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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01558 (09/2023) | | **STATE OF WISCONSIN** |
| **RISK AGREEMENT – IRIS PROGRAM** | | |
| **INSTRUCTIONS:** | Completion of this form is an IRIS Program requirement per IRIS Policy Manual: Work Instructions 4.1A.1 – ‘Assessing Risk.’ The IRIS Consultant should complete the demographic Sections 1 and 2 in advance of the follow-up meeting. The IRIS Consultant must complete numbers 7-10 during the follow-up meeting and obtain signatures at the conclusion of the meeting. | |
| The risk assessment is an integral part of ensuring the health and welfare of the participant. When risk is identified, the IRIS Consultant and the participant must engage in conversation about how to address the situation. In cases in which the participant does not wish to address the risk, this document should serve as a guide for discussion and acknowledgement of risk. In cases in which the risk has exceeded the IRIS program’s ability to maintain federal requirements outlined in the 1915(c) Home and Community-Based waiver to ensure the participant’s health and safety, this form also serves as notification to the participant that they may be subject to involuntary disenrollment. | | |
| **SECTION 1: DEMOGRAPHICS** | | |
| Name – Participant (Last, First)  Name | | MCI Number  MCI |
| IRIS Consultant Agency  ICA | | IRIS Consultant (Last, First)  Name |
| Date Risk Identified  Date | | Date of Initial Conversation  Date |
| **SECTION 2: INITIAL DETAILS OF RISK** | | |
| 1. **Identified risk, how the risk was discovered, and the frequency of the risk and the severity of the risk including potential negative outcomes.** | | |
| 2. **Summary of the initial conversation with the participant including the identification of risk, why the IRIS program perceives this as a risk, and the IRIS Consultant’s attempt to encourage the participant to address the risk.** | | |
| 3. **Summary of the outcome of the initial conversation, including the participant’s preferred course of action (or inaction) and the conclusion of the initial conversation, including the participant’s rationale, if provided.** | | |
| 4. **Is the participant at risk of being referred for involuntary disenrollment for health and safety reasons if this risk is not addressed?** | | |
| Yes  No | | |
| 5. **Date of follow-up conversation** – *Note: if the answer to question 4 is “yes,” this date must be within 24 hours of initial conversation about the risk documented in questions 2-4. If the answer to question 4 is “no,” this date must be within 10 calendar days of the initial conversation.* | | |
| 6. **Options to be presented during the follow-up conversation, including specific information about how to access identified resources.** | | |

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| **SECTION 3: RISK FOLLOW-UP, STRATEGIES, AND SUMMARIES** | | |
| 7. **Individuals participating in the follow-up conversation, to include their names and relationship(s) to the participant.** | | |
| 8. **Strategies presented by the participant or others participating in the follow-up conversation, including plans for implementation.** | | |
| 9. **Follow-up conversation outcome summary, to include clear documentation of the participant’s decision about whether to engage in an option documented in 6 or 8, or to maintain the current action. In cases in which the participant plans to take action to address the risk, the IRIS Consultant must document the implementation plan, including timeframes.** | | |
| 10. **Is the participant at risk of referral to DHS for involuntary disenrollment for health and safety reasons at the conclusion of the follow-up meeting?** | | |
| Yes  No | | |
| **SECTION 4: AGREEMENTS AND SIGNATURES** | | |
| My signature indicates that: | | |
|  | My IRIS Consultant and I have discussed the risk identified in number 1, and I have been given information regarding why it is/would be a health and safety risk in the IRIS program. | |
|  | I understand the options that my IRIS Consultant presented to me in number 6. | |
|  | I understand my responsibilities identified in number 9. | |
|  | My IRIS Consultant explained to me what it means to be at risk of involuntary disenrollment if “yes” is checked in either number 4 or number 10. | |
| **SIGNATURE** – Participant | | Date Signed |
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| **SIGNATURE** – Guardian or Legal Representative (if applicable) | | Date Signed |
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|  | My signature indicates that I have explained the options in number 6. | |
|  | My signature indicates that I have explained the participant’s responsibilities identified in number 9. | |
|  | My signature indicates that I have explained to the participant what it means to be at risk of involuntary disenrollment if “yes” is checked in either number 4 or number 10. | |
| **SIGNATURE** – IRIS Consultant | | Date Signed |
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