

NARRATION

AGENCY FOR PERSONS WITH DISABILITIES

Course: The Person-Centered Support Plan

Module 3 – Gathering Information and Assessing Needs

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Slide 1	AGENCY FOR PERSONS WITH DISABILITIES Person-Centered Support Plan Instructions Module 3 In module 3, we will review specific instructions for each section of the Person-Centered Support Plan form.
Slide 2	Gathering Information and Assessing Needs In this module, we will <ul style="list-style-type: none">• Walk through the Support Plan sections related to demographic and other identifying information,• Person-centered information, and• Assessed Needs and Risk
Slide 3	Identifying Information and Demographics
Slide 4	The sections on these pages include: Important identifying information such as the person’s address or the preferred method to contact them. The current supports and services in the individual’s life, including the legal representative, waiver support coordinator (WSC), and others. The WSC is required to ensure that this information is current and matches information in the Agency’s electronic systems. It is very important that this information is reviewed and updated annually and anytime there is a change! About Me This section records demographic information that the circle of supports will need to better serve the individual such as: where they live, the best way to contact them, their legal status, etc.
Slide 5	My Legal Representative If the individual is a minor, or if legal documentation identifies a legal representative, then that Legal Representative must be included in the Support Planning process.

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Slide 6	If more than one Legal Representative is identified, a second section can be created by clicking on the blue triangle.
Slide 7	<p>My Family, Friends, and Support System</p> <p>Social networks are an important part in the quality of life for everyone. In this section, identify those who are closest to the individual, not including paid supports. Consider: who is the primary caregiver? Who is most connected to the individual and sees them all the time? Who would the individual like to celebrate accomplishments with or talk to when upset?</p> <p>Other People Who Support Me or Work for Me</p> <p>List any additional people who provide support and are not already listed. They can be paid or unpaid. This can also include a CDC+ Representative.</p> <p>Other Funding Sources for Supports</p> <p>Include any non-waiver funding sources that address critical support needs. List the critical needs or supports and indicate the funding source from the drop-down menu.</p> <p>People Who Can Provide Information for My Support Plan</p> <p>The individual has the right to choose who will be a part of the support planning process. This includes who will provide information, and who will attend the Support Plan meeting. If the individual has a Legal Representative, they must always be included in the Support Plan process.</p>
Slide 8	Person-Centered Information
Slide 9	<p>Person-Centered information begins with the My Life section</p> <p>The information on these pages should provide a snapshot into the individual’s life, where they have been, where they are now, and where they would like to be in the future. The information included here must always be from the individual’s perspective. Anything written in first-person (a direct quote from the individual) should be included in quotation marks.</p>
Slide 10	<p>My current day-to-day life</p> <p>This section provides an overview of the person’s daily life and routine such as:</p> <p>Where the individual lives, if they live with others, if they have their own room, and the type of living setting they have chosen. Describe: What does the person like to do? What the person does during a typical day. Do they attend school, work, day program, or receives other services and/or natural supports? This is not intended to be a time schedule to justify a service, but a “day in the life” description of the person.</p> <p>The Final Rule states that the person-centered plan reflect that the “setting in which the individual resides is chosen by the individual”. Based on this regulation, the WSC must include information in this section that lists the material that they provided to assist the individual to make an informed choice regarding where to live. The housing material could include apartment brochures, information on Supported Living options, or group home options. The WSC may also take the individual to see these other living options so that they can get a feel for the environment. This section should state what choice the person made for this year</p>

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	<p>regarding where to live and with whom.</p> <p>The following is an example of how to develop this section. Press pause at the bottom of your screen, then resume the program when ready.</p>
<p>Slide 11</p>	<p>“My current day-to-day life” example for Michael. Screen capture only, no audio.</p> <p>My current day-to-day life:</p> <p>Michael says, “I live in a house with 3 other guys. I have my own room with racecar posters.” Michael says he likes to get up early and help make breakfast. “Pancakes and eggs are my favorite.” On the weekdays, Michael says he goes to work. After work, Michael says, “I like to relax, hang out, play video games, and help make dinner.” Michael says usually he “goes to his room to watch tv until I am tired.” Michael says he visits his brother and other family on the weekends. Michael was provided information on another group homes in Tampa and some supported living apartment options that are closer to his brother. Michael said, “I want to stay where I am living, but I may want an apartment later.”</p>
<p>Slide 12</p>	<p>How I get around in my community</p> <p>When choosing the option for how the individual gets around their community, consider what method they use on a day-to-day basis the majority of the time, not just to waiver services. Transportation can be both paid, such as through the waiver Transportation Services, or unpaid sources, such as community transit</p> <p>The following is an example of how to develop this section. Look over the example by pressing pause at the bottom of your screen.</p>
<p>Slide 13</p>	<p>“How I get around in my community” example for Michael. Screen capture only, no audio.</p> <p>How I get around in my community</p> <p>From the drop-down menu, Public Mass Transit is chosen. Notes entered within this section state that Michael takes the city bus to work. His brother picks him up most weekends.</p>
<p>Slide 14</p>	<p>My interests, talents, abilities, strengths, preferences, and skills</p> <p>When filling out this section, keep in mind what the individual considers as their interests, abilities, strengths, and what they prefer on a daily basis. The information should be written from the perspective of the individual but may include input from those close to the individual as well. Examples include:</p> <ul style="list-style-type: none"> • Michael said, “I like racecars!” • Louise stated, “I’m a good baker. I make really good cookies.” • Jonathan indicated that his favorite food is “tacos and burgers” • Gloria’s Aunt said that Gloria is a wonderful singer. <p>The following are examples of how to develop this section. Press pause at the bottom of your screen and resume the program when ready.</p>
<p>Slide 15</p>	<p>“My interest, talents, abilities, strengths, preferences, and skills” example for Michael and Gloria. Screen capture only, no audio.</p>

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Example, Michael

Michael said, "I am good at the computer." He said, "I like to cook and I am good at it. My favorite movies are action and I do not like hanging out outside. Racecar driving is my favorite sport to watch." Michael uses some kitchen appliances and he is great at helping around the house. His brother said that Michael is friendly and fun loving.

Example Gloria

Gloria said, "I love to grow things like flowers. I love parks and going for walks. I love music, especially gospel and rock. I can help cook." Gloria's Aunt said that she is very social and has the ability to make everyone smile and be happy. Gloria's personal support provider indicated that Gloria can help prepare simple meals and can point to the ingredients that come next in a recipe.

Slide 16

Things I would like to change

Information here is not just related to services, but the individual's life as a whole. Identify issues, concerns, challenges, or changes the individual is experiencing or want to address. Some Examples include:

- Gloria said, "I want to talk to my family once a week."
- Louis stated, "I want to change jobs."
- Thomas's mother indicated that he is sometimes unhappy at his group home and would like to look at other places to live.

The following is an example of how to develop this section. Look over the example by pressing pause at the bottom of your screen.

Slide 17

"Things I would like to change" example for Michael and Gloria. Screen capture only, no audio.

Example, Michael

Michael said, "I need to get along better with my roommates. "

He stated, "I want to have my shower at night...not in the morning." Michael also said, "I want people to talk to nicer to me and let me choose what chores I do and when I get to go out of the house. I don't want to be rushed."

Example Gloria

Gloria said, "I want to have a wheelchair ramp for the back yard to be able to work in the flower garden. I want to sleep later in the morning."

Slide 18

Things I would like to stay the same

What must the individual have on a daily or weekly basis to be happy – as defined by them? Other's input can be included as well. The information in this section could include items, activities, routines, and the way people interact with the individual. For example:

- Jane stated that she wants to watch her favorite "Mickey" movies each night before going to bed.
- Michael says, "I want to be early to work every day."
- Louise said, "I do not want rock and roll, or country music played in my house."

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The following is an example of how to develop this section. Press pause at the bottom of your screen, then resume the program when ready.

Slide 19 **“Things I would like to stay the same” example for Michael and Gloria. Screen capture only, no audio.**

Example, Michael

Michael stated, “I love watching car races and want to watch it on Saturdays on the big screen at my brother’s house.”

Michael said that he likes to get up early in the morning so that he gets to work 5 minutes early.

Example Gloria

Gloria says, “I am an FSU fan and wants to watch all football games.” Her Aunt indicated that this includes all preseason and regular season games. Gloria said, “I want to visit or talk with my family at least once per week. I want to grow flowers outside.”

Slide 20 **Important aspects from my personal history**

The information in this section includes a brief social history about the individual. This includes a summary of the individual’s background with relevant facts that paint a picture of the social aspects and key events in their life. This information is required for the initial Support Plan and then updated every five years. The WSC should review this information with the individual when it is updated. Ensure that the date of when this information was provided, or last updated date is placed in the gray box.

The following is an example of how to develop this section. Press pause at the bottom of your screen, then resume the program when ready.

Slide 21 **“Important aspects from my personal history” example for John. Screen capture only, no audio.**

John was raised by his grandparents until age 9. During this time, he had intermittent grand mal seizures and was in and out of the hospital. John’s grandparents decided that a group home placement would be best for him. In 2001, John graduated with a special diploma and had several part time jobs. He also did volunteer work. He likes working but has not maintained a job for a long period of time due to maladaptive behaviors related to anxiety. John likes to be independent and enjoys making friends outside of his group home on social media. This has led to exploitation in the past as John tends to be too trusting of others and they tried to take advantage of him financially.

Date: 3/15/17

Slide 22 **How I communicate and make choices and decisions**

Identify how the person makes and communicates their choices, decisions, likes or dislikes, and their preferences. Consider the following: Who does the individual rely on to help make simple or major life decisions? With whom does the individual share important things? How do they know others understand them? How are their choices and decisions respected and used to help them?

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<p>Slide 23</p>	<p>It is important to ask people, particularly those in licensed facilities and supported living settings, whether there are any unwritten “rules” or restrictions, such as no access to snacks, or strict scheduled routines such as bath or bed times. Find out how the person feels about any rules and restrictions, if their choices are respected, and if they want different living options.</p> <p>The following is an example of how to develop this section. Look over the example by pressing pause at the bottom of your screen.</p>
<p>Slide 24</p>	<p>“How I communicate and make choices and decisions” example for Michael. Screen capture only, no audio.</p> <p>Michael says he tells people what he wants. “I ask my brother for help, but I make my own decisions.” When Michael is provided written information or needs to write something, he asks his brother for help.</p>
<p>Slide 25</p>	<p>Employment Goals</p> <p>Information related to the individual’s current employment status and future goals is locate on this page. However, we’ll explain how to fill out this section in detail under “Personal Goals” within Module 4.</p>
<p>Slide 26</p>	<p>Assessed Needs and Risks</p>
<p>Slide 27</p>	<p>Other Services Needed for Health and Safety</p> <p>Federal rules require that the support plan must “Reflect clinical and support needs as identified through an assessment of functional need.” The plan must “reflect risk factors and measures in place to minimize them, including individualized back-up plan and strategies when needed.” The QSI is the agency’s assessment tool used to identify needs and potential health or safety risks. Other supports should also be consulted such as day program, residential staff, or family.</p> <p>The information in this section is taken directly from the current QSI and is used to identify any significant needs or risks to the individual’s health and safety. The QSI must be updated every 3 years or as needed. WSCs should always notify the APD Region office if there has been a change that impacts the functional, behavioral, or physical information on the QSI.</p> <p>Significant Risks</p> <p>Significant risks are needs that, if not addressed, could result in institutionalization, medical attention, legal action, or place the individual or others in danger.</p>
<p>Slide 28</p>	<p>Review the individual’s current QSI Comprehensive report and mark all areas where the person has significant needs, and in the space provided include a brief but specific description of the need or risk and how it is addressed. Identify the service or support that is responsible to address the need and minimize the risk and indicate the funding source for that service. If more than one service or support addresses the need, include those as well.</p> <p>The following is an example of how to develop this section. Look over the example by pressing pause at the bottom of your screen.</p>
<p>Slide 29</p>	<p>“Other Services Needed for Health and Safety” example for Gloria. Screen capture only, no audio.</p> <p>Gloria is an accomplished gardener and is passionate about growing fruits and vegetables. Gloria is 43 and</p>

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	<p>lives by herself. She has been generous in sharing the food she grows with others. Gloria is not able to walk or transfer on her own. She needs physical assistance to complete her personal hygiene tasks and she will sometimes aspirate on liquids.</p> <p>Review the example and notice how the risks are identified as well as measures to address these risks across different settings.</p>
<p>Slide 30</p>	<p>Image of the “Other Services Needed for Health and Safety” section of the support plan for Gloria:</p> <p>Identified needs/risks, the specific issue and measures in place to address and minimize risks, the service or support that is responsible to address the need or risk, and the source of support such as the waiver, natural supports, or Medicaid State Plan. Items checked in the table include:</p> <p>Eating. Requires total assist to eat, chokes on liquids. She has a dietary order for Thick-it. When visiting family and friends on the weekend, ensure that Thick-it is packed and available. Personal Supports and Dietician Services will address the need. The source of funding is the iBudget Waiver and Natural Supports.</p> <p>Ambulation. Requires total assist with a manual wheel chair. Has a backup plan for Personal Supports. Personal Supports will address the need. The source of funding is the iBudget Waiver and Natural Supports.</p> <p>Transfers. Requires two staff to transfer or a lift. Has a backup plan for Personal Supports and funding to fix lift if needed. Personal Supports will address the need. The source of funding is the iBudget Waiver and Natural Supports.</p> <p>Hygiene. Requires total assist for hygiene. There is a backup plan for personal supports. Due to choking of liquids, provide accommodations with toothbrushing. Personal Supports will address the need. The source of funding is the iBudget Waiver and Natural Supports.</p> <p>Self-Protection. Could not evacuate in case of emergency. Has a backup plan. Ensure plan in place during visits at home. Personal Supports will address the need. The source of funding is the iBudget Waiver and Natural Supports.</p>
<p>Slide 31</p>	<p>“Other Services Needed for Health and Safety” example for Jonathan. Screen capture only, no audio.</p> <p>Jonathan is a caring and energetic 12-year-old who loves all sports and going to parks. Jonathan lives in a group home along with his support dog Charlie. He communicates primarily through a communication board or iPad. Jonathan can get frustrated when he is not understood and may become aggressive toward staff and peers. He also has a history of eating inedible items when not closely supervised.</p>
<p>Slide 32</p>	<p>Image of the “Other Services Needed for Health and Safety” section of the support plan for Jonathan:</p> <p>Identified needs/risks, the specific issue and measures in place to address and minimize risks, the service or support that is responsible to address the need or risk, and the source of support such as the waiver, natural supports, or Medicaid State Plan. Items checked in the table include:</p> <p>Communications. Jonathan is non-verbal. Staff must use his iPad or picture board. Speech Therapy will address the need. The source of funding is Medicaid State Plan.</p> <p>Aggressive/Hurtful to Others. Will hit, bite, and pull others if trying to communicate, is frustrated, or in pain. See behavior plan. Residential Habilitation services and Behavior Therapy will address the need. The source of funding is the iBudget Waiver and Medicaid State Plan.</p> <p>Other Behaviors that May Result in Separation from Others. List “Other” behaviors: Pica. Will put inedible</p>

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	<p>items in his mouth and try to eat them. See behavior plan. Residential Habilitation services and Behavior Therapy will address the need. The source of funding is the iBudget Waiver and Medicaid State Plan.</p>
Slide 33	<p>“Other Services Needed for Health and Safety” example for Michael. Screen capture only, no audio.</p> <p>Michael is a friendly and fun-loving man who is an avid racecar fan and talented cook. Michael is 32 years old and lives in a small group home. He communicates verbally but can be hard to understand at times. Michael has a history of seizures and anxiety. When agitated, Michael can be aggressive toward his housemates.</p>
Slide 34	<p>Image of the “Other Services Needed for Health and Safety” section of the support plan for Michael:</p> <p>Identified needs/risks, the specific issue and measures in place to address and minimize risks, the service or support that is responsible to address the need or risk, and the source of support such as the waiver, natural supports, or Medicaid State Plan. Items checked in the table include:</p> <p>Aggressive/Hurtful to Others. Aggressive toward others – will hit, bite, and throw objects. See Behavior Plan, LRC Review. Behavior Therapy and Residential Habilitation service will address need. iBudget Waiver is the source of support.</p> <p>Destructive to Property. Destroys others’ items when agitated. See Behavior Plan. LRC Review. Behavior Therapy and Residential Habilitation service will address need. iBudget Waiver is the source of support.</p> <p>Seizures. Experiences intermittent Grand mal. Has been hospitalized in the past. Controlled with medication. See Dr. Order. Residential Habilitation service, Primary Physician will address need, Medicaid State Plan and iBudget Waiver are the source of support.</p> <p>Antiepileptic Medication Use. Takes multiple medications to control seizures. Residential Habilitation service, Primary Physician will address need, Medicaid State Plan and iBudget Waiver are the source of support.</p>
Slide 35	<p>Back-up Plans for My Critical Needs/Risks</p> <p>A back-up plan is a set of actions or additional supports that are agreed to ahead of time to keep the individual safe and healthy. The back-up plan is used when the individual’s critical needs providers are either temporarily or permanently unavailable. A strong back-up plan accesses the person’s circle of supports or community resources.</p> <p>Fill out this section for all critical needs by identifying: the service or support that currently addresses the risk; the provider, whether paid or unpaid, who will back up the primary provider; and any specific strategies needed to minimize the risk.</p> <p>The following is an example of how to develop this section. Press pause at the bottom of your screen, then resume the program when ready.</p>
Slide 36	<p>“Back-up Plans for My Critical Needs/Risks” example for Gloria, Jonathan, and Michael. Screen capture only, no audio.</p> <p>Example, Gloria</p> <p>Service/Support 1: Personal Supports</p> <p>Back-up Plan 1: Aunt Susie will provide care in case personal support does not come to work. Gloria also has</p>

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a medical alert pendent

Specific Strategies 1: Gloria has been instructed on how to use her medical alert pendent. She also has an assistive device to be able to call 911 or her Aunt in case of an emergency.

In case of choking, staff have been trained to address and will call 911.

Example, Jonathan

Service/Support 1: Residential Habilitation; Behavior Therapy

Back-up Plan 1: Jonathan's legal guardian, Tom has agreed to provide temporary care in case Group Home is no longer available. WSC will assist to find a new provider.

Specific Strategies 1: School, or other provider will call guardian, Tom, if group home is not available. Tom's number has been distributed.

Service/Support 2: Speech Therapy

Back-up Plan 2: Behavior/Speech Therapy – WSC will assist to find another provider.

Specific Strategies 2: Staff will ensure appropriate supervision for prevention of ingesting inedible substances. If Jonathan ingests harmful/poisonous items, staff will call 911 and follow first aid protocols.

Example, Michael

Service/Support 1: Behavior Therapy, Residential Habilitation.

Back-up Plan 1: If Behavior Therapy provider is no longer available, WSC will assist to find another provider. If Group Home is not available, Michael's brother will care for him until another provider is found.

Specific Strategies 1: WSC has phone numbers for behavior therapy provider, Group Home Staff, and family. Brother makes contact with group home every 3 days and can be available immediately if needed.

Service/Support 2: Physician

Back-up Plan 2: No back up provider for Physician.

Specific Strategies 2: In case of grand mal seizure, staff will follow seizure protocol and doctor's orders for monitoring seizures.

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"Personal Rights"

This section addresses personal rights that are not related to guardianship.

All persons have the right to live their life in a way that is chosen by them and respected by those around them. Examples of rights to address in the support plan include:

- Individuals have privacy where they sleep and live.
- Individuals can lock their doors and only appropriate others have keys.
- Individuals have a choice in roommates.
- Individuals have the freedom to furnish and decorate their living space.

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- Individuals have the freedom and support to control their own schedules, activities, and access to food at any time.
- Individuals can have visitors of their choosing at any time.
- Individuals live somewhere that is physically accessible to them.

Florida Statutes, Chapter 393.13 requires that services for individuals with developmental disabilities be designed to meet their needs and protect the integrity of their legal and human rights. The Bill of Rights for Persons with Developmental Disabilities provides a description of those personal rights. The intent is to guarantee individual dignity, liberty, pursuit of happiness, and protection of the civil and legal rights of persons with developmental disabilities. Review the Bill of Rights annually with the individual and their legal representative.

Indicate if there is a personal right that the individual would like to learn more about. If so, take time to help the individual to understand what this means for them in their life. The individual's signature on the last page of their support plan will indicate that they understand their personal rights. Additionally, for individuals who live in licensed facilities, the WSC should review the Resident Rights for Individuals Living in APD Licensed Facilities.

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The Final Rule states that support plan must: identify the specific and individualized need (related to right being limited); document the positive interventions and supports used prior to the modifications; document less intrusive methods that have been tried but did not work; include a description of the condition that is directly proportionate to the specific assessed need; include a regular collection and review of data to measure the ongoing effectiveness of the modification; include established timeframe for periodic reviews to determine if the modification is still necessary or can be terminated; include informed consent of the individual; include an assurance that interventions and supports will cause no harm to the individual."

If the individual has a specific limitation on one of their rights, fill out the table on page 8 by explaining:

The specific right being limited; the reason for the limitation and less intrusive methods that were tried prior; what is being done to help them obtain their full rights; and when the limitation will be reviewed for effectiveness and termination.

WSC Assurance

The last step in filling out the Personal Rights Section is to provide assurance that limitations being placed on the individual will not result in harm to the individual. The WSC will provide assurance by verifying with licensed professionals, such as the Behavior Analyst, Nurse, or Physician that the limitations are still recommended. The WSC will initial this section once verified.

The following is an example of how to develop this section. Look over the example by pressing pause at the bottom of your screen.

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"Personal Rights" example. Screen capture only, no audio.

Right Limited: Cabinets and refrigerator are locked outside of meal and snack times.

Reason (the assessed need for the restriction and what less intrusive methods were tried but did not work out): History of PICA, ingesting poisonous items and uncooked foods. Behavior Plan alone has not prevented incidents and 911 has had to be called.

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	<p>What is being done to help me obtain my full rights? Staff following Behavior Plan, working with Jonathan to communicate using iPad/board. Working with behavior assistant to extinguish behavior.</p> <p>When will it be reviewed to determine ongoing effectiveness, or to terminate restriction? 2/20/18 – LRC will review Behavior Plan and restrictions.</p>
<p>Slide 40</p>	<p>Safety Plan</p> <p>Safety Plan is a written and agreed upon plan developed in consultation with the behavior analyst; it addresses their unique needs, creates safe environments for everyone, and facilitates successful community living. A Safety Plan is only required for individuals who have a documented history of engaging in sexual aggression, sexual battery or otherwise nonconsensual sexual behavior with another individual. If the safety plan impacts the individual’s rights, the Local Review Committee (LRC) must provide oversight.</p> <p>The purpose of the Local Review Committee is to ensure that behavior analysis services are appropriately selected, developed, implemented, and monitored, in accordance with Florida Statutes, Chapter 393. The LRC also ensures that the provision of behavior analysis services and the procedures used are humane, ethical, and effective.</p>
<p>Slide 41</p>	<p>My Health</p> <p>Use this section to document important information about the individual’s health, such as diagnoses, history of medical complications, surgeries or hospitalizations, and medication trials.</p> <p>Important Health History about Me</p> <p>Describe in this section any significant events, diagnoses, or other health information related to the person. Include their current health status, such as are they still experiencing any medical concerns? Or, are their new medical concerns that now need to be addressed?</p> <p>This information will assist in anticipating and planning current health supports, as well as needs for a preventive health plan. If there are significant risks that need to be addressed, they should be identified here.</p> <p>The following are examples of how to develop this section. Press pause at the bottom of your screen and resume the program when ready.</p>
<p>Slide 42</p>	<p>“My Health” example for Gloria and Jonathan. Screen capture only, no audio.</p> <p>Example, Gloria</p> <p>Important health history about me</p> <p>Gloria has spina bifida and an intellectual disability. She uses a wheelchair for ambulation. She has a history of surgeries to correct contractures and had a spinal fusion at the age of 17. Currently, Gloria is under weight and continues to lack strength in arms in legs to assist with activities of daily living and transfers. Gloria requires close supervision when eating to avoid aspiration. She requires thick-it for all liquids.</p> <p>Example, Jonathan</p> <p>Important health history about me</p> <p>Jonathan was diagnosed with Autism at the age of 3. He has not had any major medical issues,</p>

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	<p>hospitalizations, or injuries. He has gone to the ER twice in the past due to ingesting inedible and poisonous items in the house. His stomach was pumped, and no further complications were noted. Jonathan takes two medications to address behavioral concerns related to Autism and aggression. These are monitored every six months.</p>
<p>Slide 43</p>	<p>Hospitalizations</p> <p>If the person was hospitalized during the past 12 months, include specific information about the reason and how long they were in the hospital.</p> <p>My Medication Information</p> <p>Include all prescriptions, over the counter drugs, as well as homeopathic or natural remedies. Include the dosage and frequency prescribed at the time of the Support Plan meeting, the purpose of the medications, and possible side effects or problems. Side effects include any symptoms that the person is experiencing related to the medication.</p> <p>Allergies</p> <p>In this section, identify any known allergies or allergic reactions that the individual has to things such as medications, substances, chemicals, or the environment.</p> <p>The following is an example of how to develop this section. Look over the example by pressing pause at the bottom of your screen.</p>
<p>Slide 44</p>	<p>“Hospitalizations” and “My medication information” examples for Gloria and Jonathan. Screen capture only, no audio.</p> <p>Example, Gloria</p> <p>Hospitalizations in the past year Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, why I was hospitalized?</p> <p>Gloria had pneumonia earlier in the year. She was hospitalized for 2 days and her health has been stable since she returned home. However, she needs to gain weight that she lost as a result of the pneumonia.</p> <p>Example, Jonathan</p> <p>Hospitalizations in the past year Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, why I was hospitalized?</p> <p>(This box was left blank since Jonathan was not hospitalized)</p>
<p>Slide 45</p>	<p>My critical health follow-up areas and preventive health plan:</p> <ul style="list-style-type: none"> • These are areas defined by the individual, their health care practitioner, Legal Representative, or others in their life • Identify areas where the individual’s health would be at risk without a plan in place to address it.

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	<p>The following is an example of how to develop this section. Press pause at the bottom of your screen, then resume the program when ready.</p>
Slide 46	<p>“My critical health follow-up areas and preventative health plan” examples for Gloria and Michael. Screen capture only, no audio.</p> <p>Example, Gloria</p> <p>Gloria’s aunt indicated that she lost weight when she had pneumonia earlier this year. She is underweight. Gloria is on a high calorie diet to assist her in returning to her normal weight. She is scheduled for a bone density test next month and follow up with her physician to ensure that she is not experiencing a loss in bone mass.</p> <p>Example, Michael</p> <p>Michael indicated that he has been healthy this year and seizure free. Michael’s brother and group home staff stated that Michael sees his primary physician every 6 months to monitor his seizure medications.</p>
Slide 47	<p>Health Care Contact Information/ Health Care Decisions Maker</p> <p>Include in this section all doctors, therapists, or alternative medicine practitioners the person sees. An individual may have someone designated to act as their decision maker in health-related issues, whether it is formally (as in a health care surrogate), or informally. Identify who is the health decision maker, what their specific role is in relation to the person’s health, and current follow up activities that they are committed to carrying out.</p> <p>Equipment and Supplies</p> <p>Indicate in this section if the individual is using or needs any specialized equipment or adaptations to their home. List the specific specialized equipment such as a Hoyer lift, transfer boards or gait belts, glasses, hearing aids, or grab bars in the home. List all consumable supplies that the person requires such as briefs, wipes, gauze pads, etc. Include both those available through the waiver and those covered by other resources such as Medicaid State Plan.</p> <p>Personal Disaster Plan</p> <p>WSCs should assist individuals in planning for an emergency or disaster. Identify whether the individual has a personal disaster plan and the date it was completed or updated. A Personal Disaster Plan format is available on the APD website and should be reviewed and updated annually.</p>
Slide 48	<p>Thank you!</p> <p>You have completed Module 3 of 4 for the Person-Centered Support Plan.</p>