

Medicaid Waiver System

Plan of Care Detail Report

Report Date: 2/21/2013 1:38:34 PM

Plan Start Date 4/1/2013 Plan End Date 4/6/2014

Modification Date 4/1/2013

Demographics Pg 19

Participant Andrew Jackson Birth Date 3/15/2002

SSN 003151767 Gender Male

Medicaid ID 0006081845 Ethnicity White, Not Hispanic

Communication Andrew can talk very quickly at times and can be very difficult to understand. Please wait for

Barriers him to finish his thoughts.

Address	City	State	Zip Code	Туре
1845 Waxhaw Ln.	Cheyenne	Wyoming	82009	Physical/Mailing
Phone Number	•	Туре		
(307) 514-1837		Home		Primary

(307) 514-1837	Home	Primary	
Email	Туре		
kingmob@gmail.com	Personal	Primary	

Individual Preferences Pg 17

Desired Accomplishments

I would like to finish second grade and have a fun summer. I want to go to Disney World with my parents, big brother Jack, and my Aunt Annie. My mom wants me to interact with peers my own age and learn how to start a conversation using good eye contact and speaking clearly. Because I am very shy and have a difficult time interacting with my peers, my team is going to work with me on developing my social skills. My teacher, Mrs. Jones, wants me to work on my reading and math skills. She and my aide are going to help me.

Personal Preferences

I prefer being around adults more then children of my own age. I do not do well with loud noises or crowded spaces. This can sometimes be an issue in the lunch room so my aide stays at a distance in the lunchroom with me. If my aide sees signs I may be getting overwhelmed such as shaking my head, covering my ears, rocking back and forth, or pushing my lunch tray away, she will offer to bring me to a quiet space as I normally calm down in a few minutes.

Important Things to Know

I have a seizure disorder that my team and those who work with me need to be aware of. It is very important that I do not get overtired or overheated as both of these circumstances can cause a seizure. Because of this, my mom sometimes keeps me home from school to rest.

1

Circle of Support Pg 27

Home Setting

With parents

Circle of Support Contacts	Туре	Phone Number	
Rachel Jackson	Parent	(307) 514-1837	Emergency Contact

Other Services

PT

School

Speech

Needs, Risks, & Restrictions

	Assessment	Support Type(s)
Pg	Financial & Property	Natural (unpaid) supports
33	How to assist:	I am 8 years old and do not manage money so my parents handle my finances and meet my needs.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg 35	Self Care - Personal Hygiene, Bathing	High risk area, Natural (unpaid) supports, Waiver services
	How to assist:	I need assistance getting my pants undone before using the toilet. My team is working on training to help me undo my pants. I also need to be reminded before I go outside to play that I should use the toilet first. Due to my seizure disorder, I need my parents to wait outside the door when I am bathing. If I need assistance during bathing, I will ask for it. I prefer my parents help me with bathing and if they are not available, my parents will provide training to whoever needs to assist me.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Other	Waiver services
39	How to assist:	I do not have any restraints and under no circumstance are restraints to be used by Providers on my plan.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Habilitation Supports	Natural (unpaid) supports, Waiver services
35	How to assist:	Supervision: When I am at home, I am to remain within hearing distance of my Provider when receiving Child Habilitation and respite services. When I am out in the community, I need to remain within sight of my Provider. During crisis: If I have a seizure, I require someone to stay with me until I am strong enough to stand on my own feet.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Vulnerability	High risk area, Natural (unpaid) supports, Waiver services
41	How to assist:	If there is an emergency situation, I need physical assistance by another person. If I am in danger, please speak to me calmly, grab my hand, and escort me to safety.
	Protocol(s):	None
	2/21/2013	

Pg 34

Pg 32

Pg 34

> Pg 40

Pg 40

Pg 32

D - CDD Andrew Jackson	Plan Dates: 4/1/2013 - 4/6/2014
Protocol(s) Comment:	
Family & Friends	Natural (unpaid) supports, Non-waiver services
How to assist:	Important people in my life are my friend Joe, big brother Jack, my parents, and my Aunt Annie.
Protocol(s):	None
Protocol(s) Comment:	
Employment/Employment Training	Natural (unpaid) supports
How to assist:	I am 8 years old and do not work.
Protocol(s):	None
Protocol(s) Comment:	
Communication	High risk area, Natural (unpaid) supports, Non-waiver services, Waiver services
How to assist:	I can verbally communicate but at times I can be difficult to understand. If this happens, please ask me to slow down and tell you again. I will not talk to strangers because I am very shy.
Protocol(s):	None
Protocol(s) Comment:	
Community	High risk area, Natural (unpaid) supports, Waiver services
How to assist:	Health and safety concerns: I tend to get distracted by my environment and may wander off; therefore, please keep me in line-of-sight at all times when out in the community. If I am in a crowd or near a busy traffic area, please keep me at arms length. Due to my seizure disorder, watch me closely to make sure I am not getting too hot or overwhelmed by my environment. If I am showing signs of exhaustion or getting over heated, offer me a cool place to rest for a few minutes. If I request to go home, please take me home.
Protocol(s):	None
Protocol(s) Comment:	
Healthy Lifestyle	Natural (unpaid) supports, Non-waiver services, Waiver services
How to assist:	During critical care times or crisis, I need staff to stay with me and offer me support. If I have a seizure while working with staff, do the following things: 1) If I am standing up, assist me to a seated or lying position 2) Clear away anything I could harm myself with 3) If I am somewhere unsafe (i.e. crossing a street, in a swimming pool, hot sidewalk, etc.) move me to safety 4) Time my seizure and if it goes on for more than 5 minutes call 911 5) When my seizure has ended, contact my parents to let them know and complete an Incident Report
Protocol(s):	None
Protocol(s) Comment:	
Housing	Natural (unpaid) supports, Non-waiver services, Waiver services
How to assist:	I live with my parents and rely on them for my housing needs. Regarding health and safety in my home, I have limited understanding of safety skills and will wander off if the doors are left unlocked. I have pulled hot pans off the stove when an adult is cooking. Therefore, I need to be offered an alternative activity outside of the kitchen area. Restoration plan: My Providers and parents will help train me to ask to go outside before I try to get out the door on my own. When I can demonstrate for six months that I can consistently ask an adult before going outside, the back door will remain unlocked.
Protocol(s):	None

ВНС	- CDD Andrew Jackson	Plan Dates: 4/1/2013 - 4/6/2014
	Protocol(s) Comment:	
Pg 41	Medications & Medical Regimen	Natural (unpaid) supports, Non-waiver services
	How to assist:	My parents give me all my medications. If I show any signs of illness when working with Providers, contact my parents. My parents take me to most medical appointments but if they are not available, I need an adult I am familiar with to take me and assist in answering questions and conveying pertinent information back to my parents.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Physical Conditions	Natural (unpaid) supports, Non-waiver services, Waiver services
34	How to assist:	I have no special needs in this area.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Self Advocacy	Natural (unpaid) supports, Waiver services
31	How to assist:	My parents advocate for me and I can advocate my needs with people I am comfortable with. If it is someone I do not know an adult I am comfortable with can help me express my needs (i.e. food preferences at cafeteria). My parents assist me with major life decisions because I am a minor child.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Transportation	Natural (unpaid) supports, Waiver services
32	How to assist:	Transportation is provided by my parents, the school, and/or Providers. How I am transported is by the bus going to and from school; my parents and Providers take me anywhere else I need to go.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Mobility	Natural (unpaid) supports, Non-waiver services, Waiver services
32	How to assist:	Regarding my mobility, I can walk independently unless I am on uneven or slick surfaces. I struggle keeping my balance during these times and need an adult to let me hold on to their arm.
	Protocol(s):	None
	Protocol(s) Comment:	
Pg	Meal Time	High risk area, Natural (unpaid) supports, Non-waiver services, Waiver services
33	How to assist:	I need assistance from an adult in making healthy food and drink choices. I need assist cutting my food into quarter size pieces so I don't choke. Please check that food is not too hot before putting it in front of me so I don't burn my mouth. The school is aware of my needs through my aide and my parents and the school staff also assists me during meal times.
	Protocol(s):	None
	Protocol(s) Comment:	

Medical Pg 42

Medical Profes	Medical Professional Specialty			Phone Number			
Medication	Dose	Route	Frequency	Purpose	Туре	Assistance Required	
2/21/2012							

Qualifying

Diagnosis

Epilepsy, grand mal Qualifying

Cerebral Palsy

Mental Retardation - Mild

Known Allergies Description

Specialized Equipment Pg 44

Equipment Type Recommendations Maintenance (if applicable)

Behavioral Supports Pg 46

ICAP Targeted Behaviors

Socially Offensive Behavior - Included in Plan

Uncooperative Behavior - Included in Plan

Unusual or Repetitive Habits - Included in Plan

Withdrawal or Inattentive Behavior - Included in Plan

Positive Behaviors

Service Authorization Pg 51

Individual Budget Amount: \$23,000.00 Traditional Services: \$22,998.93

Amount Remaining:		\$1.07				Self-E	Directed: \$0.00
Provider	Start Date	End Date	Units	Unit	Total Cost		
Service: T1005 - Respite Care MAGIC CITY ENTERPRISES, INC.	4/1/2013	4/6/2014	2073	\$3.89	\$8,063.97	,	We will work with Andrew to minimize any circumstances that could induce a seizure.
Service: T2022 - Case Management Hruby, Lindsay	4/7/2013	4/6/2014	12	\$271.58	- \$3,258.96	5	I want to support Andrew's goals to finish 2nd grade, interact socially well with his
Service: T2026 - Child Habilitation S	Service 0-12 4/1/2013	4/6/2014	4200	\$2.78	\$11,676.00)	skills by working with his team to help ge him the training and supports he needs.
Self-Directed Service				Туре			will also make monthly home visits to see how he is progressing towards his goals and
Goods and Services/Unpaid Caregi				n developing		make any modifications as needed in his plan of care. I will also monitor the billing to ensure the services he is being provided are	
Verification Pg 55	his age, o	vercome ove his a		s shyness, and nake eye		meeting his goals and needs.	

2/21/2013 5