



COLORADO
CHOICE TRANSITIONS
YOUR PATH TO INDEPENDENCE

EMERGENCY PLANNING GUIDE

CLIENT NAME _____



CONTENTS

OVERVIEW	1
STEPS OF THE TRANSITION PROCESS	2
HOW TO FILE A COMPLAINT	0
CRITICAL SERVICES BACK-UP PLAN	2
DISASTER/EVACUATION PLAN	4
EMERGENCY CARE PLAN AND DETAILED MEDICAL INFORMATION	6
IMPORTANT CONTACT INFORMATION.....	8

For additional copies please contact CCT Community Liaison at
303-866-2649 or send a request to CCT@hcpf.state.co.us

Department of Health Care Policy and Financing
1570 Grant Street Denver, Colorado 80203

OVERVIEW

In this guide you will create a personalized emergency plan. This guide will describe your responsibilities in an emergency and the responsibilities of your case manager. It will also list the contact information for each member of your support team.



IMPORTANT:

Pay close attention to boxes like this one throughout the guide. Your transition coordinator will record the responsibilities of your case manager wherever you see this arrow.

You will also use this guide to record who you contact if you have a concern or complaint.

Next Steps

- Complete this guide thoroughly with your transition coordinator prior to your move.
- **Once you have moved keep this guide in a place where you can access it easily if you are experiencing an emergency.**
- We recommend that you also share this document with your case manager.

On the next page, you will find a chart that lists all of the steps in your transition plan. This guide is part of **step six** highlighted in **PURPLE**.

STEPS OF THE TRANSITION PROCESS

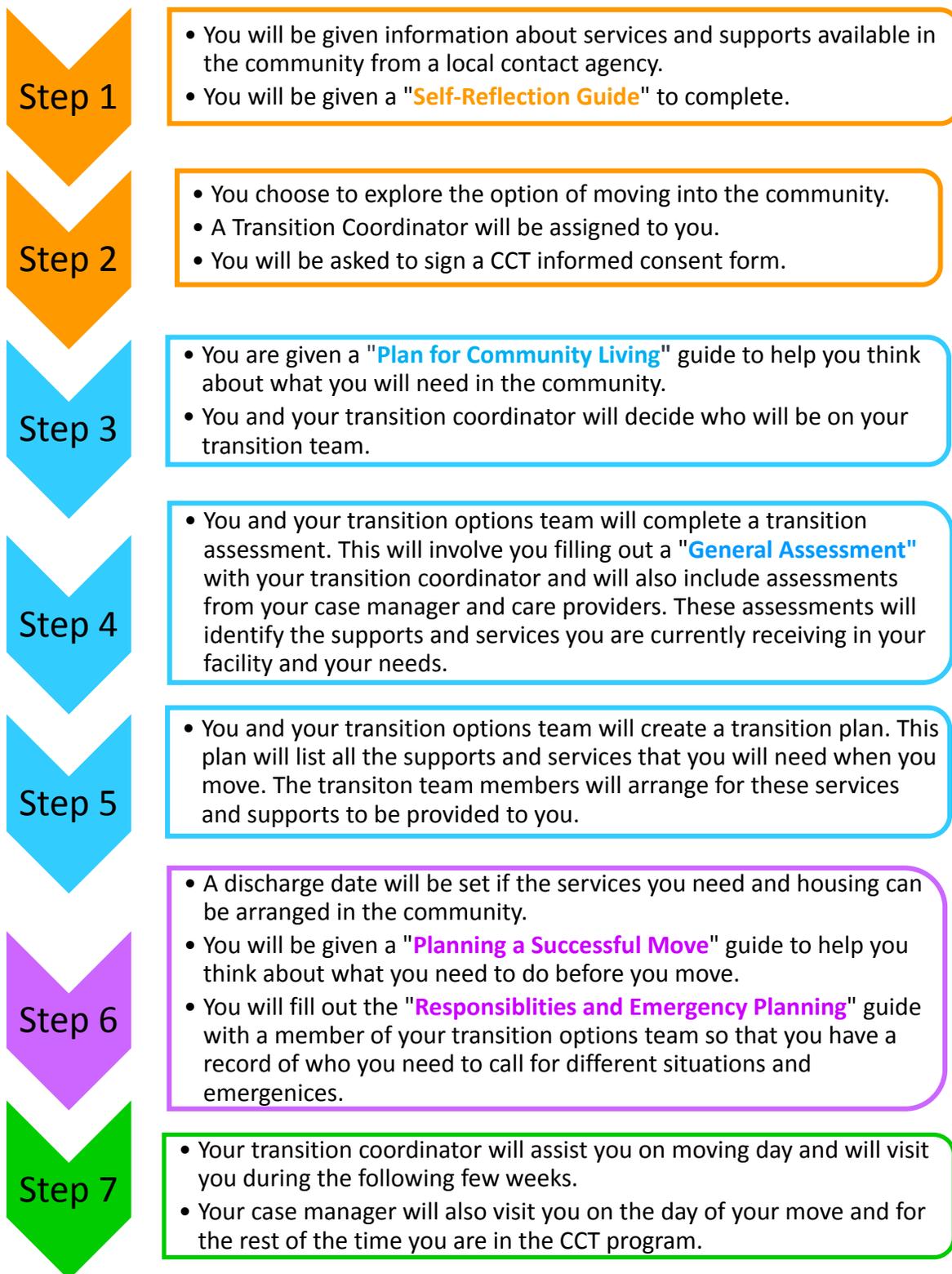


Figure 1. Steps of Transition Process

HOW TO FILE A COMPLAINT



It is your responsibility to communicate any concerns or complaints you may have about your care to the appropriate people.

Your transition coordinator and case manager will help you obtain name and contact information for their supervisors, Adult Protective Services and others whom you may need to contact in case of complaint, and will help you record this information below.

To report a concern or complaint about your case manager or transition coordinator, call his or her supervisor:

- Case Manager's Supervisor Name: _____
- Case Manager's Supervisor Number: _____
- Transition Coordinator's Supervisor Name: _____
- Transition Coordinator's Supervisor Number: _____

If you are not satisfied with the supervisor's response, contact the CCT Community Liaison:

- CCT Community Liaison: 303-866-2649 or CCT@hcpf.state.co.us

If you feel you are being abused, neglected or exploited discuss your concerns with your case manager and contact your local **Adult Protective Services (APS)** office:

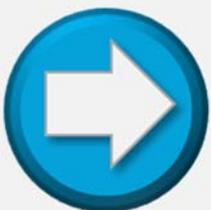
- Local Agency Name for APS: _____
- Local APS Number: _____

If you have a complaint about your home health agency, report it to the Health Facilities Division at the Colorado Department of Public Health and Environment (CDPHE).

Complaints to CDPHE can be made by any concerned person and can be submitted anonymously, however if you would like a response from CDPHE you will need to submit your contact information.

Colorado Department of Public Health and Environment (CDPHE):

- Phone: 1-800-842-8826 or 303-692-2910
- E-mail: hfdintake@cdphe.state.co.us
In the "Subject Line", enter Home Care Agency Complaint Intake.
- Fax: 303-753-6214
In the "To:" section, enter Home Care Agency Complaint Intake.
- Mail:
CDPHE, HFEMSD-A2
Attention: Home Care Agency Complaint Intake
4300 Cherry Creek Drive South
Denver, CO 80246-1530



IMPORTANT:

Notify your case manager whenever you report a concern or complaint (unless it is about your case manager)

Your case manager will:

CRITICAL SERVICES BACK-UP PLAN



A critical services back-up plan is your plan for what to do if one or more of the critical services you rely on to function in any setting are interrupted, including what to do if:

- Your provider agency staff or personal attendants do not show up
- Your medical equipment stops working properly

Plan 1: When Provider Agency Staff or Personal Attendant Does Not Show:

1. If your critical services are through a provider agency, contact the agency.
2. If your critical services are provided by a personal attendant, contact your back-up personal attendant.
3. Contact a family member or someone you trust who might be able to help you.

Find phone numbers for all of the above on pages 12 through 14.

Plan 2: When Equipment You Rely On Is Experiencing Failure:

1. If your equipment is provided to you by a home care agency, refer to their policies and procedures to learn about their process for providing repairs and back-up systems (do this with your transition coordinator before you move, if possible, and take notes on the next page).
2. If the malfunction is life threatening, contact the provider's emergency services number listed on the next page.
3. If you or someone you know can make repairs, refer to the location(s) listed below to find spare parts.
4. If the malfunction is not life threatening but you cannot make repairs, contact someone who can (listed on the next page)



IMPORTANT:

In addition to following your plans on the previous page, you should contact your case manager as soon as possible.

Your case manager will:

Type of Equipment: _____

- Location of supplies and spare parts _____
- Person who can make repairs _____
- Emergency repair number _____
- Policy Notes _____

Type of Equipment: _____

- Location of supplies and spare parts _____
- Person who can make repairs _____
- Emergency repair number _____
- Policy Notes _____

Type of Equipment: _____

- Location of supplies and spare parts _____
- Person who can make repairs _____
- Emergency repair number _____
- Policy Notes _____

Type of Equipment: _____

- Location of supplies and spare parts _____
- Person who can make repairs _____
- Emergency repair number _____
- Policy Notes _____

Type of Equipment: _____

- Location of supplies and spare parts _____
- Person who can make repairs _____
- Emergency repair number _____
- Policy Notes _____

DISASTER/EVACUATION PLAN



The best way to handle a potential disaster, such as a flood or weather related utilities failure, is to plan ahead. Below are steps you should take to help ensure that you will receive the help you need if disaster strikes.

Pre-Plan:

Plan ahead by taking the following steps as soon as you are moved into your new home.

1. Contact the police and fire departments closest to your home. Inform them that you have moved into the area.

Local Police Department: _____

Local Fire Department: _____

2. Call the local office or visit the website of the county you will be living in for information about registering your phone number and/or email address for emergency notifications.

Local County Clerk: _____

3. Visit www.readycolorado.com for ideas on creating a personal disaster plan.

Your Personal Disaster Plan:

Work with your transition coordinator to fill out the following page by listing the steps you will take if you need to prepare for a disaster or are evacuated from your home.



IMPORTANT:

In addition to following your plans above, you should contact your case manager as soon as possible.

Your case manager will:



IMPORTANT:

Use the next two pages to tell others how to provide the care you need if an emergency occurs and you cannot direct them.

Physician's Name: _____

Physician's Number: _____

Emergency Care Plan Instructions:

Advance Directives for my care:

Preferred Hospital: _____

Religious Preference: _____

Diagnoses and Conditions:

Diagnosis/Condition	Signs Medical Help is Needed

Medication and Medication Schedule:

Medication & Dosage	Schedule	Contraindication

Allergies:

Allergy	Reactions

IMPORTANT CONTACT INFORMATION



Emergency Numbers

- 911
- Poison Control _____
- Mental Health (24 hour call center number for individuals enrolled in a Behavioral Health Organization) _____

Non-Emergency Public Assistance

- Local Police Department _____
- Local Fire Department _____
- Local Red Cross Office _____

Support Team Inner Circle (Family Member, Guardian, Friend, etc.)

- Trusted Person Name _____
Relationship _____
Number _____
- Trusted Person Name _____
Relationship _____
Number _____
- Power of Attorney
Name _____
Number _____

Support Team Professional Circle

- Home Health Provider

Name _____

Number _____

- Case Manager

Name _____

Number _____

- Transition Coordinator

Name _____

Number _____

- Personal Attendant

Name _____

Number _____

- Personal Attendant (Back-up)

Name _____

Number _____

- Personal Attendant (Back-up)

Name _____

Number _____

Other Service Providers

- Transportation

Name _____

Number _____

- Other Service Provider

Name _____

Number _____

- Other Service Provider

Name _____

Number _____

- Other Service Provider

Name _____

Number _____

Affirmation of Understanding

Please read and check-off each item below to affirm that you understand and sign your name at the bottom.

- I have read through this guide thoroughly and filled out all blank sections with my transition coordinator.
- I understand what I must do if I wish to file a complaint.
- I understand what I must do if my critical services are interrupted.
- I understand what my case manager will and will not do if one or more of my critical services is interrupted.
- I understand what I must do to prepare for a natural disaster or utility failure.
- I understand what I must do during a natural disaster or utility failure.
- I understand my Emergency Care Plan exists so that I can tell others how to provide the care I need if an emergency occurs and I cannot direct them.

Client Signature: _____ Date: _____

For Transition Coordinator to Complete

- I verify that I have consulted with the client and the client's support team, including client's case manager, where necessary, in putting together these plans.
- I have sent a copy of this document to the client's case manager.

Signature of Coordinator: _____ Date: _____