

**BIG SKY WAIVER
RISK NEGOTIATION AGREEMENT FORM**

DATE

MEMBER

MEDICAID ID

Section 1: Description of the member's needs, includes needs that cannot be met:

Section 2: Description of the services that can be provided:

Section 3: Description of the potential risk to the member:

Section 4:

- Support Services options (including nursing home services) have been explained to the member.
- The member understands and accepts the risk associated with his/her current Service Plan.
- The member's health and welfare cannot be assured and discharge from HCBS waiver will be implemented.
- The member does not have a guardian and has not been declared incompetent.

Member Signature

Date

Case Manager Signature

Date

Regional Program Officer Signature

Date