

## Part V. Plan for Supports

Provider: Oakridge CSB Service: Support Coordination

<u>Outcome #</u>	<u>Important TO Me</u> List the support activities for each desired outcome	<u>Support Instructions</u> Describe how supports need to be tailored to the individual's preferences and profile.	How often or by when?	How Long?
9 Mary uses her "Say-it" switch or other device to share her preferences.	Referral for speech therapy.	<ul style="list-style-type: none"> <li>- complete necessary contacts and paperwork to assist with Mary obtaining a speech therapy evaluation from her current physical therapy agency as her mother/guardian has requested.</li> <li>- inform Mary, her mother and residential provider once appointment is scheduled.</li> </ul>	By 9/1/09	3 hours
<u>Outcome #</u>	<u>Important FOR Me</u> List the support activities for each desired outcome	<u>Support Instructions</u> Describe how supports need to be tailored to the individual's preferences and profile.	How often or by when?	How Long?
17 Mary's desired outcomes are achieved.	Referrals, monitoring and continued eligibility	<ul style="list-style-type: none"> <li>- coordinate and link Mary with alternate services as needed or requested.</li> <li>- meet with Mary once every 90 days and complete a monthly activity on her behalf by contacting a provider or someone in her life to assess satisfaction and offer support</li> </ul>	As needed	1 hour per contact

This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10

		<ul style="list-style-type: none"> <li>- offer choice of providers upon request or by discovering dissatisfaction with any current services.</li> <li>- complete annual and additional paperwork as needed for the continuation of services working cooperatively with other agencies on Mary's behalf such as DSS, DMAS, Social Security, DRS, etc.</li> </ul>		
--	--	---	--	--

Individual: \_\_\_\_\_ (Mary Simms's Mark) Date: 7/12/09

Representative: Monica Simms Date: 7/12/09

Provider: Jennifer Jones Date: 7/12/09

**This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10**

## Support Log

Date	Details
7/29/09 Outcome 9	I completed and faxed final referral information to Therapy Associates so that speech therapy services can begin next week. Provider stated during phone contact later in the day that Mary's evaluation for the Say-It switch will occur next week and if suitable it (or alternate device) will be ordered immediately. She added that requesting through waiver may be necessary if it is not available under DME. <i>Jennifer Jones 7/29/09</i>
8/07/09 Outcome 9	Marty Lowe from Meadow Glen called to explain that Mary has received her Say-It switch. He stated that the physical therapist will complete an in-service with all DSPs next week, but that they would begin today helping her get comfortable with holding it and using it for simple choices. <i>Jennifer Jones 8/07/09</i>
8/27/09 Outcome 17	<b>Face to Face:</b> I met with Mary at home today. She was looking at a variety of catalogues that have home items that she might like for her new room. Sharon, DSP, stated that Mary was going to the South End Mall tonight to look at a small nightstand that is on sale. Sharon related that two of Mary's housemates had an argument this month that upset Mary during dinner. She explained that music helped calm Mary down and that Mary continues to listen to music everyday. She stated that Mary has not experienced any seizures this month and that her health continues to be good. When I asked Mary if she likes living at Meadow Glen, she smiled and briefly made eye contact. Sharon added that Mary will be going to visit her mother this weekend. No unmet or new needs identified during the visit. <i>Jennifer Jones 8/27/09</i>
9/15/09	<b>Incident:</b> See Learning Log dated 9/15/09. <i>Jennifer Jones 9/15/09</i>

This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10

Learning Log				
Date and Signature	What did the person do? (what, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work? What did the person not like about the activity? What needs to be different?
9/15/09 Jennifer Jones, SC  Outcome 17	Mary experienced a seizure at a local park.	Mary Marty Lowe, DSP Jennifer Jones, SC	It was apparent that Mary enjoyed the meeting in the Park. She smiled frequently during the visit as Marty talked about her recent trip downtown. Suddenly, Mary had a brief petite mal seizure lasting 10 seconds.	It was helpful to move Mary to the covered park shelter to rest until she was ready to leave. Once she rested, she appeared more comfortable under the shelter as indicated by her smile.

This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10

## Person-Centered Review (PCR)

Provider: Oakridge CSB Service: Support Coordination

Purpose of review: 1<sup>st</sup> , 2<sup>nd</sup> , 3<sup>rd</sup> , 4<sup>th</sup> , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
9	<b>Mary uses her “Say-it” switch or other device to share her preferences.</b>	I assisted with a referral to Therapy Associates where Mary continues to receive services. She obtained and began using her Say-It switch during the quarter, this outcome that was ended by her therapeutic consultant, but will continue in her residential program as she gets more comfortable with the device. She is able to respond to simple “yes” and “no” questions by using the Say-It switch on a daily basis at home and in her community. This outcome is being ended in her support coordination plan at the time of this review.	8/1/09	<input checked="" type="checkbox"/> Progress <input type="checkbox"/> Continued <input checked="" type="checkbox"/> Ended
Outcome #	Desired outcomes (Important FOR)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
17	<b>Mary’s desired outcomes are achieved.</b>	Mary continued to live at the Meadow Glen home through the quarter. I was informed by Marty Lowe, DSP on 10/24/09 that there is an expected delay in Mary moving into her own room in the home. A phone call with Mary’s mother confirmed that she has been notified and is understanding of the delay. Residential provider reports continued involvement	8/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended

This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10

		<p>in the community and skill development related to Mary's music interest and ability. She is reported to have increased biting her hand and Meadow Glen is requesting a PBS consultation. A medical appointment is scheduled for 11/10/09 to determine any medical causes. I met with Mary at home on 8/27 and at a local park on 9/15 during the quarter. She has a new outcome through TC Services that includes the addition of a transfer seat that will lower her into her parker tub. I will assist with requesting waiver funds if it is not available under the DME plan. TC provider ended outcome 9 since Mary received and is now successfully using her Say-It switch. Skilled nursing continues as well in relation to Mary's conditions of Dysphagia and tube feeding. DSPs at Meadow Glen report ongoing training and supervision in relation to Mary's diet and tube use and care. Skilled nursing plans have been modified to include support for asthma. The skilled nurse will provide training and supervision with a nebulizer. Other nursing outcomes continue to address Mary's medical support needs.</p>		
<p><b>Outcome #</b></p> <p> <i>List a new outcome number for reference only.</i></p>	<p><b>Additional desired outcomes</b></p> <p> List any new ISP outcomes below.</p>	<p><b>Describe the expected benefits of this change as Important TO or Important FOR the individual.</b></p> <p> Describe the benefits for the person in terms that describe either important TO or important FOR.</p>	<p><b>Start/End</b></p> <p> Enter the date the outcome will begin.</p>	<p><b>How often or by when?</b></p> <p> Enter how often the outcome is expected to occur (i.e. daily, weekly, monthly, as needed or enter a date for one time events).</p>
15	<b>Mary has healthy skin on her hands (and elsewhere on her body).</b>	It is important FOR Mary to have healthy skin on her hands and to decrease hurting herself by biting. I will complete a referral for a Positive Behavioral Support consultation to address this outcome.	11/5/09	12/5/09

**This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10**

**Please describe any significant events not reported above:** Mary has been biting her own hand more frequently. SC spoke with mother/guardian and Mary to confirm the addition of a Positive Behavioral Support Consult. SC is adding Mary's outcome #15 to the SC plan for supports to assist with a referral.

**Describe the individual's satisfaction with supports:** Mary's mother/guardian, Monica Simms, states that she is very pleased with the services and supports Mary receives. Mary smiles during visits indicating her satisfaction.

**Is an ISAR included with this update to reflect changes in support hours?**

Yes, because hours are changing  Not needed: no change in support hours

Individual: \_\_\_\_\_ (Mary Simms's Mark) \_\_\_\_\_ Date: 11/4/09

Representative: Monica Simms \_\_\_\_\_ Date: 11/4/09

Provider/Agency: Jennifer Jones/Oakridge CSB \_\_\_\_\_ Date: 11/4/09

**This ISP belongs to: Mary Simms ID# 9762 (ID# for CSB use) ISP Start: 8/1/09 End: 7/31/10**