

Reference Guide - Examples of Significant Risk Factors	
SIGNIFICANT RISK FACTORS	EXAMPLES
Probable risk for adverse events (e.g., death, disability, inpatient, or nursing home admission, mandated preventive services, or out of home placement)	<ul style="list-style-type: none"> <li>• Quality flags in PSYCKES</li> <li>• HH+ flag in PSYCKES</li> <li>• POP flag in PSYCKES</li> <li>• H-code in EMEDNY (HARP eligible or enrolled, HHSA only)</li> <li>• K-code in EMEDNY (HCBS eligible, HHSC only)</li> <li>• Direct referral from an inpatient medical, psych, or detox admission</li> <li>• Direct referral from ER if member is a high utilizer of the service</li> <li>• Direct referral from APS, CPS, or preventive program</li> <li>• Direct referral from MCO<sup>1</sup></li> </ul>
Lack of or inadequate social/family/housing support, or serious disruptions in family relationships; needs benefits; nutritional insufficiency	<ul style="list-style-type: none"> <li>• Homeless (<a href="#">HUD 1, 2 or 4 definitions</a>)</li> <li>• Lack of social supports as evidenced by fewer than 2 people identified as a support by the member</li> <li>• Change in guardianship</li> <li>• The institutionalization or nursing home placement of primary support member</li> <li>• Needs assistance applying for/accessing benefits such as SNAP, SSI, etc.</li> <li>• Unable to access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc.</li> <li>• Intimate Partner Violence</li> <li>• Risk of expulsion/non-participation in school/not passing classes (HHSC only)</li> </ul>
Lack of or inadequate connectivity with healthcare system	<ul style="list-style-type: none"> <li>• Individual does not have healthcare connectivity or utilization e.g., does not have a PCP or specialist to treat a chronic condition, or has not seen their provider in the last year.</li> <li>• Individual is unable to appropriately navigate the health care system for the treatment or care of the diagnosed or undiagnosed physical or behavioral health condition.</li> <li>• Potentially preventable utilization based on identified flags in PSYCKES, the RHIO, or from the MCO</li> </ul>
Non-adherence to treatments or medication(s) or difficulty managing medications	<ul style="list-style-type: none"> <li>• Quality flags in PSYCKES</li> <li>• Identify WHICH medication(s) and/or treatment(s) are involved per individual or referral source.</li> <li>• Must define source e.g., self-reported or other source with knowledge</li> </ul>
Recent release from incarceration, detention, psychiatric hospitalization, or placement; other justice referrals for those not incarcerated	<ul style="list-style-type: none"> <li>• Released within the last 90 days</li> <li>• Identify name of institution, approximate date of release</li> <li>• For “other justice referral for those not incarcerated”, must identify the name of the justice referral, i.e., “Drug Treatment Court”</li> </ul>
Deficits in activities of daily living, learning or cognition issue <sup>2</sup>	<ul style="list-style-type: none"> <li>• Instrumental Activities of Daily Living (IADLs) include transportation, shopping, managing finances, meal preparation, housecleaning, home maintenance, communications, and managing medications</li> <li>• Deficits can be caused by medication side effects, social isolation, home environment, cognitive or mental decline (e.g., dementia), aging, Musculoskeletal, neurological, circulatory, sensory conditions, lack of Durable Medical Equipment (DME), hospitalization, or acute illnesses.</li> <li>• Define source e.g., self-reported, reported by other, observed by HHCM, etc.</li> </ul>

<sup>1</sup> The [DOH Appropriate Guidance](#) (applicable only to Adults) includes “Direct referral from medical provider” as an example of Probable Risk for Adverse Events, but this cannot be the only Example to support the risk factor.

<sup>2</sup> The [DOH Eligibility Policy](#) includes “Deficits in activities of daily living, learning or cognition issues as a Significant Risk Factor, but per the [DOH Appropriate Guidance](#) (applicable only to Adults), this cannot be the only Significant Risk Factor used to establish appropriateness. Therefore, the ADL’s risk factor is only applicable to HHSC.