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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-02879 (09/2021) | **STATE OF WISCONSIN** |
| **VULNERABLE HIGH RISK DETERMINATION – IRIS PROGRAM** |
| **INSTRUCTIONS:**Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS program requirement per IRIS policy. IRIS consultants are required to assess vulnerability and risk factors for abuse and neglect in the participant’s personal life or finances. The IRIS consultant must complete this form after the determination of vulnerable/high risk participant (VHRP) has occurred (at least annually). 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. |
| Name – Participant (Last, First, Middle Initial) | Name – IRIS Consultant Agency |
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| Date VHRP was Initially Determined/Redetermined | Name – IRIS Consultant |
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| Date of Education Conversation |
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| 1. State how the participant meets the definition of VHRP. |
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| 2. **Conversation Summary** – Document the education conversation, including risks, education, and mitigation strategies with the participant’s and legal representative’s role in mitigating risk |
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| 3. **Outcome Summary** – Document in detail activities to be implemented to mitigate risk, such as caregiver back-up plans or caregiver stress management. Document who is responsible for each activity. Document IRIS consultant oversight plan and participant responsibilities |
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| 4. **Individuals participating in the education conversation** – List the names of individuals present during the conversation and their relationships with the participant. |
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| [ ]  My signature indicates that my IRIS consultant and I have discussed the risk(s).[ ]  My signature indicates that I understand the increased oversight needs that my IRIS consultant discussed with me.[ ]  My signature indicates that I understand my responsibilities. |
| **SIGNATURE** – Participant | Date Signed |
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| **SIGNATURE** – Legal Representative (if applicable) | Date Signed |
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| [ ]  My signature indicates that I have explained the risks and mitigation strategies.[ ]  My signature indicates that I have explained the participant’s responsibilities. |
| **SIGNATURE** – IRIS Consultant | Date Signed |
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