



INDIVIDUALIZED BACK-UP PLAN

An emergency back-up plan is required to handle situations when an employee providing essential supports is unavailable, the Employer of Record is not capable or available to manage employees or other emergencies arise. A back-up plan may include friends, family or other natural supports, trained and qualified employees, or agency providers whom you can call for assistance. If back-up services are to be purchased from an agency provider, the individual/employer of record must consider such costs in the budget. In addition, any employees who are paid to provide back-up services must not be scheduled for over 40 hours per week. The Personal Plan must also address the back-up plan. All members of your support team need to be educated about your back-up plan and have information accessible. This form may be used to ensure that essential information is available for your employees. **This plan should be accessible in case of an emergency.**

Participant Name: _____ Participant Phone: _____

Communication Needs: Yes No If yes, identify communication need: _____

Provide detailed steps to handle situations when an employee, who is essential for support, is not available:

When the Employer of Record is not capable or available to manage employees, I would like to appoint the following temporary Employer of Record.

Name: _____ Relationship: _____ Phone: _____

Emergency Contact(s)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

<p>EMERGENCY If there is... A Medical Emergency Life Support Equipment Failure Serious Injury/Accident Call 911 Suicide Intervention Hotline Call 800-784-2433 or 800-273-8255 800-799-4889 (TTY)</p>	<p>REPORT ABUSE, NEGLECT, EXPLOITATION (24 Hours) Adult Protective Services: 866-800-1409; 888-206-1327 (TTY) Office of Inspector General (OIG) Hotline: 800-368-1463</p>
PREFERRED PHARMACY	MEALS AND FOOD
Name: _____	Delivered by: _____
Phone: _____	Phone: _____
Person Responsible for Medication Setup	IF not delivered as usual, call:
Name: _____	Name: _____
Relationship: _____	Phone: _____



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Critical Incident Reporting: The Division of Developmental Disabilities (DDD) has developed the Critical Incident Reporting and Analysis System (CIRAS) to capture electronic reports from providers and Independent Service Coordination (ISC) agencies for critical incidents involving individuals with developmental disabilities in the State's Medicaid Waiver programs. If any of the following occur, the reporting person or Employer of Record should first ensure the individual's health and safety and then should contact ISC staff as soon as possible:

Call to 911, Death of Participant, Known Injury, Law Enforcement is called, Medical Emergency, Missing Individual, Peer-to-Peer Act, Peer-to-Staff Act, Unauthorized Restraint, Unknown Injury, Unscheduled Hospitalization, or Excessive Use of Back-Up Plan (plan is executed two days in a row or 3 times in a running 7-day period).

REPORT ABOVE INCIDENTS TO: Independent Service Coordination Agency (ISC)

ISC Agency: _____ ISC Main Phone: _____

ISC Staff Name: _____ ISC Secondary Phone: _____

Instructions:

1. The requirement to complete the Back Up Plan is only for individuals who receive Home Based Services, specifically Personal Support. Once completed, a copy of the form should be kept with the Personal Plan, provided to any provider agency identified in the plan and a copy should be kept on hand at the person's home. It isn't required to be displayed but it should be kept in a location with easy access.
2. Enter the individual who is receiving services name and phone number.
3. If the individual served has communication needs such as sign language, a communication board, a language, etc. check the box for "Yes" and identify the specific communication needs. If not, check the "No" box.
4. Use the second section to detail the plan for how the situation will be handled when the individual's Personal Support Worker doesn't arrive to provide services when scheduled. You will detail who is to be notified, how they should be contacted and what the individual served is to do when the PSW isn't available. If the plan is to contact a back up PSW, you must provide the PSW's name and contact information. If the plan is to contact an unpaid caregiver, you must provide the unpaid caregiver's name, relationship, and contact information. If the plan is to use an agency based PSW, you must provide the agency's name and contact information.
5. The next section of the form is used to develop a plan when the Employer of Record (EOR) is unable to be reached. If the individual receiving services wishes to have an alternate EOR identified, you must complete this section.
6. In the Emergency Contacts section, identify anyone who must be contacted when an emergency situation presents itself.
7. The next section provides emergency and reporting information. This section is also used to identify additional contact information for other supports the individual receives. The contact information entered should be utilized when there's a disruption in these services.
8. The last section is for critical incident reporting. The ISC agency should be identified with their main contact number, the person completing the form, and a secondary contact number in case the main contact number doesn't get answered.