# Individual Support Plan (ISP)

**For**

Jxxx E Dxxxx

###### ☐ Initial

☒ Annual

☐ Update

[**DATE OF PLAN MEETING:**](#1fob9te) 7/11/2019

[**DATE OF PLAN IMPLEMENTATION:**](#1fob9te)  10/1/2019

[**Regional Office/Hab Center:**](#1fob9te) St. Louis Regional Office

| [**Support Coordinator:**](#1fob9te) | Rebecca Sutton | **Phone:** | 314-475-7659 |
| --- | --- | --- | --- |

| **Full Legal Name:**  Jxxx Everett Dxxx | **Nickname:** |  |
| --- | --- | --- |
| **DMH ID:**  XXXXXX |  |  |
| Date of Birth: 06/12/XXXX |  |  |
| Active Medicaid Y/N Yes | Active Medicare Y/N No | **Spenddown Y/N**  No |
| **Private Health Insurance:**  United Healthcare Choice Plus &  Monitor Life Premium Saver Plan | **Dental Insurance:**  Humana Dental PPO |  |
| Best Informant/Parent(s): xxxxxxxxxxx |  |  |
| Address: XXXX Lake Drive | **City, State Zip code:**  Chesterfield, MO 63017 | County: St. Louis |
| Phone: 314-XXX-3121 | Cell Phone: 314-XXX-3121 | E-Mail: aaa@xxxx.com |

| **LEGAL DEMOGRAPHICS** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [**Supported Decision Making Representative**: NA](#1fob9te)  [**Legally Designated to help the individual make decisions:** [Conservatorship, Power of Attorney, Etc.)](#1fob9te) NA | | | | | | | | | |
| **Custody Status (children under 21):**NA | | | | | | | | | |
|  | Legal Guardian(s): | | C & K Dxxx | | | | County | St. Louis |
|  | Relationship: | | parents | | | |  |  |
|  | Address | XXXX Lake Drive | | City, State Zip code: | | Chesterfield, MO 63017 | | |
|  | Phone: | 314-XXX-3121 and 314-XXX-1575 | | E-Mail: |  | | | |

[**Restrictions placed by court:** None](#1fob9te)

[**Restrictions to legal rights:**](#1fob9te) Guardianship granted 7/30/2014

[**Consent for treatment**](#1fob9te)**:** My signature gives consent for service delivery and treatment as outlined in the Individualized Support Plan dated 10/1/2020, which I have reviewed and approved. The ISP must be finalized and agreed upon with the informed consent of the individual (guardian) in writing and signed by all individuals and providers for its implementation.

**Voter status:** not registered

| **PLANNING TEAM MEMBERS CONTRIBUTORS** | | | |
| --- | --- | --- | --- |
| [**NAME**](#1fob9te) | [**TITLE / RELATIONSHIP**](#1fob9te) | [**HOW THIS PERSON CONTRIBUTED**](#1fob9te) |
| Jxxx Dxxx | Consumer/Self | Facial expressions and eye gaze. He has limited communication but is able to greet and make choices through his computer device, facial expressions and eye gaze |
| Cl Dxxx | Mom/Guardian | Mom participated in the development of the ISP by writing a significant portion of the plan providing updated info regarding Jxxx and advocating for his service and health needs. |
| Ken Dxxx | Dad/Guardian | Dad participated in the development of the ISP by providing updated info regarding Jxxx and advocating for his service and health needs |
| H Williams, Kay M | Friends and Caregivers | They each contributed and provided updated info regarding his needs. |
| J Stapleton | Family friend and Nurse | She provided insight regarding his medical and service needs. |
| Rebecca Sutton | Service Coordinator | SC participated in the development of the ISP by gathering information regarding Jxxx’s service needs. Further, SC developed goals and outcomes based on his needs that can be met with appropriate and available services that will allow Jxxx to remain his natural home. |
| Support Staff | Caregivers | The support staff providing updated information regarding Jxxx and advocating for his needs. |

**UPDATE PAGE**

**Review of Previous Year’s Information, Assessments and Supports:**

Assessments used for planning may include the following;

| ☐ | Risk Assessments/ Exploratory Questions |
| --- | --- |
| ☐ | Support Intensity Scale |
| ☐ | Behavioral Assessment |
| ☐ | Review the APTS entries (for example: support monitoring, nursing reviews, etc.) and EMT’s (event reports) |
| ☒ | Level of Care |
| ☐ | Health Inventory |
| ☐ | HIPS Nurse Review |
| ☐ | Community RN Health Summary documentation |
| ☒ | Assessments (MOCABI/Vineland) |
| ☐ | Community Living Profile |
| ☐ | Housemate Survey Tool |
| ☒ | Support Monitoring: (Monthly, Quarterly Contact, etc.) |

| VISION FOR A GOOD LIFE |
| --- |
| [Hopes, Dreams & Wants](#1fob9te):  In order for Jxxx to maintain a good quality of life, supportive services need to continue so that he can remain in his natural home setting.  Jxxx needs to have access to his community for leisure, socialization and recreation. Jxxx’s parents benefit from supportive services that aide in caring for their son. Overall, a good life for him is engagement in daily activities; having his communication understood; freedom from pain; and happiness as evidenced by him enjoying his journey. |
| [Needs or conditions that must be in place to achieve a good life](#1fob9te):  Jxxx receives services through the Community Support Waiver. He receives SDS Medical Personal Care Assistance, Incontinent Supplies through HDIS, and receives Physical and Occupational Therapy that are covered by both his private insurance and the waiver. He utilizes an SDS Community Specialist for a nurse and a Community Specialist to develop a plan for community integration for the new plan year as well as assisting the family in creating and maintaining a support manual. Jxxx also receives SDS Team Collaboration through the Community Support Waiver. Mr. and Mrs. Dxxx use Team Collaboration hours to train the new Medical Personal Care Assistants hired on an annual basis.  Jxxx needs a safe, secure and nurturing environment with people who care about his well-being. He also needs well-trained support staff providing medical and physical supports during his waking hours, protective oversight while asleep, and weekly therapies by trained professionals to maintain his mobility, engagement with family and friends and daily meaningful activities.  Jxxx needs assistance with all of his daily living needs (bathing, dressing, feeding through his g-tube, administration of medications, and having someone to assist him with learning to maneuver his power wheelchair and in using/communicating with his eye gaze device).  He needs repositioning frequently to help reduce his risk of getting pressure sores and to participate in any given environment.  Jxxx needs help participating and interacting with the world around him. When his computer is in front of him, he needs to be sitting up straight and upright at 90 degree angle. He needs to have his glasses on with limited outside lighting so there will not be a glare on his computer.  It is easily taken for granted that a person can adjust themselves and the environment around them. These things need consideration when caring for Jxxx. The goal is to give Jxxx the tools he needs to succeed in every given environment!  When he vocalizes more than usual, he is trying to communicate or get a person’s attention.  He may need a shift in his position, or a provider may need to stand him up. Another option would be to straighten out his left wrist and put his wrist brace on, if it is not on.  He may require a change in his scenery or do a different activity. He also could just be feeling some emotion (happy, angry, sad, emotional…) and wants to share/contribute to the conversation!  Jxxx has preventive and scheduled visits with physicians and various providers to meet his health care needs. It’s important to assist him with hygiene by washing his face every morning, followed by astringent and brushing his teeth. He will let you in his mouth to brush his teeth, yet he needs a caregiver to assist in using the toothbrush to gain access to the area between his teeth and cheeks/tongue. He sees a dentist annually, who is also a board-certified Anesthesiologist. He undergoes general anesthesia during his visit since he is very orally defensive. The provider gives him a dose of antibiotic and an anti-nausea medicine prior to leaving his office. He is administered a 7-10 day course of antibiotics and remains on anti-nausea medicine for two days post-op. Since he is at risk for aspiration already and the dentist is stirring up a bunch of bacteria in his mouth that he potentially swallows, we feel it prudent to prophylactically treat.  Jake receives vest therapy (a.k.a. shake-n-bake) at a minimum of twice a day. His parents and the staff members can often tell when he is not feeling well. He sleeps more, and his face will show signs that he does not feel well. An increase in sleeping could indicate he is sick or on the verge of getting sick. One can also determine when he is spiking a fever. Jxxx gets goose bumps on his arms and chest. His breathing may seem labored and his stomach muscles work harder. The area above the ribs and in the neck area sinks in when he attempts to inhale. Extra muscles kick into action and he works harder to get air in – otherwise known as retractions. If there are any concerns related to his health or breathing, and you cannot get ahold of Jxxx’s parents, the individual should call 911! If necessary, there is oxygen in his room that can be used while waiting for an ambulance to come. A pulse oximeter on his finger will provide important information. The oxygenation in this blood is good if it is above 90. If below 90, he needs oxygen and medical attention. The bottom number is his heart rate, and if this number is above 120, something is wrong. Jxxx could be developing a fever or he is in pain or agitated. His parents need to be notified if there are issues related to his health. In the recent past, he’s experienced a low heart rate when he sleeps. A heart rate above 40 is fine for Jxxx. If below 40, 911 must be called.  Jxxx participates in a music therapy program called Rockability, and he enjoys playing in a weekly band. The family pays for his sessions, which are three 12-week sessions throughout the year. Their primary insurance also covers sessions of PT, OT and/or Speech therapy. He participates in several PT modalities – traditional therapy, Lite Gait exercise and swim therapy. Jxxx also receives massage therapy twice a month paid for by his family. Jxxx receives PT from Sue Hoffmann, and she has been a long term provider. His primary insurance changed in February 2018, and Sue Hoffmann was out of network. The waiver funds 360 units of PT services with \_\_\_\_\_\_\_. The waiver also covers 208 units of OT (Therapeutic riding at TH) a year through Treehouse of Greater St. Louis. He receives significant benefits from therapeutic riding as he is able to move without the constraints of his wheelchair, which strengthens his neck and core, increases his balance, allows proprioceptive input, improves respiratory heath, and allows him opportunities to socialize.  The family pays for a grouping of 12 sessions in a package to use on their own time at Mercy outpatient physical therapy services. The block of sessions occur at the discretion of the family, and the family or staff can stay for as long as they want during a session. The family and the physical therapist have created a booklet of pictures and instructions on how to utilize passive range of motion to stretch Jxxx and help him from further contractures and working on lowering his spasticity. In addition, there are a couple of pieces of equipment that with assistance, Jxxx can utilize. The written instructions allow the PCA’s and his parents to assist him to use.  It is also important that he stands every day. Jxxx has a table/standing frame, which he stands in for up to an hour a day. Family members and staff also stand with Jake right at his wheelchair for a couple minutes at a time to stretch and offer a change in his position. Jxxx wears various braces (left wrist and feet/leg orthotics) which he should have on most of the day, while still getting a couple breaks for blood flow and chill time. He also has elbow splints for helping to reduce contractures for an hour or two a day (preferably when sleeping.) His parents provide the schedule for wearing the braces and splints.  It is very important to change Jxxx’s position throughout the day. A slight shift of 5-10 degrees shifts his weight and helps prevent pressure sores. Tilting his chair refers to his back and seat maintaining at 90 degrees, while using the ‘tilt in space’ feature on his chair. Jxxx’s leg is lifted/extended one leg at a time a few degrees to stretch his hamstrings. To ensure he receives a proper and safe stretch, the underside of his knee is checked. Stretching both legs at the same time puts too much pressure on his lower back, which is not comfortable for him due to his spinal fusion.  Jxxx had a complete spinal fusion in 2013. He has two rods and 36 screws in his spine! He does not bend from below his neck to his hips. He needs to be “log-rolled” while lying down to attend to his hygiene needs, to change his clothes, to reposition him in bed and to put his vest on for vest therapy.  Jxxx does not manage his secretions well, and therefore, he drools a lot. He likes to keep his right forefinger in his mouth because it is a comfort measure for him. The family does not stop him from doing this, which causes an increase in drooling. He wears homemade bibs or “bandanas” (also nicknamed drool doods) around his neck to absorb the wetness. This keeps it away from his chest, and a bandana or sock is put on his right hand to absorb the wetness and decrease skin breakdown. His fingers have to be monitored to ensure there is no skin breakdown. When the wet area appears to show signs of skin breakdown or wound, precaution needs to be taken to ensure the area stays dry by placing a sock over that hand to absorb more of the saliva and keep his finger (or the sore) remain as dry as possible.  Jxxx has had many health concerns the past few years; beginning in late summer going into winter each year. In the spring of 2015, he had a pressure sore on his back, right side around his rib cage, which has totally healed and he is free of any sores at this time. The back of his wheelchair has a specific design to help keep pressure off this area, and he received a Roho Mattress to reduce the likelihood of pressure sores when in bed. His caregivers are more alert to watch for red spots.  He continues to experience around a handful or so of seizures a week. The only action that helps him is to ensure he is safe from injury. Since bed rails are always used when he’s in bed and a seat belt is used when he’s in his wheelchair, there really isn’t much that could be in his way to injure himself. He has a Vagus Nerve Stimulator (VNS) implanted on the left side of his chest, near his underarm. A magnet on the right side of his wheelchair can be swiped across the stimulator which may help reduce the duration and severity of the seizure. He is on a very specialized and calculated diet to assist in controlling seizures which is explained further later in this document.  Jake cannot handle extreme temperature changes well. High heat is worse for him as he already gets warm in his chair due to his braces and lack of movement/air flow to his backside. It is imperative that his caregivers ensure he does not overheat. When sleeping in an air-conditioned environment, he only sleeps in his undergarment, a sheet, and a possible light blanket or quilt. He gets too hot when he sleeps and wears socks or clothing.  When he gets a fever (for Jxxx this is a temp above 99.1), it is necessary to stop all feedings (G/J-tube) until his temperature drops below 100 degrees. However, he needs to get water to keep from getting dehydrated. Jxxx needs 60 mls of water per hour through a pump into the G/J-button to keep him hydrated. Mrs. Dxxx will need to be contacted for further insights and to create a plan. He runs on the cool side, so his normal temp is 97.6. \* In June 2020, due to an illness and motility issues, we changed his G button to a G/J button. Feeding him lower in his intestines (Jejunum) is safer while we are learning about his motility concerns. This way, his nutrition isn’t sitting in his belly not moving through. The family has been working in tandem with his GI physician in the hopes of moving back to a G Button.  Due to Jxxx’s hardware implanted (spinal fusion and VNS), he requires a check-up by a doctor to ensure he does not have a major infection during times of fever. Communication with his parents is necessary to receive further instructions.  Due to his disability and variety of needs, Jxxx receives various services to meet his needs. Jxxx currently receives waiver services through DMH. The type and amount of waiver services will be assessed and addressed as requested at the annual ISP meeting and during the plan year. |
| [Personal Strengths and Assets](#1fob9te):  Jxxx is sweet, beautiful, and has a great smile. He has a great capacity for love and tolerance. He goes with the flow, and he is admired for his resilience. He has a calming effect on people who get to know him and he spreads sunshine and warmth.  Preferences, [Likes & Dislikes (Special Interests):](#1fob9te)  Jxxx likes going swimming, horseback riding, watching television (music videos, Impractical Jokers, The Carbonaro Effect and Ridiculousness), and listening to many different music genres.  He enjoys watching action movies, and colorful shows such as animation (not kiddy or childish cartoons). Jxxx also enjoys watching sports with his dad and friends. Let’s Go Blues! He also likes NASCAR races, and he enjoys looking at the lights and fans.  Jxxx likes someone to read to him, and he appreciates when someone speaks to him (not about) and in an age appropriate voice and topics. He loves to people watch and be in active environments. He also loves to have his right forefinger in his mouth as a comfort measure. He recently got a fish tank for his room. The fish tank includes Glofish, and it looks neat because it has a black light. The fish and the décor in the tank glow. He loves to watch it, and he can stare at it for long periods of time! During these times (pandemic – COVID-19) we are being extra cautious with Jxxx. He isn’t participating in any group events and we’re extremely careful in taking him out into the community. When weather permits, we are going to parks for walks and a change of scenery.  Jxxx does not like to be left alone or left out of what is happening (like being in a group and since he’s non-verbal and in a wheelchair, he is often left out since others do not know how to include him).  He needs assistance with others to include him in conversations and activities. Jxxx tends to fall asleep when he is bored. He also does not like it when he is tired or sleepy and people will not leave him alone to rest. Jxxx does not like loud sudden noises that startle him.  He does not like when his hygiene needs are addressed. He also does not tolerate high heat well. Jxxx is orally defensive and appreciates notice when something is done with his face. |
| [What the Individual Would Like to Try](#1fob9te):  The family was successful in getting a hot tub at their home. Jxxx is able to enjoy the warm water which relaxes his muscles. He loves it! On really hot days, they even turned off the heater and added ice cubes and new cold water from the hose and used it as a “pool” to find relief from the heat! With the pandemic, the family has not ventured out too much or tried new things/experiences. He is hanging out on our patio and in the yard. On days that are not too terribly hot, he goes exploring on walks in various parks. Jxxx has been participating in Zoom calls with friends, and he has been working on art projects at the house. |
| [Support Preferences:](#1fob9te)  Jxxx does not have a support preference related to gender, but he would benefit from someone that is energetic and well-trained. The staff would help him participate in the world around him, while being sensitive and alert to his healthcare needs. |
| [Cultural Considerations](#1fob9te):  The Dxxx’s have chosen to follow the religious beliefs of Reform Judaism, and they celebrate and honor all religious and spiritual beliefs.  Jxxx has exposure to all races and religious backgrounds, and he is accepting of everyone. The only people he does not like are ones who discriminate against him. |
| [Information about the general topic of important relationships](#1fob9te):  Jxxx’s parents are important people in his life, and he is very connected to his support staff. Prior staff have also become important to him and many of them remain in his life. He has a girlfriend, Desi, who he sees often. She is a ray of sunshine, and they adore each other. The PCA’s plan dates and gatherings. He also has formed friendships at Wonderland Camp, and he remains connected to a handful of school friends. He is on Facebook and Snapchat and with PCA’s assistance so he can connect with friends. |
| [Information about relationships the individual may want to enhance or explore](#3znysh7):  The goal is for Jxxx to have more peer interactions and involvement in the community. The family has struggled to find an available and interested Community Specialist to create volunteer opportunities which could foster more peer interactions. They have finally hired one, and she has worked on a support manual for Jxxx. This year she is working on volunteer opportunities. |

| WHAT WE NEED TO KNOW IN ORDER TO SUPPORT Jxxx |
| --- |
| [A description of how supports should be delivered:](#1fob9te)  Supports are delivered in the home and in the community.  He receives medical personal care assistance through Self-Directed Services and personal care assistance through DHSS, incontinent supplies sent to the home, and physical and speech therapy in the community. |
| [Describe supports that are currently effective and need to continue to ensure consistency in the way supports are delivered](#1fob9te):  *Communication:* Jxxx is nonverbal so it is sometimes difficult for others to “get” him and to determine his wants and needs.  It is important to him that people demonstrate patience and unconditional love around him. He wants to feel that he is “heard” or listened to, even though he does not use words to communicate.  Jxxx uses gestures or facial expressions and his eyes to communicate and share his wants and desires. He continues to learn how to communicate with others by working with his eye gaze device and occasionally has sessions with a speech therapist who specializes in augmentative communication.  He is able to express happiness or discomfort with his eyes and body. Time is needed to learn to read him. He is able to communicate through his eye gaze to answer yes or no questions.  This method will only work if he is alert. Jxxx is learning to share his wants and needs via his augmentative communication device, WinSlate.  He has utilized eye gaze software and games for years, which has increased his skills. This requires the Grid 3 software pages, and the staff receives training to access this area.  Jake can be vocal with sounds. He may need a change in his position or his environment.  He may attempt to communicate through loud vocalization and lifting his hips up or and arm or leg is shaking (and you know it is not a seizure) which could indicate he needs a dose of Baclofen, which helps reduce his tone/spasticity.  He receives 10 mg of Baclofen, and if it continues after 20 minutes, notifying his parents if necessary.  *Eating:*Jxxx used to drink independently from a sippy cup, and he used to eat pureed foods.  Over the past 6 years, he has had numerous yearly bouts of pneumonia. Due to potential aspiration, he receives nutrition via his g-button.  Since this was implemented, his illnesses have decreased tremendously. Because of this, Jxxx is not to consume anything by mouth. See his “med and info” sheet for current dietary plan. In June 2020, due to an aspiration event from throwing up, it was discovered that Jxxx’s GI motility slowed down tremendously so the medical team changed his button from a G button to a G/J button, so, at least for the time being, the family and caregivers can feed him or deliver his meds via the G (or gastric area) or his J (jejunum). They continue working with his providers to determine if we continue on this plan or move back to a G button when it is time to replace it.  In December 2018, the process was initiated to put Jxxx on the ketogenic diet - a special high-fat, low-carbohydrate diet that helps to control seizures in some people with epilepsy. It is prescribed by a physician and carefully monitored by a dietitian. Since he is g-tube fed, it is easier to monitor his diet. The formula is calculated daily by family and staff, and it is measured out in grams. It is important that Jxxx does not get anything else besides the prepared and calculated formula. Even tastes of food, while increasing the risk of aspirating, can hurt him maintaining a specific level of ketosis. Even products applied to his body, such as lotions, shampoo, soap and toothpaste have carbs in them which can throw off him remaining in ketosis. Please only use approved “keto-friendly” products.  *Dressing and Undressing:* Jxxx requires total assistance for all of his ADL's. His right side is tighter than his left (tone and spasticity wise) which requires his shirts to be put on by way of his head and then pull his right arm through the shirt and finally his left arm. He can stretch his left arm further than his right. When taking his shirt off, his arm should be removed from the right sleeve first because there is the most room for the shirt to stretch. Jxxx has the choice between two shirts by holding one in front of him at a time. He sees both of them together, and then he views the shirt again so he can make a choice between the two items.  Jxxx overheats easily.  In the summer, the family and staff are cognizant that the seat of Jxxx’s chair is custom molded and it wraps around him. He overheats easily because he is unable to move or shift himself around for air movement. Changes in positioning help keep him cool. His parents have purchased a cooling vest for Jxxx to use when he is out in really hot weather and has no reprieve from the warmth. This year, they purchased a portable (and rechargeable) neck fan which has been a valuable resource for helping to fight the heat!  *Bathing:* Jxxx has a shower chair to use in a roll-in shower, and he has a mesh sling to transfer him when showering. He requires total assistance when bathing.  The family and staff use a heat lamp in the shower to help keep him warm. A handheld showerhead is used to direct the water, and it is placed in a way to allow warm water to hit his body.  Shaving occurs while in the shower, which can be challenging because he wants to have his finger in his mouth at all times for comfort. If this happens, while shaving, he will likely get soap in his mouth. His hand must be secure while lathering his bearded area up and shaving!    *Grooming and Personal Care:*  Jxxx’s mom feels he already has enough unique differences about him in a world of peer pressure that she requests all his staff to be aware and supportive of his appearance and the importance of his looking his best!  He is a young adult and his comfort level depends on all his support staff helping him to look his best! The family requests that he is dressed well, and not only positioned properly, but make sure he’s appropriate, such as his pants are not riding high - “high-water” or his shirt is not lifted exposing his undergarments. The family also requests the support staff groom his hair so that he does not have bed-head. He does not need too much help looking his best but needs help with the aesthetics.  *Toileting:* Jxxx wears disposable briefs with an extra pad for maximum absorption. Due to some medications that he is on (anticholinergic), he often holds his urine and then will release a significant amount at one time. He also has been having some medical concerns with low sodium but this syndrome also can cause him to go long periods without urinating.  Due to his limited mobility and his quadriplegic spasticity, he often goes easily 4 or 5 days in a row without having a bowel movement. He receives Miralax daily and a suppository as needed. After a suppository, the best results occur 20 minutes after he receives a suppository. Jxxx sits on his shower chair with the “toileting” insert.  *Household Chores:* When Jxxx can, with the help of his PCA’s, he helps water the outside flowers. He and staff also run errands for the household as well as for himself.  \*\*\* In these COVID-19 times, errands are limited to drive through and no-contact deliveries.  Jxxx has a new pet dog, a Wheaten Terrier, Sophie Rose! He assists in taking her for walks, when the weather allows. |
| [Rituals and routines:](#3znysh7) Jxxx has a daily schedule of activities to meet his needs. For example, his g-tube feedings occur at the same time every day. This way he has what he needs without attempting to ask for it. The family has a book with a daily routine for staff to follow. Activities like his therapies or meds have to be completed within specific windows of time and other activities have flexibility. Please refer to a comprehensive support manual that has been put together this past year. |
| [Primary Language Used](#1fob9te)  English  [Method of Communication](#1fob9te):  Jxxx likes to be spoken to as a young adult. Meaning he does not like when people talk “baby talk” with him. He uses eye gaze either by using his augmented communication device or by looking at the person to respond yes and away to respond no. |
| [How an individual learns best](#3znysh7):  Jxxx learns best through patience and acknowledging him with praise and excitement! |

| **COMMUNICATION CHART** | | | |
| --- | --- | --- | --- |
| **When This Is Happening** | **And I do this….** | **We Think It Means…………** | **And You Should** |
| When Jxxx is uncomfortable | And he vocalizes and moves his arms around | He is wanting something changed. | Try changing his position, his brief or his view/environment |
| He struggles to stay awake | Closes his eyes | He wants to be left alone to take a nap | Allow him to sleep |
| When he’s intently staring at something – like a fan that is off | Staring at something and looks at you and then back again at “it” | He wants that… on or off… | Comply with his wishes if possible |

| **Natural Supports & Non-Division Supports**  Jxxx’s parents, K and C Dxxx, are VERY involved in his life, and he lives with his parents. He has no brothers or sisters. Over the years, several of their caregivers have become like family to them, and they are natural supports.  A few of them live out of town now so he communicates with them via social media, texting and video chats. He is quite popular on social media and stays connected with his school friends, camp friends, new friends from our networking group, family and friends.  His girlfriend, Desi is a constant in his life. They’ve been dating for about eight years. They have not been able to see each other often this spring or summer, due to COVID-19, but he remains in contact via social media and FB video messaging.  Jxxx also has extended family: aunts, uncles and cousins whom he sees at family get-togethers and on holidays.  Sadly, the vast majority of them do not know Jxxx well enough, nor do they feel comfortable enough in taking care of him.  The Dxxx’s are very social and have many friends. Jxxx spends a lot of time with these people, as they are also his friends, but not many of them are comfortable taking care of or assisting him with his ADL’s.  Mrs. Dxxx’s best friend, J Stapleton lives 2 ½ hours away in Marshall, MO. She has her BSN, and she is one of Jxxx’s biggest advocates.  She knows his needs (especially medical) very well. | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [**Information about State Plan Services:**](#1fob9te)   | Jxxx receives Medicaid as a secondary insurance source.  He receives up to three and a half hours a day of personal care assistance through DHSS. These supports are not self-directed, though typically individuals employed by the designated representative are an employee of the agency Jxxx uses for PCA. He cannot leave the house when using these hours and the pay for workers is significantly less, creating a disincentive for employees to maintain employment with the home healthcare agency. Employees hired directly by the agency do not have the skill set or training to work with Jxxx. His primary insurance and Medicaid address most of his health care needs. | | --- |   **Additional Natural/Non-Division Supports:** Please see below. | | | | | | | |
| \*\* most of these therapeutic supports are on hold during the pandemic | | | | | | | |
|  |  | |  | |  | |
| **Therapy/Provider** | | **Funding Source** | | **How Often** | |
| PT/S Hxxx | | DMH | | weekly; 6 units/session | |
| PT/? somewhere – unknown at this time – lite gait training | | Primary Ins | | Weekly 4 units/session | |
| SLP/HealthSouth | | Primary Ins | | 10 sessions a year | |
| PT/Swim Therapy/RPI | | Primary Ins | | Weekly & summertime 2X a week for 10 wks | |
| PT-Therapeutic Horse riding | | DMH | | Weekly | |
| PT-Mercy Outpatient | | Self-pay | | 2-3 times/wk | |
| Music Therapy-Rockability/Midwest Music Therapy | | Self-pay | | 12 weekly sessions three times a year | |
| Massage Therapy/Lucy Texeira | | Self-pay | | Semi-weekly | |
| Botox injections/Dr. Racette | | Primary Ins | | Every 90 days | |
| [**Information about enrollment in Non-Division Waiver programs:**](#1fob9te)Jxxx is not in any non-division waiver program. | | | | | | | |
| [**Information about community resources currently being assessed or utilized:**](#1fob9te) Jxxx participates in therapies – several modalities of PT (traditional PT, swim therapy, hippo therapy) and occasional SLP.  He accesses funding annually for a camp voucher from the Recreational Council.  Jxxx loves to get out into the community with friends and his girlfriend and participate in community recreational activities, as his health and wellness allow. | | | | | | | |

| **DAILY LIFE AND EMPLOMENT / CAREER PLANNING Jxxx** |
| --- |
| Jxxx’s parents provide oversight and support of Jxxx’s services on a daily basis. They are business owners and their business is growing which is requiring more of their time and energy. In the past couple of years, due to Jxxx’s health and hospital time much of their hours were not used. Plus adding in the time that they did not have staff to work scheduled hours created the additional hours needed for them to work later in the evenings and/or weekend hours. Depending on Jxxx’s health this year and if we’re fully staffed, additional hours may be needed to maintain Jxxx’s lifestyle at home. Jxxx’s complex care needs would be met by those who already know him to continue supporting him during these times. |

| **HOUSING** |
| --- |
| At this time, Jxxx lives with his parents.  He has his own room that is large enough to house all of his adaptive equipment.  His parents have been extremely protective of him his entire life. His parents have been talking with Jxxx about the desire to build an apartment, in the future, for him in their unfinished basement and add an elevator for his access.  His parents envision utilizing self-directed supports more as they continue to age and intend on finding students who also seek housing to swap room and board for overnight care. Due to Jxxx’s complex medical and physical support needs, his parents utilize self-directed supports through DMH. The goal is for Jxxx to remain with his parents. |
| [**Reflect that the setting in which the individual resides is chosen by the individual**:](#2et92p0)  Chosen by guardians and preferred by individual |

| **Community Transition**  [**Additional individualized back up plans:**](#1fob9te)  This past year, the family has worked on estate planning and has legal documents in place. The family has a special needs trust, and Mrs. Dxxx is the co-trustee with the bank. Mr. Dxxx is the next in line if Mrs. Dxxx is unable to perform these duties. |
| --- |

| **COMMUNITY MEMBERSHIP** |
| --- |
| Jxxx is very social, when his health allows him to be.  With accessing his Facebook page or through a texting app on his eye gaze device, he can wish friends and family happy “event” wishes (like birthday or anniversary) and he can remain in touch by ‘liking’ friend’s comments.  His PCA’s have created a Snapchat group so they can all share and comment on activities they do throughout the day. He loves to visit and go on dates with his girlfriend, Desi. They enjoy going to movies, outdoor activities, going to Wonderland Camp together and simply hanging out.  They do attend a monthly dance 8-9 times a year. As part of a parent/caregiver network, a closed Facebook page was established to create events and send invites to others. This is an excellent way to foster friendships. He has an annual membership (and a caregiver pass) to the new aquarium in St. Louis. Whichever caregiver is with Jxxx can accompany him. Prior to March, he was able to visit several times and enjoyed the facility! |

| **HEALTHY LIVING** | |
| --- | --- |
| It is important that Jxxx continue to stretch and work his muscles. He loves to go to TREE House, a therapeutic horse-riding program where he experiences movement outside of his wheelchair. He works on muscle strengthening and balance AND gets to socialize there as he has formed numerous relationships over the years. It is also important that he stands every day. Jxxx has a table/standing frame, which he stands in for up to an hour a day. Family members and staff also stand with Jake right at his wheelchair for a couple minutes at a time to stretch and offer a change in his position. Jxxx wears various braces (left wrist and feet/leg orthotics) which he should have on most of the day, while still getting a couple breaks for blood flow and chill time. He also has elbow splints for helping to reduce contractures for an hour or two a day (preferably when sleeping.) His parents provide the schedule for wearing the braces and splints.  It is very important to change Jxxx’s position throughout the day. A slight shift of 5-10 degrees shifts his weight and helps prevent pressure sores. Tilting his chair refers to his back and seat maintaining at 90 degrees, while using the ‘tilt in space’ feature on his chair. Jxxx’s leg is lifted/extended one leg at a time a few degrees to stretch his hamstrings. To ensure he receives a proper and safe stretch, the underside of his knee is checked. Stretching both legs at the same time puts too much pressure on his lower back, which is not comfortable for him due to his spinal fusion.  Due to several meds that he is on that are anticholinergics, coupled with a condition he has called SIADH, he often holds his urine. He releases a lot of urine which is referred to as “dumping”. He goes copious amounts. Several of our staff have been trained by a nurse to catheterize him. This can minimize uncomfortable or embarrassing moments when out in public.    Since Jxxx has so much hardware implanted; spinal fusion and VNS…) when he gets a high fever, he needs a check-up by a doctor to ensure he does not have a major infection. Communication with his parents is necessary to receive further instructions. | |
| [**Purpose of medications, treatments, or procedures**](#3znysh7)   | **Medicine** | **Purpose/Reason** | **Dosage** | **How Often** | | --- | --- | --- | --- | | Felbamate | Seizures | 800 mg | t.i.d (3X/day) | | Onfi | Seizures | 20 mg – 2 (10 mg tabs)  30 mg – 3 (10 mg tabs) | a.m.  p.m. | | Glycopyrrolate | Excessive drooling | 1 mg | Up to 3X/day as needed for drooling | | Gabapentin | Reduce tone | 200 mg  300 mg | a.m. & mid afternoon  p.m. | | Baclofen | Reduce tone | 40 mg – 2 (20 mg tabs) | t.i.d (3X/day) | | Vitamin D3 | Vitamin | 1000 IU – 1 tablet | a.m. | | Probiotic | digestive system | 1 capsule | a.m. | | Pyridoxal 5 Phosphate (P5P) | Vitamin | 50 mg – 1 tablet | a.m. and lunch time | | L-Methylfolate | Vitamin | 1000 mcg pill | t.i.d. | | CoQ10 | Vitamin | 100 mg – 10 mLs | t.i.d. | | Zyrtec | Allergies | 10 mg tablet – 1 tablet | p.m. | | Tylenol | Pain or fever reducer | 500-1000 mg | Prn | | Ibuprofen | Pain or fever reducer | 600-0800 mg | Prn | | Miralax | Laxative | ½ capful or 8.5 grams | Every morning added to 2 oz of water to dissolve and then add to morning breakfast formula | | Lorazepam | To stop a lengthy seizure | 2 mg | Prn | | CytraK Crystals | Help kidney function |  |  | | Forteo | Bone strengthening | 1 shot | Daily in the evening | | Magnesium | Keto health | 200 mg | t.i.d. | | Famotidine | Reflux | 40 mg | Twice daily |   \*\*\* Throughout the year, his medicines and/or dosing changes so please refer to his med sheet for most accurate information. \*\*\* | |
| [**Dietary needs**](#1fob9te)  Jxxx receives all of his nutrition via his g/j-button | |
| [**Allergies/Sensitivities/Reactions**](#3znysh7)  He is allergic to Neosporin.  He has had a reaction to Precedex twice now.  He throws up after receiving this specific anesthesia, and he aspirates resulting in pneumonia.  Meropenem lowers his seizure threshold and he developed “red man syndrome” once when he was administered Vancomycin.  When given Benadryl before a dose of Vancomycin, he has done fine. When he was eating by mouth, he had an allergic reaction to chocolate. So in the rare event that someone gives him a taste of something please do NOT give him any chocolate. | |
| [**Self-administration**](#3znysh7)  Jxxx receives all his medication via his G-button.  He is unable to tell time or to read prescription labels.  He is physically unable to open pill containers. | |
| [**Adaptive equipment**](#1fob9te)   | **Product/Equipment** | **Funding Source** | | --- | --- | | AFO’s with SMO insert | Primary Insurance and Secondary Insurance | | Left wrist brace | Self-Pay | | Work out gloves for using the arm cycling machine at the gym | Self-Pay | | Shower chair | Primary Insurance and Secondary Insurance | | Power lift for transfers | Primary Insurance and Secondary Insurance | | Tilt Table/Standing Frame | Primary Insurance and Secondary Insurance | | Power Wheelchair | Primary Insurance and Secondary Insurance | | Manual Wheelchair | Primary Insurance and Secondary Insurance | | Ramp Van | Primary Insurance and Secondary Insurance and family pay | | Portable ramp for gaining access to places that aren’t accessible | Missouri Assistive Technology - KAT | | Incontinent Supplies | Community Waiver | | |
| A more thorough support manual can be found attached to Jxxx’s daily checklist binder. | |
| [**Family Medical History**](#3znysh7)  There is no family history of the diagnosis of polymicrogyria.  There is also no family history of a seizure disorder. Mrs. Dxxx has Crohn’s and she has high cholesterol. She has also been diagnosed with non-Hodgkin’s lymphoma which is in remission at this time  Mr. Dxxx has asthma.. Both Grandparents have a history of cancer and heart disease. | |
| [**Diagnoses**](#1fob9te)  Jxxx is a 24-year-old Caucasian male with multiple disabilities that include intellectual/cognitive disabilities. He was born with a brain malformation, and when he was about 10 years old when he received a diagnosis of Polymicrogyria. He has spastic quadriplegic cerebral palsy, intractable epilepsy, high tone and scoliosis. Jxxx has had 14 surgeries in his life and has had numerous bouts of pneumonia over the last 6-7 years. Most needing lengthy hospital stays and on several occasions, he was in the PICU for the severity of his illnesses. Jxxx has enough barriers to participating in the world around him. He requires assistance with all his daily living needs. He must have assistance with toileting/incontinence supplies, feeding, bathing, brushing his teeth, transfers, and with mobility. Jxxx also requires frequent repositioning throughout the day to make his day more comfortable and enjoyable.  Jxxx has a seizure disorder, for which he receives ongoing treatment. He has a vagus nerve stimulator to support his seizures. He has a magnet attached to the right side of his chair. It is not mandatory to use this, as the stimulator works 24 hours a day, but it can lessen a seizure while in progress. He also receives ongoing therapies such as physical therapy, swim therapy, speech therapy and therapeutic horse riding. Jxxx requires medication changes at times. Due to his mobility issues, high tone, and his overall condition with CP he is very prone to pneumonia. | |
| **Past Physical illnesses**  ***Surgical History****:*  Mo/Yr                     Surgeries Physician  10/96 partial right frontal lobectomy Dr. T.S. Park  3/01 VNS implant Dr. Jeffrey Ojemann  9/03 bilateral VRO and left Pemberton Dr. Scott Luhmann  5/05 bilateral percutaneous heel cord & Lengthening & removed hdwe Dr. David Anderson  8/05 G-Button (Microvasive) Dr. Lynda Brady  8/09 Intrathecal Baclofen Pump implant Dr. David Anderson  5/10 revision of pump catheter Dr. David Anderson  11/10 VNS revision   Dr. Matthew Smyth  10/11     G/J button general surgeon at Mercy  1/12 revision of pump catheter Dr. Jeffrey R Leonard  1/13 Inter-op halo-femoral traction & posterior spinal fusion T2-sacrum Dr. Lawrence Lenke  With instrumentation and autologous allograft bone graft & BMP  11/14 Strabismus surgery Dr. Lawrence Tychsen  8/15 8/15 Thoracentesis General Surgery team-SLCH  11/16 VNS revision and removal of Baclofen Pump Dr. Matthew Smyth  6/20 G/J Button Interventional Radiology | |
| **SAFETY & SECURITY** |
| [**Emergency Safety**](#3znysh7)  Jxxx is not able to dial 911 in case of an emergency and he cannot evacuate a building on his own. He is not able to stay in his home without direct supervision. In case of emergency, call 911. His STAR # with the fire dept is #22XX. Tell them Jake has epilepsy (intractable seizures). He is on the above meds and has a Vagus Nerve Stimulator, a G/J button and his spine is fused from T-2 to his sacrum. He also has SIADH, so precaution should be paid attention to over-hydrating and his sodium level. |
| Jxxx cannot pick up anything so there is no concern that he could turn on water too hot or get into any chemicals. He is not able to regulate water temperature. Since he is never left alone, there is no concern for him to answer the door. The family has a keyless touchscreen to lock and unlock our front door. Each staff member has his/her own code so that upon their leaving our employment, their code is removed from gaining access. |
| Jxxx has a wheelchair accessible van, and his chair needs to be securely in place before traveling.  If during a transfer or for some reason Jxxx falls, do NOT attempt to get him up. If appropriate, the caregiver should call 911 and/or contact his parents for further instruction.  Jxxx requires 24 hours supervision because of his safety and mobility needs. He also requires constant supervision to ensure he does not hurt himself during a seizure.  He does not have stranger awareness and has difficulty communicating with others. The world has trouble understanding Jxxx, but someone who is familiar with Jxxx will understand his needs. |
| Jxxx receives 1:1 support from his medical personal care staff 10-12 hours daily five days a week and a handful of hours each weekend.  Otherwise, his parents care for him most evenings, overnights and the majority of the weekends. Jxxx can be alone for short periods if the person is within hearing range of him. |
| When under a tornado warning, at this time, the family has no way of getting Jxxx into the basement.  The safest place in the house is Jxxx’s shower, which is in the master bathroom. His shower chair should be safely moved out of the way, and the bathroom door needs to be closed securely. They remain there until it is safe to exit.  In the event of an evacuation, Jxxx is not able to exit a building or residence without emergency assistance.  Emergency personal need to know that Jxxx has physical and cognitive disabilities and the staff cannot remove him from the home. They will assist in this matter. |

| **Individual Rights Restrictions** |
| --- |
| There are no right restrictions**.** |

| **PERSONAL INCOME** |
| --- |
| Jxxx receives $XXX per month for personal items and leisure activities. He has some money in savings also for when he wants something that exceeds this amount. |
| Jxxx already receives SSI. Representative payee fills out annual paperwork needed and gives oversight to his checking account. |
| SELF-DIRECTED SUPPORTS |
| Jxxx has been using self-directed supports for more than six years now. C Dxxx, Jxxx’s mom and guardian, is his designated representative. He receives Medical Personal Assistance, Community Specialist and Team Collaboration. His need for these services has been documented and no assessment is needed. |
| Jxxx and his family are utilizing self-directed supports for assisting Jxxx in living his best and healthiest life. His family and caregivers participate in his therapy sessions. Jxxx’s staff will provide for his hygiene and medical/nutritional care needs, transport him to medical or therapy appointments, transport him socialization activities so that he can participate in his community thru TASK/ARC events, Rockability, group outings or to go on dates with Desi. His family and caregivers will attend medical appointments to address Jxxx’s needs while at home and in the community.  The Medical Personal Care Assistants are required to have CPR/First Aid. The staff can be exempt from taking the Medicine Administration training IF his parents are willing to take on the responsibility of training and ensuring medication is administered in a timely fashion. A Medical Personal Care Assistant is exempt if they’ve been in Jxxx’s life over many years and their training has expired. Jxxx has many friends who, over the years were his staff and now have moved on to other careers but remain friends with Jxxx.  Extra care is being taken during the pandemic. All staff are instructed to inform Cheryl and/or Ken immediately, if they begin having ANY symptoms which could be potentially concerning for getting sick. The family is following CDC guidelines and recommendations for safe practices. |
| All shifts are shared on Google Calendar and all employees are connected on a GroupMe app.  Employees who know ahead of time they will be unavailable for their shift will contact other staff members via this group texting app to see if anyone can cover that shift or is willing to trade their time for the uncovered time.  If no one is available, the parents have a “wider net” group app, which includes other staff/friends who may not be on the weekly schedule. If no one is available, the staff will call the designated representative so that one of his parents can cover the shift. If a staff member has an emergency or is ill, he/she will contact the designated representative as soon as possible and Jxxx’s parents will arrange for other staff to cover the shift or one of them will cover the shift.  Community Specialist Job Description:  Create and update Jxxx’s support manual  Participate in the development of the yearly ISP with any appropriate updates  Observe individual, review daily and monthly reports and assist in interviewing PCA staff to determine quality of life and make suggestions for enhancement  Locate and access community activities  Monitoring participation in current community activities  Provide training for success in community activities  From time to time, assist family with:  Recruiting, hiring, managing, evaluating and terminating staff  Assist to define goals, needs and preferences  Assist in the development of an Emergency Back-up Plan  Assist with employee training  Team Collaboration:  1. While training new staff, team collaboration hours will be used.  2. In addition, the staff will meet a handful of times a year.  3. The first part of the meeting will be for the Community Specialist to discuss goals, issues, and progress. This could involve trainings or education on caring for Jxxx.  4. The second part is for the DR to review employment issues and expectations.  Emergency Contacts:  Designated Representative: C Dxxx 314-xxx-3121  Father & Back Up D.R. K Dxxx 314-xxx-1575  Family Friend & staff H Williams 636-xxx-2827  Family Friend & staff K Masxx 732-xxx-0860  Nurse Oversight and family friend Stapleton 660-xxx-0600  Staff Training: Jake’s support staff receive all standard training required by DMH and DHSS. Staff working with him must receive some additional training specific to his support needs and diagnoses.  Additionally, due to the level of Jake’s support needs, the importance of recognizing his health concerns, and the specifics of his communication style, it is extremely important that Jxxx’s staff have an opportunity to spend time shadowing experienced direct support staff before working with Jxxx on their own.  Team collaboration time is used for this purpose. |
|  |

**Individual Rights, Choice of Service**

Mr. and Mrs. Dxxx have been presented with HIPAA information and a copy of individual rights. The guardians are required to sign this consent form yearly. The guardians have been made aware of the hotline number 1-800-392-3738 to report abuse and neglect.

The guardians have been informed of the St. Louis Regional Office 314-475-7600 (Seven Hills Office) or 314-587-4800 (Page Office) and Constituent Services number 1-800-364-9687 or write to the Department of Mental Health, Attn: Constituent Services, 1706 E. Elm St., Jefferson City, MO 65101; if unhappy with services, dissenting opinions of the services or quality of services provided.

During the ISP meeting the guardians were informed of their rights to choose what agencies provide services. The guardians were also informed about self-directed services and they want to continue with self-directed supports. The guardians have signed the provider choice statement.

During the ISP meeting, the Service Coordinator, Rebecca Sutton, provided information on the full range of HCBS and that they can request updates, changes to their plan at any time.

**INDIVIDUALIZED Personal OUTCOMES**

**Outcome #1:** Jxxx is able to communicate his wants and needs effectively.

**Current Situation:** Jxxx is nonverbal so it is sometimes difficult for others to “get” him and to determine his wants and needs. It is important to him that people demonstrate patience and unconditional love around him. He wants to feel that he is “heard” or listened to, even though he does not use words to communicate.

Jxxx uses gestures, facial expressions and his eyes to communicate and share his wants and desires. He continues to learn how to communicate with others by working with his eye gaze computer. He is able to express happiness or discomfort with his eyes and body. Jxxx has a daily schedule of activities. For example, his g-tube feedings occur at the same time every day. This way, Jxxx’s needs are taken care of without him having to ask for things.

Jxxx does have a communication device, and he is able to communicate through his eye gaze to answer yes or no questions. This method will only work if he is alert. Jake is increasing his vocalization. When he is excessively vocal, he may need a change in his position or his environment. He may attempt to communicate through loud vocalization and lifting his hips up, or an arm or leg is shaking (and you know it is not a seizure) which could indicate he needs a dose of Baclofen. He receives 10 mg of Baclofen, and if it continues after 20 minutes, his parents should be notified.

Jxxx is learning to share his wants and needs via his augmentative communication device, WinSlate. He has utilized eye gaze software and games for years, which has increased his skills. This requires the Grid 3 software pages, and for the staff to receive training to access this area.

**Action Steps:** Jxxx receives PT and Speech Therapy. The SDS Medical Personal Care Assistance also provides OT to further support him in this goal.

**Strategies:**

1. Continue to play games on his computer in hopes of increasing his skills at choice making and eye gaze practice/strengthening.

2. Encourage conversation – back and forth such as playing “Guess Who” which is turn-taking.

3. Since his success rate is high with answering Yes/No questions – encourage him to use the device to answer. (He loves to be acknowledged so applause and encouragement increases his focus to remain engaged.   
 **Accountability:** Jxxx Dxxx, Mr. and Mrs. Dxxx, Jan Stapleton, Nurse, Med PA’s, PT, and PCA’s

**Timeline:** 10/1/20–9/30/21

**Outcome # 2:** Jxxx’s adaptive equipment remains in good working order, and it will be repaired when necessary to safely navigate his environment and community as needed.

**Current Situation:** Jxxx uses AFO’s with SMO insert, left wrist brace

workout gloves for using the arm cycling machine at the gym, shower chair, power lift for transfers, tilt Table/Standing Frame, power wheelchair, manual wheelchair, ramp, portable van ramp for gaining access to places that aren’t accessible and incontinent supplies.

**Criteria/Justification:** Jxxx requires adaptive equipment to navigate his environment and to maintain him in his natural home.

**Action Steps:** The adaptive equipment will be repaired or replaced.

Strategies: The family will be provided with referrals for adaptive equipment. The family will seek prior funding through Medicaid or another agency prior to requesting a repair or replacement. This CM will refer Jxxx to the UR committee to request the recommendation for funding, and it will be submitted to the director for final approval. The equipment will then be repaired or replaced once approval has been received.

**Accountability:** Jxxx Dxxx, Repair/Replacement agency, Medicaid, Mr. and Mrs. Dxxx-parents, and Rebecca Sutton-SLRO

**Timeline:** 10/1/20–9/30/21

**Outcome #3:** Jxxx has a Community Specialist to develop plans for community involvement and a Community Specialist Nurse to train, delegate, and to provide periodic supervision.

**Current Situation:** Jxxx receives medical personal assistance (Med PA’s), and the family has a Community Specialist support services through SDS. Med PA’s are required to have CPR/First Aid, prior to starting work. Nursing oversight will be requested for the new plan year for his waivered services. Support staff are employed through a home health care agency for 3-4 hours a day through DHSS funding. This funding is not self-directed.

**Action Step:** Mrs. Dxxx has both Community Specialists on board.

**Strategies:**

1. Create and update Jxxx’s support manual

2. Participate in the development of the yearly ISP with any appropriate updates

3. Locate and access community activities

4. Monitoring participation in current community activities

5. Provide training for success in community activities

6. From time to time, assist family with: Recruiting, hiring, managing, evaluating and terminating staff

7. Assist to define goals, needs and preferences

8. Assist in the development of an Emergency Back-up Plan

9. Assist with employee training

**Accountability:** Jxxx Dxxx, DR, Community Specialist, and the Nurse Community Specialist, and CM

**Timeline:** 10/1/20–9/30/21

**Outcome 4#:** Jxxx has team collaboration to discuss goals, changes, progress, and issues related to health and services and this time is used to train new staff in specific areas as it relates to Jxxx’s health and safety.

**Current Situation:** Jxxx receives Medical Personal Care Assistance through Self Directed Services. There are currently four staff, and the goal is for all the staff to meet so that everyone is on the same page related to his treatment goals.

**Action Steps:** The team will meet about four times a year to review Jxxx’s treatment goals and share strategies and successes. Team collaboration is also used during trainings for one staff to train another.

Strategies: The SDS staff and the Community Specialist, Community Specialist Nurse, and the DR will meet a handful of times a year. There are eight staff members not including the Community Specialists and the DR. The first hour is for the Community Specialist and the Community Specialist nurse to review goals, issues, and progress. The second hour is for the DR to review necessary employee related issues and expectations.

**Accountability:** Jxxx Dxxx, Team Collaborator, DR, SDS staff, and Community Specialist

**Timeline:** 10/1/20–9/30/21

NEW REQUESTS

| [**Request:**](#2et92p0)  **Justification for request:** |
| --- |
|  |

[**BUDGET:**](#1fob9te)

Please see budget.

| **Monitoring the ISP**  The Support Coordinator is responsible for monitoring the ISP. The person-centered service plan will be reviewed and revised upon reassessment of functional need as required at least every 12 months, when the individual’s circumstances or needs change significantly, or at the request of the individual. The individual/team members can request updates to the plan or to convene the planning team by contacting the Support Coordinator. The ISP will be reviewed quarterly and updated as often as necessary. Review and update of the ISP will also occur as often as the individual and/or guardian requests. |
| --- |
| [Identify the individual and/or entity for monitoring of the ISP:](#1fob9te)  Rebecca Sutton, St. Louis Regional Center |

| **Name:**  Jxxx Everett Dxxx | **DMH State ID#:**  5118XX | **DOB:**  6/12/96 |
| --- | --- | --- |

**Notice of Privacy Practices Statement**

I have been presented with the Notice of Privacy Practices, within the last 3 years, material from the Missouri Department of Mental Health and have had any questions answered. My signature on this plan certifies that I understand my rights related to the confidentiality of information.

**Individual Rights**

I have been presented the individual rights material from the Missouri Department of Mental Health, and have had any questions answered. My signature on this plan certifies an understanding of my rights as an individual, or guardian of an individual supported by the Department of Mental Health’s Division of Developmental Disabilities.

**Medicaid Waiver Rights:** Statement applicable \_\_☐x\_\_ Statement not applicable\_\_☐\_\_

As a participant in the Medicaid Waiver, I understand that I have the right to appeal any adverse decisions, including denial of participation in the Waiver, denial of authorization for a requested service, reduction of services or units of service without my written approval, and/or determination that I am no longer eligible for the Waiver. I may receive the assistance of my Support Coordinator or any other Regional Office staff in the appeals process. If an individual and/or responsible party timely files an appeal of a final decision, services currently being provided under an existing plan of care will not be suspended, reduced or terminated pending a hearing decision unless the individual or legal representative requests in writing that services be suspended, reduced or terminated. The individual and/or responsible party may be responsible for repayment of any federal or state funds expended for services while the appeal is pending if the hearing decision upholds the director’s decision.

**Abuse/Neglect**

I understand that any person receiving supports and/or services has the right to be free from abuse, neglect, and exploitation. Abuse can be physical, verbal, mental, sexual, or financial in nature. Neglect is not getting the things a person needs to be healthy and safe. Exploitation means being taken advantage of or treated unjustly.

**AUTHORIZATION AND APPROVAL SIGNATURES**

This Individual Support Plan is an annual plan that represents an ongoing commitment to assisting the individual/family in addressing their support needs. This plan must be reviewed quarterly and revised annually to evaluate progress toward outcomes and to specify future supports needed. The plan may be revised at any time at the request of either party listed below.

My signature below gives consent for the delivery of services addressed in this individual plan which implements on 10/1/2020. No Regional Office funding is to begin until approval has been given by the Regional Director.

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Individual’s Signature (If no guardian this is authorizing signature) Date

\_\_C Dxxx-approval by electronic signature 08/03/20

Parent/Legal Guardian (authorizing signature for plan) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Representative Name and Agency Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Representative Name and Agency Date

\_\_Rebecca Sutton\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_08/03/20\_\_\_

Support Coordinator Date