

8/19/14

MFP 24 Hour Backup Plan

Name _____ RIN: _____ Phone: _____ Date Created: _____

In a Medical Emergency, Life Support Equipment Failure, Serious Injury/Accident, or Fire CALL 911

Emergency Contact Name	Phone Number	Relationship to Participant

Police/Sheriff phone number for non-emergency situations:
Safety Instructions in case of a tornado:
Safety instructions in case of a fire:

Caregivers: Call Caregivers in this order

Primary Caregiver Name	Agency Name/Relationship	Phone number(s)

Backup Caregiver Name	Title/Agency/ Relationship	Phone number

Residential Supervisor/QDDP name:	Phone Number:
Care Coordinator name:	Phone Number:

Medical Equipment

Equipment Type	Dealer/Company Name	Phone Number
Emergency Home Response		

Behavioral: In an uncontrolled/uncontrollable behavioral emergency CALL 911.

At early intervention stage call the following persons in this order:

Name	Agency	Phone Number
1.		
2.		

At more advanced stage call the following persons in this order:

Name	Agency	Phone Number
1.		
2.		

Meals/Food: Meals and food are assumed to be available through the residential and/or day services provider(s). Otherwise, for home-delivered meals call contracted provider:

Name:	Phone:
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8/19/14

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If they cannot be reached call backup meal delivery at:

Name:	Phone:
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Transportation: Transportation is assumed to be available through the residential and/or day services provider(s). Otherwise, for Medicaid funded (NON-EMERGENCY) Transportation call contracted provider:

Name:	Phone:
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If they cannot be reached call backup transportation at:

Name:	Phone:
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Doctors

Primary Care Physician Name	Clinic Name	Phone Number

Other Doctor type:	Name	Phone Number

Pharmacies

Pharmacy Name	Phone Number
1.	
2.	

Guardian

Guardian to be notified if any of the following occur:		
Guardian Name:	Phone1:	Phone2:
Guardian Name:	Phone1:	Phone2:

Abuse, Neglect and Exploitation:

To report alleged instances of Abuse, Neglect or Exploitation for participants in private community-based residences receiving HCBS, call:

24-hour Adult Protective Services Hotline: 1-866-800-1409, 1-888-206-1327 (TTY).

To report alleged instances of Abuse, Neglect or Exploitation for participants in CILA residences, nursing facilities, or hospitals, call:

Office of Inspector General Hotline: 800-368-1463

8/19/14

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Legal Documents/Advance Directives:

Check if Yes	Type of Advanced Directive	Name & Phone Number: (if applicable)
	Power of Attorney (healthcare)	
	Living Will	
	DNR (Do Not Resuscitate)	
	Other:	
	None	

Other Critical Contacts:

Contact Name	Agency/Title/Relationship	Phone Number

MFP Transition Coordinator Agency	Transition coordinator Name	Phone Number

If they can't be reached please call

Name	Phone Number

My Action Plan

Red flag symptoms to call my PCP for:
Emergent symptoms to call 911 for:
If I feel depressed or lonely I can call:
24-hour crisis line:

Above includes required information for MFP Form K, 24 Hour Back-up Plan

8/19/14

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ADDENDUM – PERSONAL RESOURCE LIST (OPTIONAL FORM)

Date Updated: _____

Primary Contact Information

Family Contact

- Name: _____
- Phone: _____

Friend/Companion

- Name: _____
- Phone: _____

Available Neighbor

- Name: _____
- Phone: _____

Other Contact Information



SUPPORT SYSTEM

Contact Name	Relationship or Organization	Phone	Address	E-Mail	Age	Gender

8/19/14

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BANKING AND FINANCIAL SUPPORT

Contact Name	Relationship or Organization	Phone	Address	E-Mail	Age	Gender



OTHER IMPORTANT CONTACTS

Contact Name	Relationship or Organization	Phone	Address	E-Mail	Age	Gender