

TRAUMATIC BRAIN INJURY WAIVER WHEALTH BUREAU FOR MEDICAL SERVICES BUREAU FOR MEDICAL SERVICES TRAUMATIC BRAIN INJURY WAIVER 24 Hour Emergency Backup Plan TRAUMATIC BRAIN INJURY WAIVER (TBIW)

MEMBER INFORMATION							
Last Name	First Name Me	dicaid No. Da	te of Birth SDM(PO/T)				
Address Street	City	Stat	e Zip	County			
REQUIRED DOMAINS							
List Specific Risks	Level 1 Formal Support	Level 2 Informal Support	Level 3 24 HourSupport	Level 4 Extreme Emergency			
Personal Attendant Staff Should your personal attendant staff not show up for the day and a replacement is not sent then initiate Level 1. If they are unable to assist, initiate Level 2. If it is an emergency initiate Level 3. If this is an extreme emergency initiate Level 4.	Notify the Agency. Let them know that the worker did not show up and that you need one to cover. Please Call Them At: Personal Attendant Agency: Phone: Case Manager: Phone:	Notify family members that the Personal Attendant Staff has not shown up and tell them the time you will be alone. Call Them At: Name: Phone:	If you need emergency assistance to address this need, press your Personal Emergency Response System button to inquire about help. Phone #	If you have an extreme emergency, such as a fire, fall, medical issue, etc. please call 911 and then press your Personal Emergency Response button. This will ensure that multiple entities are aware of your extreme emergency and that you are monitored during the entire situation.			
Critical Health - Supportive Services Should you have an urgent issue with your Home Health you should initiate Level 1. If they are unable to assist, initiate Level 2. If it is an emergency initiate Level 3. If this is an extreme emergency initiate Level 4.	Notify the Case Management agency. Let them know what the emergency is. Call Them At: Case Management Agency: Phone:	If the Case Management agency is unable to address your emergency need, notify family, friends, neighbors. Call Them At: Name: Phone: Name: Phone:	If you need emergency assistance to address this need, press your Personal Emergency Response System button to inquire about help. Phone #	If you have an extreme emergency, such as a fire, fall, medical issue, etc. please call 911 and then press your Personal Emergency Response button. This will ensure that multiple entities are aware of your extreme emergency and that you are monitored during the entire situation.			

REQUIRED DOMAINS

List Specific Risks Level Level Level Level Formal Support **Informal Support** 24 Hour Support Extreme Emergency Equipment -Maintenance If the DME provider or Case Call the DME provider or Case If you need emergency If you have an extreme Manager, notify them Manager is unavailable or if assistance to address this need, emergency, such as a fire, fall, Should any of your durable medical of the issue and inquire about they cannot assist you in a press your Personal Emergency medical issue, etc. please call 911 equipment (DME), such as your getting someone to repair the wheelchair, grab bars, or hospital timely manner, please call a Response System button to and then press your Personal equipment as soon as possible. family member, friend, or inquire about help. Emergency Response button. This bed not operate properly or need repair, you should initiate Level 1. If neighbor. Call Them At: will ensure that multiple entities are aware of your extreme Phone # they are unable to assist, initiate DME: Name: emergency and that you are Level 2. If it is an emergency initiate Phone: monitored during the entire Level 3. If this is an extreme Phone: situation. emergency initiate Level 4. Call your Case Manager: Name: Name: Phone: Phone: Should you need transportation in a If your transportation If you have an extreme If you need emergency Transportation provider is unavailable, if they non-emergency situation please call emergency, such as a fire, fall, transportation, press your your transportation provider(s) do not show up, or if they are Personal Emergency Response medical issue, etc. please call 911 If there is an issue with your Call Them At: unable to take you where you and then press your Personal System button to inquire about transportation or your need to go, please call a Emergency Response button. This help. transportation provider does not will ensure that multiple entities Name: family member, friend, or show, please initiate Level 1. If they Phone neighbor. Call Them At: are aware of your extreme Phone # are unable to assist, initiate Level 2. emergency and that you are If it is an emergency initiate Level 3. Name: Name: monitored during the entire If this is an extreme emergency Phone: Phone: situation. initiate Level 4. Name: Phone:

REQUIRED DOMAINS							
List Specific Risks	Level	Level	Level	Level			
List specific Msks	1	2	3	4			
	Formal Support	Informal Support	24 HourSupport	Extreme Emergency			
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