



Division of Senior and Disability Services 

S

**Section S-
Back-Up Plan**


- Ask the Pt what they would do in an emergency.
- List Emergency contacts with name and phone number
- Enter the Emergency contact and back-up plan in the text box.


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T

**Section T-
Assessment Information**


- T1. Signature of person coordinating/completing the assessment
- Signature on line 1
- Date the assessment is signed as complete
- Include the agency name

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Resources:

- The InterRAI
- The Provider Reassessment information page
- The Policy Clarification Questions(PCQ's)
- The HCBS Manual 4.10

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Questions?



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