**TBIW Assessed Risks to Service Plan**

**Mapping Checklist**

| **Assessed Risk** | **Service Plan Component / Examples** | **CM Review** | **CM Notes** | **CM Supervisor Review** | **CM Supervisor Notes** |
| --- | --- | --- | --- | --- | --- |
| **Included?****✔ = Yes****✘ = No** | **Included?****✔ = Yes****✘ = No** |
| **Risk Identified** | **Strengths/Assests to Reduce Risk Identified** | **Additional Supports to Reduce** **Risk Identified** | **Formal Supports Identified** | **All identified risks included on service plan?** | **Are all service plan components completed (ie. Risk identified, Strengths/assests identified, Additional Supports, Formal Supports)?** | **Do the service plan components include an appropriate response to the identified risk?** |
| **Medical Risks** | * Disease management
* Medication management
* Skin breakdown requiring turning / repositioning
* Inability to evacuate the home
* Obesity
* Oxygen use
* Seizures
 |  |  |  |  |  |  |  |  |  |
| **Behavioral Risks / Mental Health Risks** | * Easily agitated resulting in verbal aggression
* Resistant to care
* Sexually inappropriate
* Mood swings
* Hallucinations
* Delusions
 |  |  |  |  |  |  |  |  |  |
| **Fall Risks / Mobility** | * Stairs
* Throw rugs
* Amputation
* Use of DME / Prosthetics
* History of falls
* Unsteady gait
* Numbness
 |  |  |  |  |  |  |  |  |  |
| **Safety Risks / Substance Abuse** | * Fall risk
* Physically dangerous to self if unsupervised
* Alcohol abuse
* Substance abuse
 |  |  |  |  |  |  |  |  |  |
| **Environmental Risks** | * Uneven flooring
* Poor lighting
* Unsafe living space
* Homerepairs needed
* Accessibility modifications needed
 |  |  |  |  |  |  |  |  |  |
| **Nutritional Risks** | * Poor nutritional intake due to inability to physically feed self or cognitive impairments
* Diabetic
* Feeding tube
 |  |  |  |  |  |  |  |  |  |
| **Cognitive Risks****Cognitive Risks Cont.** | * Cannot communicate basic needs
* Seriously impaired judgement
* Impaired decision-making abilities
* Unable to follow to simple commands
* Unable to cooperate with treatment efforts
* Inattention
* Absent short term memory
* Inability to learn/retain new information
 |  |  |  |  |  |  |  |  |  |

**Case Manager Supervisor Review**

**Review Questions**

* **Service Plan Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Overall Compliance:**  ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant
* **Follow-Up Actions Required:**

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Case Manager Supervisor Signature Date