

**SECTION**  
CASE MANAGEMENT SYSTEM

**SUBJECT**  
Risk Prevention and Management Plan

You have the right to decide about risks in your life. One of your responsibilities in the Severe Disabling Mental Illness Waiver (SDMI) is to identify potential risks to your health and safety, discuss them with your Case Management Team (CMT), and plan support services in your Risk Prevention, Assessment and Management Plan (RPAMP) to guard against those risks. As you develop your RPAMP, consider some risk factors in your life and think about ways you can use your RPAMP to lessen those risks.

The Risk Prevention, Assessment and Management Plan should be attached to the individual's Person Centered Recovery Plan.

Following are examples of risks to consider:

- A worker who doesn't show up regularly. You can choose to develop a plan for when the worker does not show up or choose to forgo that worker's service that day.
- A significant person in your life is capable of abuse, neglect, or exploitation. Unsafe living conditions, inadequate medical equipment, fire, and safety hazards, etc.
- Personal habits, i.e., smoking (when smoking creates a risk), substance abuse, gambling/financial mismanagement, refusing critical services.
- Increased health risks due to your disability.

If you ignore certain risks that may affect your health and safety while participating in the SDMI program, your CMT will ask you to complete and sign a Risk Negotiation Agreement Form. See SDMI 916A.

Following is a sample Risk Prevention, Assessment and Management Form 915 A.

**HCBS Risk Prevention, Assessment and Management Plan**

Individual's Name: *Missy Wallenda*

Medicaid Number: *567-99-4322*

Consider normal and unusual risks in each area and discuss preventative measures, as well as strengths and assets you have to address the issue. The Addictive and Mental Disorders Division (AMDD) values the balancing of rights and risks. The AMDD requires you and your case management team to make good choices in implementing reasonable safety and prevention measures. The Risk Prevention, Assessment and Management Plan should be attached to your Person Centered Recovery Plan (PCRP).

List specific risks and frequency of risks	How do you evaluate the risk? (high, medium, low) What are the potential outcomes of the risk?	What can be done to prevent these risks? What strengths and assets do you have to help with prevention?	Who can help you with preventive measures?	What support services can help you reduce the risk?	How can your POC help reduce this risk?
<p><b>Home</b></p> <p><i>I like to leave my medication bottles sitting on the kitchen table and have a friend who has twice stolen some of my medication.</i></p>	<p><i>Medium/High</i></p> <p><i>My friend may steal some more of my meds. I might run out of medication before my prescriptions are due to be renewed.</i></p>	<p><i>Put my medications somewhere safe when this friend comes to visit.</i></p> <p><i>Maybe purchase a locked box and ask the nurse to teach me how to use it.</i></p> <p><i>Ask my friend not to visit me at my house.</i></p>	<p><i>Nurse/CMT</i></p> <p><i>My Dad</i></p>		
<p><b>Leisure</b></p> <p><i>I still like to practice tight-rope walking sometimes.</i></p>	<p><i>High</i></p> <p><i>Daily</i></p>	<p><i>I will make sure that I have protection and a spotter while doing this activity.</i></p>	<p><i>My family and my personal trainer.</i></p>		
<p><b>Community</b></p> <p><i>Strangers always want my</i></p>	<p><i>Medium</i></p>	<p><i>I could decline to give autographs.</i></p>	<p><i>I'll ask my attendant to help me ward</i></p>	<p><i>Have someone go out in public with</i></p>	<p><i>Budget for socialization escort</i></p>

**SDMI HCBS 915A**

<i>autograph.</i> Health			<i>off strangers.</i>	<i>me.</i>	.
<i>Smoking.</i>	<i>Low</i> <i>Yes</i>	<i>I could try to quit. I quit drinking for many years.</i>	<i>Family and friends, my doctor</i>	<i>I can try to get a patch or something.</i>	<i>I could use funds to purchase patches.</i>
Work/School					
Behavioral and Psychiatric <i>I give money to others in need when I can't afford it. About once or twice a month.</i>	<i>High</i>		<i>My Boyfriend</i>		
Other					

