



MISSISSIPPI DIVISION OF  
**MEDICAID**

# Community Transition

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# Risk Management Worksheet

Section 1: Identification Information / Demographics					
First Name	Last Name	Middle Initial	Preferred Name	Date of Birth	Gender Male Female
Medicaid Number	Medicare Number	Medicare A B C D	Legal Guardian Yes No	Guardian Name and Contact	
Transition Address			Income	Community Navigator and Contact	
Emergency Contact		Allergies:			

Section 2: Services to be Utilized				
Transition Care Management		Household Goods and Furnishings		Environmental Accessibility Adaptations
DME		Security and Utility Deposits		Moving Expenses

Section 3: Waiver Information			
	Waiver	Date	Waiver Contact
	Elderly and Disabled Waiver (E&D)		

Section 3A: Waiver Services		
	E&D	Participant
Service	Offered	Needs
Adult Day Services	X	
In home Respite	X	
Institutional Respite	X	
Community Transition Services	X	
Case Management	X	
In-home Nursing Respite	X	
Environmental Accessibility Adaptations		
Home Delivered Meals	X	
Personal Care Services	X	
Residential Habilitation		
Expanded Home Health*	X	
Behavior/Crisis Support		
Specialized Equipment/Supplies		



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Section 3B: Access to Community and Services					
Access to Community Plan					
Transportation Companies		Activities in Area		Grocery Stores	
Local Churches		Parks		Community Groups	
Food Banks		Theater		SNAP benefits application date	

Section 4: Personal Goals							
Categories	1.Education	2.Family	3.Social/Recreation	4.Health	5.Housing	6.Employment	7.Other
Goal	Category	Actions to Achieve Goal				How goal was achieved	

Section 5: Identified Risks and Mitigation				
Risk	Yes	No	Risk Details	Measures to minimize risk
Substance Abuse				
Memory Impairment				
Financial				
Legal				
Behaviors				
Medical / Wounds				
Homelessness/ Evictions				
Caregiver Assistance				



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Medication Management				
Falls				
Mental Health				
When Service Providers are not Preset				

Section 6: Community Services and Providers		
Service	Provider and Number	Reason for Service
Local Sheriff		
Local Police Dept.		
Poison Control		
Fire Department		
Local Hospital		
Emergency		
NET Transportation		
Community Navigator		
Case Manager		
Pharmacy		
Medical Supplies/ DME		
Community Mental Health Center		
Community Physician		
Dentist		
Optometrist		

Section 7: Natural Supports		
Relationship	Name	Contact and Address



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Section 8: Appointments				
Provider	Date	Time	Day of Week	Reason

Section 9: Documents Uploaded to Office of Community Based Services			
Date Uploaded	Document	Date Uploaded	Document
	Discovery Profile		Household Goods and Furnishings Worksheet
	PCP Forms		Community Transition and Risk Management Worksheet
			Current Medication Record (45 days from Transition)

**I have contributed, reviewed, and agree to the contents of this Risk and Transition Worksheet and received a copy for my records.**

**My Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Community Navigator:** \_\_\_\_\_

**Date:** \_\_\_\_\_