

Member name: _____

Briefly describe your emergency back-up plan. This plan should include your steps if: (1) an attendant doesn't show up at a critical time; or (2) you are in a situation where you need another attendant. For instance, list the people you will call, including names and phone numbers. List plans for service animals or pets, list people to notify in case of any type of emergency (and how to reach them) and list your plans for disaster preparedness. **Do not list any current full-time attendants, Community Services Coordinator, or MCO Care Coordinator/ Case Manager. Anyone listed must be local (geographically close enough to the member to physically assist), be able to provide support until the situation has been resolved, and the CSC must verify that the contact agrees to provide this support. All STEPS policies and procedures must be followed.**

Section A: Attendant Support **Not applicable, no PAS or transportation**

Contact list in case an attendant doesn't show up or if attendant's employment has been terminated leaving member without assistance. This can be informal/unpaid support such as a guardian or it can be a formal support such as an agency provider or self-direct personal attendant provider who is not a current full time attendant.

List of attendants who will provide emergency care.

Who to contact and relationship to the member	Contact phone number	Contact address	Verified by CSC
.....			Initial: _____
.....			Initial: _____
.....			Initial: _____

Other plans in case of a critical need for attendant care or in case an attendant doesn't show up:

Section B: Emergency/Natural Disaster

Contact list for support in an emergency such as a natural disaster, for example a power outage.

List who to contact to assist in the event of an emergency/natural disaster

Who to contact and relationship to the member	Contact phone number	Contact address	Verified by CSC
			Initial: _____
			Initial: _____
			Initial: _____

Other plans for emergency/disaster preparedness:

Section C: Emergency Plan for Pets and/or Service Animal **Not applicable, no pet or service animal**

Contact list for care of service animals/pets. Examples of need: emergency/disaster, hospitalization, etc. Care of and/or housing of any pets or service animal is the responsibility of the member. This assistance would be in an informal or unpaid capacity or this can be paid by the member (such as to kennel animal).

List of who to contact to assist with pets and/or service animal

Who to contact and relationship to the member	Contact phone number	Contact address	Verified by CSC
			Initial: _____
			Initial: _____
			Initial: _____

Other plans for care of pets and/or service animal:

Helpful Contacts

Contact Person	Phone Number	Email	What can this person help me with?
CSC			Main contact for questions about your services and the STEPS program.
MCO Care Coordinator			STEPS Assessments, choosing your CSC, issues with PPL
WH Benefits Specialist			Tell them when you start or stop working. Helps you understand benefits, earnings, and coverage.
STEPS Program Manager Erin Sanders-Hahs	785-291-3169	erin.sandershahs@ks.gov	Specific STEPS questions, issues/concerns with providers or services
KanCare Clearinghouse	1-800-792-4884	N/A	Medicaid reviews, questions about your case, address/phone changes, etc.
Public Partnerships, LLC (PPL) Customer Service	1-833-771-1838	kssteps-cs@pplfirst.com	Issues with MyAccount, PA payroll, Time4Care app, employee paperwork, etc.
Electric Company			When the power goes out
Gas Company (if applicable)			If you smell gas (rotten eggs). Call far away from the odor.
Police Non-Emergency Line			
Other:			
Other:			
Other:			