ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

MANAGED RISK AGREEMENT
Services and/or Placement

INSTRUCTIONS

The Support Coordinator or District Nurse shall discuss and complete all applicable sections of this form with the member or the member's responsible person when a condition below is identified. The Support Coordinator shall attach the completed form to the member's Person-Centered Service Plan or Individualized Family Service Plan. If the District Nurse completed the form, she/he will email the form to the Support Coordinator for attachment. Whomever completes this Managed Risk Agreement form shall complete the Managed Risk Agreement section in Focus from the information documented.

SECTION I. MEMBER INFORMATION

Member's Name *(Last, First, M.I.)*:

_____

Date: _____

See page 12 for EOE/ADA disclosures

Date of Birth: _____

AHCCCS ID: _____

Support Coordinator Name:

SECTION II. INITIAL ASSESSMENT

Select the condition(s) for which a Managed Risk Agreement is needed:

☐ **Member or responsible person refuses an offered service (all or in part) or an alternative to an offered service. List the service(s):**

☐ **Member or responsible person refuses all offered placement options.**

☐ **Member's or responsible person's choices or decisions impact member's access to available services, placement, or caregivers.**

Was the choice or decision related to not accepting a Vendor Call when the Vendor has confirmed their ability to meet the member's needs as outlined in the Vendor Call? ☐ **Yes** ☐ **No**

If yes, the Vendor Call #:

_____

Service: _____

☐ **A non-DDD member, exhibits behavior that puts the ability to provide services to the member at risk.**

☐ **Member living at home was assessed by a District Nurse as needing nursing services and the member or responsible person refused (all or in part) the offered amount of skilled nursing service hours.**

Provide a detailed description of the condition or situation requiring a Managed Risk Agreement.

List any alternative service or placement options offered. Also indicate the member's or responsible person's choice with regards to options offered. *(If applicable.)*

Describe risk associated with the member's or responsible person's decision to refuse an assessed medically necessary service or placement.

Describe the plans the member or responsible person has to address the identified risk.

Signature acknowledges the information above has been shared with the member or responsible person. The member or responsible person has made arrangements believed by them to be adequate to protect the health and safety of the member. The completed agreement will be maintained in the case file. Should a member or a member's responsible person refuse to sign the Managed Risk Agreement, the Support Coordinator or District Nurse will document "Refused to Sign."

Member's or responsible person's signature:

Date: _____

Signature of the person completing the form:
(Support Coordinator or District Nurse)

_____

Date: _____

Copy: Member or responsible person
Member's file

SECTION III. RE-ASSESSMENTS

The person who initiated the Managed Risk Agreement shall conduct a re-assessment of the condition/situation at future Planning Meetings as long as the Managed Risk Agreement remains in effect.

Reassessment #1

Date of the re-assessment: _____

Have there been any changes to the condition or situation, including the identified risks, that required the Managed Risk Agreement? ☐ **Yes** ☐ **No**

If yes, document the changes to the condition/situation, member's or member's responsible person choices or decisions, and/or the identified risks and plans to decrease the risks.

Is the Managed Risk Agreement still needed and in effect? ☐ Yes ☐ No

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Signature acknowledges the information above has been shared with the member or responsible person. The member or responsible person has made arrangements believed by them to be adequate to protect the health and safety of the member. The completed agreement will be maintained in the case file. Should a member or a member's responsible person refuse to sign the Managed Risk Agreement, the Support Coordinator or District Nurse will document "Refused to Sign."

Member's or responsible person's signature:

Date: _____

Signature of the person completing the form:
(Support Coordinator or District Nurse)

Date: _____

Copy: Member or responsible person
Member's file

Reassessment #2

Date of the re-assessment: _____

Have there been any changes to the condition or situation, including the identified risks, that required the Managed Risk Agreement? ☐ Yes ☐ No

If yes, document the changes to the condition/situation, member's or member's responsible person choices or decisions, and/or the identified risks and plans to decrease the risks.

Is the Managed Risk Agreement still needed and in effect? ☐ Yes ☐ No

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Signature acknowledges the information above has been shared with the member or responsible person. The member or responsible person has made arrangements believed by them to be adequate to protect the health and safety of the member. The completed agreement will be maintained in the case file. Should a member or a member's responsible person refuse to sign the Managed Risk Agreement, the Support Coordinator or District Nurse will document "Refused to Sign."

Member's or responsible person's signature:

Date: _____

Signature of the person completing the form:
(Support Coordinator or District Nurse)

Date: _____

Copy: Member or responsible person
Member's file

Reassessment #3

Date of the re-assessment: _____

Have there been any changes to the condition or situation, including the identified risks, that required the Managed Risk Agreement? ☐ Yes ☐ No

If yes, document the changes to the condition/situation, member's or member's responsible person choices or decisions, and/or the identified risks and plans to decrease the risks.

Is the Managed Risk Agreement still needed and in effect? ☐ Yes ☐ No

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Signature acknowledges the information above has been shared with the member or responsible person. The member or responsible person has made arrangements believed by them to be adequate to protect the health and safety of the member. The completed agreement will be maintained in the case file. Should a member or a member's responsible person refuse to sign the Managed Risk Agreement, the Support Coordinator or District Nurse will document "Refused to Sign."

Member's or responsible person's signature:

Date: _____

Signature of the person completing the form:
(Support Coordinator or District Nurse)

Date: _____

Copy: Member or responsible person
Member's file
