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MISSOURI DEPARTMENT OF MENTAL HEALTH

SELF-DIRECTED SUPPORTS Back-up Plan & Emergency Contacts

An emergency backup plan is required to handle situations when an employee, who is providing essential supports, is unavailable; Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies. 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/designated representative 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 ISP must also address the backup 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.

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

In the case when of the Employer Designated Representative is not capable or available to manage employees, I would like to:

1) **Appoint the following temporary representative*:** Name: _____ ; Relationship _____ ; Phone: _____
 (This temporary representative has received training on the role of Designated Representative and has received information on use of FMS web portal)

2) **Receive unpaid care from natural support from:** Name: _____ ; Relationship _____ ; Phone: _____

3) **I have discussed with my Service Coordinator receiving agency based support and have developed the following plan:**

* Support Coordinator must be contacted to evaluate if a new representative must be appointed.

Emergency Contacts (All emergency numbers must be accessible to your employees)

Name of Individual:

	Name	Phone Number
Designated Representative		
Other Contact Relationship:		
Other Contact Relationship:		

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Incident Response System & Event Management Tracking: DMH tracks events to ensure your health and safety. The department looks at these events to improve programs and services. Individuals and unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety. If any of the following occur, the employee should first ensure your health and safety and then should contact designated representative when applicable, and the support coordinator or the office on-call staff as soon as possible:

1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200)
 - a. All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant.
 - b. All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted
2. Medical emergency, which means the sudden onset of a medical condition or injury that requires emergency medical intervention (emergency room visit) or unplanned hospital admission.
 - a. All events that result in a need for an individual to receive life saving intervention or medical/psychiatric emergency intervention.
3. All events where the consumer ingests a non food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
4. Use of any unapproved restraints. *restraint/time out used by employee to restrict an individuals' freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported on an EMT form.*
 - a. Chemical Restraint- a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)
 - b. Manual Restraint- any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.
 - c. Mechanical Restraints- any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)
 - d. Time Out- removing the individual from one location and requiring them to go to any specified area, where that individual is unable to participate or observe other people. Time-out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or ½ doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
5. Any incident involving an individual that requires the involvement of law enforcement.
6. All events that result in disruption of services due to fire, theft or natural disaster; resulting in extensive property damage or loss.
7. The death, by any cause, of an individual.
8. Medication errors, which means the individual did not receive their medicine or received it in any manner that varies from the physician's order (i.e. wrong dose, form, route, time, etc.)
9. Incidents of falls *The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.*

	Name	Phone Number
Support Coordinator		