

Participant Name: _____ Phone #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Care Mgr. Name: _____ Phone #: _____
 Primary Language: _____

- Yes No
 This participant or a household member will need assistance to evacuate in the event of an emergency.
 What is the Primary mode of locomotion:
 There is medical equipment that relies on power.
 There is a backup system in case of power failure.
 • Type of backup system:
 • Total minutes provided by backup system:
 This person/family can develop and maintain a 72 hour emergency preparedness kit.
 There is a pet in this home.
 Pending There is a personal emergency response system in place.

CAREGIVER INFORMATION – Contact in the event of emergency

	Caregiver 1	Caregiver 2
Caregiver Name:		
Address		
City, State, Zip		
Relationship		
Contact Type	<input type="checkbox"/> Emergency <input type="checkbox"/> Primary	<input type="checkbox"/> Emergency <input type="checkbox"/> Primary
Primary Phone		

Participant reports above person (s) are designated emergency back up

PRIMARY PHYSICIAN INFORMATION

Physician Name and Phone	
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High risk

IN THE EVENT YOUR SERVICE PROVIDER DOES NOT SHOW UP, CONTACT INFO IS:

Back up plan in place

Service provider name and phone number	
Service provider name and phone number	
Service provider name and phone number	

Priority level 1 2 3 (Circle)
 See reverse for explanation

Can activate own emergency plan or lives in a place that has an emergency plan

The purpose of this plan is to identify resources to use in case of emergency/natural disaster that requires service interruption or home evacuation.

IN CASE OF A MEDICAL OR OTHER TYPE OF EMERGENCY, CALL 911 OR USE YOUR PERS UNIT IF YOU HAVE ONE.

★ ★ This form must be updated if there are any changes. ★ ★

Revised 6/1/11

Explanation of TIC Waiver Program Emergency Priority Classification System

See Most Recent Reassessment Section T called Emergency Rating

The participant's classification is reviewed at each reassessment. The direct service provider will be informed of the change via a revised copy of the reassessment

Each Waiver participant will have a priority service delivery classification developed by their Support Coordinator which ranks delivery of services at exact times and day/dates as authorized by the Waiver participant's purchase of service (POS). The participant's priority ranking will be communicated to each provider at the time of the service referral/arrangement. The priority ranking will be subject to Support Coordinator review and possible revision on an ongoing basis when any significant health change occurs.

This classification ranking will guide the provider in planning for unforeseen circumstances that may interfere with delivery of Waiver participant services. Unforeseen circumstances may include but are not limited to inclement weather emergencies, transportation failures, and illness of staff affecting service provision to the participant. The following information defines the criteria and structure for provider's to provide scheduling for participants in these situations.

CLIENT PRIORITY CLASSIFICATION

Priority Status I (Highest Priority)

If services were not delivered as authorized, the participant's health and/or welfare would be at immediate risk due to a medical condition and he/she have no capable or willing informal caregiver(s).

Priority Status II (Medium Priority)

If services were not delivered as ordered, participant health and/or welfare would be at risk due to a medical condition and he/she lives alone and has an inconsistent or unstable support system; and/or his/her informal caregiver(s) work during time of service delivery and/or his/her informal caregiver is at risk of not being able to provide care and need relief.

Priority Status III (Lowest Priority)

If services were not delivered as ordered, the participant's health and/or welfare could be at risk due to a medical condition and he/she can partially meet his/her own needs; and/or he/she has a responsive informal support system, even if he/she lives alone, and/or his/her caregiver needs relief, but can still provide care if needed.

SERVICE PRIORITY

Priority Status I (Highest Priority)

Priority I participant must receive delivery of service as authorized by the support coordinator, irrespective of unforeseen staffing circumstances. Priority I participants shall receive preference over Priority II and III participants for delivery of services as authorized.

Priority Status II (Medium Priority)

Priority II participants shall receive preference over Priority III participants for delivery of services when staffing emergencies interfere with providing services to both participants at the same time.

Priority III (Lowest Priority)

Priority III participants shall receive services in the amount and frequency authorized, but may have the time of day or week altered to assure service delivery to Priority I or II participants in the event of unforeseen circumstances resulting in an staffing emergency.

GENERAL PRINCIPLES FOR USING THE PRIORITY CLASSIFICATION SYSTEM

1. The provider is responsible for assuring that all participants receive service as authorized by the TIC Waiver Program Purchase of Service (POS). The priority classification system should not be used as a replacement for provider professional staff planning in the acceptance of Waiver Program participant referrals. **Furthermore, services shall continue to be provided to the participant in the event of the participant's temporary displacement from their place of residence due to inclement weather, fire, flood, utility interruption or other environmental emergency situation, unless otherwise authorized by The Information Center, Inc.**
2. The provider must notify the participant who is to receive a new caregiver, or change in service appointment, of the change prior to implementing the change.
3. **THE PROVIDER MUST NOTIFY WAIVER SUPPORT COORDINATORS VIA VENDOR VIEW OF CHANGES IN SERVICE DELIVERY WHEN DISRUPTION OF SERVICES IS TO EXTEND BEYOND ONE DAY. THE PROVIDER MUST NOTIFY THE SUPPORT COORDINATOR OF THE PARTICIPANT(S) AFFECTED, REASON SERVICE ORDER IS DISRUPTED, AND HOW SUBSEQUENT SERVICE ORDERS WILL BE AFFECTED.**
4. No one participant should have the service time or day of service changed more than one time a week without prior authorization of the TIC Waiver Program staff.

At no time should this classification be used by the provider to determine that a participant can receive fewer hour of service in one week than authorized by the Support Coordinator. The total of service hours a participant receives should never be reduced to service another participant