



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: FORMS**

**Subject: Self-Direct Risk Negotiation Form  
SLTC-230**

**PURPOSE:**

The Risk Negotiation form is to be completed if there are risks that a member decides to take knowingly and in an informed way. The Plan Facilitator and provider agency should make every effort to resolve issues that create risk for members that may lead to denial or termination of services.

**INSTRUCTIONS:**

Date: Enter the date this form is being completed.

Member: Enter member's name.

Medicaid ID: Enter member's Medicaid ID number.

Name of person  
and agency  
completing  
this form:

Enter the name of person completing the form and the name of the provider agency.

**NOTE:** The CFC **Provider** is responsible to fill out the form when the risk is associated with the flexibility parameters for the Service Plan.

The CFC Plan **Facilitator** is responsible to complete this form for all other risk negotiations.

Section 1 Describe the member's choices that can be a potential risk.

Section 2 Describe the potential consequences of the risk(s) to member.

Section 3 Describe services that can be provided to help meet member's needs.

		<b>SD-CFC/PAS 914</b>
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- Section 4 Describe the member’s decisions regarding the potential risk
- Section 5 Check the boxes that apply to the member’s situation.
- Section 6: Determine if signatures are necessary. If the member intends to implement a plan that is outside the flexibility parameters or if the plan facilitator or provider agency is uncomfortable signing the service plan based on choices the member is making, the form must be completed and sent to the RPO for approval.
- Signatures The member/PR, the person completing this form i.e. the provider when risk is associated with flexibility parameters) or the Plan Facilitator (for all other risks) and the Regional Program Officer when consulted. The provider agency is responsible to ensure all applicable signatures are in place.

**DISTRIBUTION:**

The provider agency is responsible for ensuring all entities that signed the Risk Negotiation receive a copy. The original document is kept in the member’s chart at the provider agency.