

LONG TERM CARE ADMINISTRATION

Living Choice Medically Fragile

COMMUNITY SERVICE BACK-UP PLAN

Participant Name				SoonerCare ID #
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	

REQUIRED DOMAINS				
NOTE: Disaster-preparedness is not addressed in this document – See Disaster Preparedness Plan for actions related to disaster planning.				
List Specific Risks	Tier I Formal Support	Tier II Informal Support	Tier III Back-Up Support	Tier IV Extreme Emergency
<u>Direct Care Assistance</u>				<input type="checkbox"/> 911 <input type="checkbox"/> Other
<u>Critical Health - Supportive Services</u>				<input type="checkbox"/> 911 <input type="checkbox"/> Other

Participant/Legal Representative Initials _____

NOTE: Full signature required on final page only. Initials required for all other pages.

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REQUIRED DOMAINS				
NOTE: Disaster-preparedness is not addressed in this document – See Disaster Preparedness Plan for actions related to disaster planning.				
List Specific Risks	Tier I Formal Support	Tier II Informal Support	Tier III Back-Up Support	Tier IV Extreme Emergency
<u>Equipment – Maintenance Options</u>				<input type="checkbox"/> 911 <input type="checkbox"/> Other
<u>Transportation</u>				<input type="checkbox"/> 911 <input type="checkbox"/> Other

Participant/Legal Representative Initials _____

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ADDITIONAL DOMAINS				
NOTE: Disaster-preparedness is not addressed in this document – See Disaster Preparedness Plan for actions related to disaster planning.				
List Specific Risks	Tier I Formal Support	Tier II Informal Support	Tier III Back-Up Support	Tier IV Extreme Emergency
				<input type="checkbox"/> 911 <input type="checkbox"/> Other
				<input type="checkbox"/> 911 <input type="checkbox"/> Other

Participant agrees to Community Back Up Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	TC/CM Name (Print or Type): _____
Signature of Participant or Legal Agent _____ Date _____ <i>(If Participant signs with a mark, two witnesses are required.)</i>	TC/CM Signature _____ Date _____
Signature of Witness _____ Date _____	TC/CM Supervisor Signature _____ Date _____
Signature of Witness _____ Date _____	TC/CM Agency _____