendix A) and must fully abide by the conditions of the agreement as well as HIPAA regulations. The SRMC will be coordinated and hosted each month by the Central Coordinator from CSNI.

1. Membership shall include:

- i. Each Area Agency must designate one (1) or two (2) representatives to fulfill the role as SRMC Committee Members, to attend and participate in SRMC each month. These designated committee members must be knowledgeable about assessment, treatment, and support of individuals with histories of high-risk behaviors. Attendance at and participation in each monthly meeting is expected. Area Agency senior leadership is welcome to join on an as needed basis and is optional.
- ii. One (1) or two (2) representatives from the Bureau of Developmental Services, knowledgeable about assessment, treatment, and support of individuals with histories of high-risk behaviors, to attend SRMC each month.



2. Individuals who are not committee members, such as service coordinators participating as guests, shall not have voting rights on the SRMC. Guests must sign a confidentiality agreement prior to attending any SRMC meeting.
 3. LRMC's are welcome to work with the Central Coordinator to attend as guests on a month-by-month basis.
 4. A record of SRMC membership will be maintained by the Central Coordinator. If an Area Agency chooses to change their representative, the Central Coordinator must be notified via email.
2. **Meeting schedule:** Committee meetings will be coordinated by the central coordinator and shall occur at least once per month, or more frequently if needed. Meetings will occur either virtually via Zoom or in-person, to be determined at the prior month's meeting.
3. **Presentation:**
1. A representative of the Area Agency submitting the referral shall present the case. The Area Agency representative may be accompanied by the Service Coordinator if the LRMC determines this to be appropriate. Referrals should include:
 - i. a brief description of the individual's clinical, social and offense history,
 - ii. a description of the current residential, day and clinical services being provided for the individual,
 - iii. a description of the individual's current high-risk behaviors,
 - iv. the individual's current static, and dynamic risk factors,
 - v. the type and intensity of treatment being provided to address the individual's high-risk needs,
 - vi. the individual's perspective on preferred living arrangement, work situation, recreational preferences, significant relationships, and the individual vision of a preferred future.
 2. All referrals should be submitted with the following format:
 - i. All materials in one email, with the subject line containing "SRMC Referral" and the person's initials.
 - ii. Documents should be submitted as password protected PDFs. Please ensure that any documents submitted do not include any HIPAA protected information, including the individual's last name.
 - iii. Submissions that are submitted incorrectly (particularly in a way that is not HIPAA compliant) will not be accepted.
 3. The Committee will have carefully reviewed the full RMP, and all assessments and other documents provided prior to the meeting. The Committee may ask questions of the Area Agency Representative, inquire regarding issues or



concerns, and discuss the salient points of the referral. Full and open discussion is encouraged and should, in all cases, be directed at providing the Area Agency with the best possible advice, opinions and recommendations of the SRMC members.

4. In addition to the risk mitigation strategies described in the RMP, the Committee may also offer comments and suggestions regarding the implementation and monitoring of the RMP including how people will be trained regarding the plan, how the plan will be monitored and when the plan will be updated.
5. After fully reviewing and discussing the case and all the material provided, the SRMC shall decide, based on a consensus of the members whether they:
 - i. Endorse the RMP submitted by the Area Agency, either with or without suggestions, recommendations, and considerations, or,
 - ii. Do not endorse the RMP as submitted by the Area Agency. In all cases where the RMP is not endorsed by the SRMC, specific reasons shall be provided, and suggestions and recommendations shall be provided to the Area Agency for their consideration.
 - iii. The Area Agency submitting the plan also has the option to withdraw the plan, if they so choose, and the SRMC may also make this recommendation at times if there are a substantial number of changes recommended.
 - iv. The central coordinator will summarize the results of the Committee meeting including any suggestions, recommendations or considerations offered by the SRMC to the Area Agency in writing.
6. Although the LRMC is expected to consider the recommendations of the SRMC, the final decision regarding the approval of the plan lies with the LRMC. Endorsement of the plan by SRMC applies only to the plan as reviewed and does not carry forward to plans where the LRMC does not adhere to recommendations provided by the SRMC.

4. Logistical Guidelines for RMP Submissions

1. Risk Management Plan submissions will be sent by the Area Agency seeking SRMC review, directly to the SRMC central coordinator no later than two weeks prior to the SRMC meeting at which the plan is to be reviewed. All submissions must be password protected and in PDF format. SRMC meetings are scheduled for the first Thursday of each month at 1PM, unless there is a holiday or other extenuating circumstance, and an alternative date is approved by committee members.
2. The SRMC central coordinator will distribute all Risk Management Plans and supporting documents that are received in a timely manner to all SRMC members via e-mail. All



documents must come to the central coordinator in one e-mail to share with all SRMC members. At times, SRMC committee members may request additional supporting documents for review. In such circumstances, the central coordinator will forward the request to the appropriate party and distribute any additional materials that are received to all SRMC members.

3. The central coordinator will distribute an agenda for the upcoming SRMC meeting in advance of the scheduled date of the meeting.
4. If an Area Agency has a need for an emergency review of a case, after the submission deadline, the central coordinator will distribute the RMP and associated materials to all SRMC members and request that they provide an emergency review. If an Area Agency requires input from the SRMC before the next scheduled SRMC meeting, the central coordinator will facilitate a telephone conference or e-mail review in as timely a manner as possible. Quorum is constituted by the attendance of at least one representative from at least 6 member agencies (to include both Area Agencies and BDS). If quorum is not met for an emergency telephone or e-mail review, the referral will be added to the agenda for the next scheduled SRMC meeting.
5. A possible conflict of interest should also be avoided by not having the same clinician conduct the comprehensive risk assessment and write the RMP.
6. If a region is submitting an RMP that contains changes made based on feedback from the SRMC, the changes should be highlighted to facilitate review. The central coordinator will send the SRMC Response with the revised RMP, so committee members are able to compare the documents.

5. Assessor recommendations

1. LRMCs hold the authority to utilize assessors that are not included on this list at their discretion.
2. The SRMC maintains a list of approved assessors. These assessors have submitted redacted assessments to the SRMC and SRMC has agreed that all necessary components for NH RMP's are addressed in the redacted version of their assessment and the assessment appears to be suitable to the needs of AA's for Risk Management Planning.
3. Approved Assessors must be Licensed Master or Doctoral Level clinicians, who are trained in implementing and interpreting best practice, evidence-based assessment tools pertinent to the needs of individuals who demonstrate high-risk behavior.
 1. Assessors must submit a redacted version of a risk assessment, which demonstrates their ability to author an assessment suitable for the population served by the NH developmental services system, for review by the SRMC along with their Curriculum Vitae (CV).
 2. The SRMC shall review submitted materials and determine their approval, disapproval, or determine the need for additional information.



4. The Service Coordinator will work with the LRMC to identify an appropriate assessor and procure a Risk Assessment to be used to author a Risk Management Plan.
5. It is best practice for the team, including the service coordinator, area agency, and provider agency staff to work together to establish questions for the Risk Assessor.

6. LRMC considerations:

1. Plans may be authored by individuals working for an Area Agency or contracted to an outside entity by the Area Agency to author. If billing for authoring, Specialty Services and/or Medicaid requirements must be followed.
2. The LRMC for the Area Agency the individual is a part of retains the final right to approval of the RMP, regardless of who authors the plan, as well as the right to decide whether a Risk Assessment is suitable for the purposes of authoring the RMP.
3. Individual area agencies are expected to establish their own local rules, policies and/or guidelines for their LRMC and educate provider agencies on their local policies as applicable.

7. Submitting plans for SRMC Review

1. All submissions to the SRMC will be coordinated through the SRMC Central Coordinator at Community Support Network, Inc.
2. Submission guidelines:
 1. Interim plans:
 - i. Interim plans are plans that are not written from a Comprehensive Risk Assessment, Consultation, or other assessment, or are written from an assessment that was written more than one year prior to the authoring of the RMP.
 - ii. Interim plans are intended to be a bridging measure when an agency is working on identifying and/or procuring a risk assessment or other assessment, or when there is not enough information available about an individual to develop a full RMP.
 - iii. Interim plan endorsements are valid for no longer than one year beyond the initial SRMC endorsement date. Interim plans needing a one-time extension beyond one year must be re-presented at SRMC no later than 12 months after the initial SRMC endorsement date.
 - iv. Interim plans will not be endorsed beyond 24 months from the initial SRMC endorsement date.
 2. Full plans:
 - i. Full RMPs are longer-term plans.
 - ii. Full plans must be written from either:



- a. A Current Comprehensive Risk Assessment by qualified Risk Assessor, with the assessment document completed by the author within one year of submission of the completed RMP, or,
 - b. a Multi-Disciplinary Team Assessment or Consultation (MDT) following a Comprehensive Risk Assessment, with the MDT assessment or consultation completed within one year prior to submission of the completed RMP.
 3. The Risk Assessment or MDT Consultation report from which the RMP is written in its entirety, including any supporting documents,
 4. Any other information that the Local Risk Management Committee believes to be relevant and/or upon which the Local Risk Management Committee wishes SRMC review and comment.
 5. Full plans may be endorsed by SRMC for up to 3 years. To request an extension beyond that, the plan must be re-presented for endorsement no later than 36 months past the initial SRMC endorsement date. No plan will be endorsed for longer than 3 years without re-review by the SRMC.
3. Considerations
1. If the RMP contains any elements that are considered rights restrictions under state regulation, these elements must be included in a behavior management plan which must be reviewed and approved pursuant to the Area Agency's human rights review and approval process. Note that the LRMC, nor SRMC are responsible for engaging in the HRC process and the Service Coordinator must perform this function as described in He-M 503. Care should be taken to ensure full alignment between the RMP, the Service Agreement and the behavior management plan, if applicable. It is not expected that the behavior plan accompanies the RMP submission, though in some cases submission of this information may be appropriate.
 2. For individuals involved in the criminal justice system or any individuals who are subject to court ordered commitments, or who have conditions of disposition, release or adjudication imposed by the court or probation or parole, copies of all relevant documents must be provided, including arrest reports, indictment descriptions, conditions of the court, probation, or parole as well as all court ordered assessments or commitments and all associated documents.
 3. All RMPs must be signed by the author, in addition to the chair of the LRMC and/or signatures of all LRMC members. Risk Assessments must be dated and signed by the clinician completing the assessment.

8. Amendment Requirements



1. In certain cases, Area Agencies have the option to develop an amendment to a plan already endorsed by the SRMC and approved by the LRMC. The amendment template is included in the appendices of this document. These amendments are not considered to bear SRMC endorsement unless reviewed and endorsed by the SRMC.
 1. Examples of items that may be appropriate for an amendment to the RMP:
 - i. A change in age, address, or other demographic information that does not impact static or dynamic risk.
 - ii. Updated status of program planning or progress unrelated to risk level.
 2. Nonexamples of items appropriate for an amendment to the RMP:
 - i. An unanticipated decrease in supervision level
 - ii. Inclusion of a new offense
 - iii. Anything that changes an individuals' level of static or dynamic risk.
2. The amendment form should undergo LRMC review and approval prior to implementation.
3. Amendments to risk management plans may be brought forth to the SRMC to be considered for endorsement. The SRMC may determine upon review,
 1. if the amendment is endorsed,
 2. for what period of time, and;
 3. whether it will require re-presentation to the SRMC due to the impact on the level of risk for the individual.
4. Amendment presentations for endorsement at SRMC shall include:
 1. The amendment on the attached form,
 2. The SRMC endorsed RMP that is being amended,
 3. The Risk Assessment or MDT consultation document from which the SRMC endorsed plan is written.

9. After endorsement

1. When an RMP is endorsed at the SRMC, it is highly recommended as best practice that each Area Agency establishes a set schedule to review the plan and ensure the information within is current on at least an annual basis.
 1. Local Risk Management Committees hold the authority to make amendments to plans. The Statewide Risk Management Committee is not an authoritative body, and as such, it remains the responsibility of the Local Committee to determine whether they will approve it locally or seek re-endorsement from SRMC.
 2. It is best practice, and highly recommended, that Local Risk Management Committees utilize vendor feedback, as well as data, to author any changes to Risk Management Plans.



3. When amendments are made in these areas, the changes should be noted and dated, and all necessary service providers/individuals retrained on the changes.
4. If major changes are made, or changes are made to any other categories of the plan, the Local Committee is encouraged, but not required, to re-present the plan at SRMC for endorsement.
5. It is the responsibility of the Local Committee to determine whether they would like to present a plan for re-endorsement.
6. Once a plan is approved by LRMC, all provider agencies involved in a person's support team are expected to adhere to the RMP per He-M 504.

10. Appendices

1. Amendment form
2. Confidentiality Agreement



Community of Practice and Statewide Risk Management Committee Confidentiality Agreement

The undersigned party acknowledges that they are a member or guest of the respective committee(s). The information discussed at Community Support Network Inc. (CSNI) facilitated meetings listed below is confidential. The undersigned party agrees not to disclose the confidential; Protected Health Information (PHI) discussed at these meetings to anyone unless required to do so by law. There shall be no expiration date on this agreement.

Statewide Risk Management

Community of Practice

The undersigned party acknowledges that they have read, understand and agree to abide by this Confidentiality Agreement.

Written Signature:

Name and position:

Date: