

Purpose of form

Form 02CB014E, Personal Care Scheduling and Backup Plan, documents the member's backup plan in the event essential services are unavailable from the designated provider. As stated in the *ADvantage* Program Waiver:

When members are supported in their own private residence or other settings where staff might not be continuously available, at a minimum, back-up plans are developed for the following services:

1. direct service worker;
2. critical health or supportive services; and
3. equipment repair or replacement.

The case manager is responsible for maintaining current information on the services backup plan. A new Services Backup Plan must be submitted to the *ADvantage* Administration Unit with each annual reassessment service plan.

Instructions

Member name: Enter the member's name as it appears on the Oklahoma Department of Human Services (OKDHS) case. (No nicknames.)

Last name; first name; middle initial

Medicaid number: Enter the OKDHS assigned nine digit client identification number.

Address: Enter the member's street address, city, county, and zip code.

SERVICES BACKUP PLAN SECTIONS.

Description of tasks. List the specific tasks related to each section.

Direct care assistance. Includes plans for all tasks related to direct care such as dressing, grooming, bathing, eating, transferring, mobility, or toileting and describe specific steps necessary to complete each task to the member's expectations.

Critical health and supportive services. Includes plans for tasks such as skilled nursing, wound care, oxygen delivery, or hospice services. **Life and health threatening conditions always default to 911 or emergency services.**

Equipment repair or replacement. Includes plans for repair or replacement of equipment such as oxygen tanks, C-PAP, ventilators, or wheelchairs.

Other. Includes plans for essential services not previously listed.

Name and phone number of designated backup. Enter the name and phone number for the persons designated to provide assistance if the designated provider is unavailable to provide services.

First. For each back-up plan, the provider agency furnishing staff support on an on-call basis as necessary is the first level of back-up support. For CD-PASS members, this back-up support may be an identified alternate care provider or an agency provider.

Second. As a secondary back-up, the member's informal supports may give consent to provide the critical service for the member in the event it is needed.

Third. The third back-up support for members is the member's case manager who may arrange temporary, alternative community services or supports.

For extreme emergencies that rise to the fourth back-up level, 911 or emergency services are used.

Signatures.

Have the member or legal agent read the document. Discuss any concerns to ensure it is understood. If the member is unable to read the document, have it read to him or her.

Have the member or legal agent sign and date the document. If the member signs with a mark, obtain the dated signatures of two witnesses with no conflict of interest in the member's affairs.

Routing

A copy of the completed form is retained by the case manager provider agency.

Case manager submits a packet that consists of the following documents to *ADvantage* Administration Unit, P O Box 50550, Tulsa, OK 74150-0550:

- Form 02CB003E, Service Plan Authorization Packet Checklist
- Form 02CB011E, Service Plan Cost Sheet
- Form 02CB014E, Services Backup Plan
- Any other necessary documents

A copy of the completed form is placed in the member's home folder for reference.

A copy of the completed form is scanned into the member file at the AAU.