

Person-Centered Support Plan

Support Plan Effective Date: 08/01/2022

Date of Support Plan Update: 05/18/2022

About Me

Last Name	Ponce	First Name	Yianella	Nickname		Date of Birth	08/01/2022
		Medicaid ID	7889579349	iConnect ID	46475	Legal Status	Incompetent, Guardian Available
Living Setting	Family Home	Spoken Language	English	Alternate Communication			
Primary Diagnosis	F79 - Intellectual Disabilities, Unspecified	Secondary Diagnosis		Other Diagnosis			

Where I Live

Street Address	843 SW 134th Pl	City	Miami	State	FL	Zip	33184
Email Address		Cell/Home Phone	(305)216-8839	Work Phone		Region	Southern
Deliver my mail to	843 SW 134th Pl	City	Miami	State	FL	Zip	33184

Best way to contact me ☒ Cell or Home ☐ Work Phone ☐ Email ☐ Permission to leave a voice mail Message ☐

My Legal Representative(s)

#1

Last Name	Ponce Marta	First Name	Mother/Guardian	Guardian/Legal Representative Type	Legal Representative
Relationship	Caregiver Parent			Other	
Address	843 SW 134TH PL	City	MIAMI	State	FL
			(305)216-8839	Zip	33184
Day Phone		Night Phone		Cell Phone	
Email Address	mponce@dadeschool.net				

My Waiver Support Coordinator

Name	Agency (if applicable)	Email	Phone Number(s)
Dominguez, Mildrey	AGAPE COORDINATING & CONSULTING, INC	mildrey.agape@yahoo.com	(305)595-4787

My Family, Friends, and Support System

Name	Relationship	Email	Phone
Ponce Marta , Mother/Guardian	Legal Representative, Caregiver, Parent	mponce@dadeschool.net	1. (305)216-8839
Haydee Suarez, Grandmother	Circle of Supports, Grandparent		1. (305)283-4969
Chabely Ponce , sister	Sibling		1. (786)643-9935

Person-Centered Support Plan

Jema Services Inc., Respite and HHA	Service Provider,Service Provider	marlenec@jemaservices. com	1. (305)803-5719	
--	--------------------------------------	-------------------------------	------------------	--

Other People Who Support Me or Work for Me (Teachers, Providers, Doctors, CDC+ Representative)

Name	Relationship	Email	Phone	
Miami Children's Doral Dental, Dentist	Dentist,Dentist		1. (786)624-3368	
Dermatology, Dr. Caminero Mirta MD	Service Provider,Circle of Supports		1. (305)412-8222	
ENT , Dr. Margarita Fernandez-Pujol	Other Healthcare Provider,Other Healthcare Provider		1. (305)273-1200	
TBD, Optalmology	Other Healthcare Provider,Other Healthcare Provider			
DME, Doctor's choice	Service Provider,Circle of Supports		1. (305)661-9161	
RBT, Israel Romero Dade Behavioral	Service Provider,Circle of Supports		1. (786)536-7470	
Physical Therapist, Care Love Therapy Inc	Service Provider,Circle of Supports		1. (305)401-0190	

Other Funding Sources for Supports (Vocational Rehab/Job Coach, Division of Blind Services, MSP Behavior Therapy)

Support Need	Funding Source
Medical, Dental and PT, ST and ABA	Medicaid

People Who Can Provide Information for My Support Plan (Doctor, Service Providers, Family, Friends)

Last Name	First Name	Relationship	Phone	Invite to Support Plan Meeting Y/N?			
Ponce Marta	Mother/Guardi an	Legal Representative,Caregive r Parent	(305)216-8839	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
Jema Services Inc.	Respite and HHA	Service Provider,Service Provider	(305)803-5719	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>

My Life

My current day-to-day life: (This is a "day in the life" description of me: where I live, if alone or with others, my daily routines , Services received during the day and/or night. List the housing information I was provided and where I choose to live in the future)
--

Person-Centered Support Plan

Pursuant to guidelines set forth by the iBudget Medicaid Waiver Handbook, the annual Support Plan Meeting has been held at the location and time chosen by the client and/or guardian, and persons invited to attend were based on the client's and/or guardian's expressed wishes. It is understood that the client and/or guardian as well as all providers listed on the Cost Plan receive a copy of the Support Plan by or before the last day of the month in which this Support Plan Meeting is held. The client and/or guardian receive a copy of the Cost Plan at the time the annual Cost Plan is built, as well as at the time of the annual Support Plan Meeting.

The information for this support plan was gathered from Yianella's mother, her therapists, and her Respite provider. The support coordinator's observations are also included.

Yianella continues to reside with her mother, elderly maternal grandmother and two sisters in the lovely 4 bedrooms, 2-bathroom single family home. The home is furnished/safeguarded to care for her special needs. Her mother is a full-time school teacher and a part-time private tutor. Yianella considers her mother the most important person in her life. Yianella is also very close to her two sisters, who include her in their lives and always make Yianella part of what they do. Yianella also has the love of her maternal grandmother. Yianella enjoys the privacy of having her own bedroom decorated to her liking.

Yianella's needs supervision and assistance in every area of life in order to ensure safety and well-being. Yianella cannot be home alone at any time due to her inability to understand the difference between safe and unsafe situations. Yianella's mother works full time, her teenage sisters study full time and her grandmother is elderly and in fragile health. For these reasons, Yianella needs, approved services to remain in place to ensure her wellbeing and safety.

Yianella is not able to dial 911 and provide demographic information. Yianella is able to lock and unlock doors. Yianella is able to turn on/off faucets. Yianella is able to prepare light meals (ei: cold cuts sandwich or peanut butter jelly) with supervision. She is able to make good use of a microwave, toaster and small kitchen appliances with close supervision and assistance, due to the lack of safety skills. Yianella is not able to identify between safe and unsafe strangers. Yianella will not be able to open the door when someone knocks, unless prompted by her mother. Yianella is not self-motivated and depends on her caregiver's verbal promptings to be able to perform daily activities. Yianella makes good use of the remote control and computers. Yianella requires assistance to evacuate in case of an emergency.

Yianella's daily schedule consists of waking up at 6:00 a.m. to get dressed for school. She needs assistance/supervision in order to complete all tasks of personal care; including, waking up, bathing, brushing, and serving of breakfast. Yianella leaves her home for school at around 7:30 a.m. and returns home by 4:30 p.m. Once home, Yianella is encouraged to complete her homework, if any given by her teachers, and then proceeds to go up to her bedroom to listen to music, watch television, or paint. Yianella is also assisted to choose clothes to wear, choose a snack, and taking a shower. Yianella usually has dinner with her family. She is in bed by 8:30 p.m. and asleep by 9:00 p.m. on most days.

To provide Yianella with the assistance and supervision that she needs when her family is not able to provide care, she is receiving Home Health Aide- provided by - provider of choice, as approved and funded by Medicaid State Plan. Yianella needs to continue receiving Respite Services, provided by provider of choice, at a frequency 1,433 units per year, funded by iBudget. This service is necessary for Yianella, since it provides her with the care that she needs when her family has planned or unplanned emergencies or have work responsibilities during the year.

September 2021 Mother requested a change of Respite provider. PCSP was updated.

How I get around in my community:

Family/Friend transit

My interests, talents, abilities, strengths, preferences, and skills:

Yianella is a beautiful young girl of Hispanic descent. She is sociable and affectionate. She is also happy and private. Her mother states that Yianella can be strong-willed and at times even "stubborn."

Yianella takes pride of how independent she is around her home. She requires supervision and assistance to care for personal hygiene and personal belongings. She likes organization and knowing what will happen next.

Yianella enjoys watching the Disney channel, painting, dancing, and swimming. She has an appreciation for the fine arts and enjoys listening to music, painting, and singing. Yianella enjoys being around her family and likes going to the community to ride her bike and walk.

Things I would like to change:

I would like to graduate from high school.

I would like to work with children in the future and earn a salary.

I would like to enjoy a stable health condition.

I would like to travel with my family as their time permits.

Things I want to stay the same:

Person-Centered Support Plan

I would like to live at my family home where I feel safe and secure.
 I would like to attend school with necessary supports to stay safe and healthy.
 I would like to remain in school until my 22nd birthday in order to have an enriching community role.
 I would like to have a good level of support in order to interact with my community effectively.

Important aspects from my personal history: (Medical, Social, Behavioral history)

Yianella is attending Braddock Senior High, funded through the G Holmes Braddock Senior High Scholarship as well as parents. She is currently in the extended school program/ Special Needs program. She graduated with a special diploma in June 2020. She is scheduled to remain in the extended school program until her 22nd birthday. At the school, Yianella is able to work on basic academic skills, daily living skills and social skills. She also receives Physical Therapy, funded by State Plan Medicaid. Yianella's mother states that the goal is for Yianella to have a role in the community where she can find purpose and fulfillment. In order to Yianella to continue working on desire educational goals, Yianella needs to continue attend Braddock Senior High School, funded by the McKay Scholarship and the mother. Needed therapies will also continue under Medicaid, as needed. Yianella needs to be able to get to and from her school. Mother will provided needed transportation services.

Yianella loves socializing within the realm of those whom she knows well. She likes to attend parties and has a history of participating in Special Olympics softball events. She loves car rides and plane rides. In the past, together with her family, Yianella had the privilege of travelling to the Florida Keys, Orlando – Disney World, Tampa, New Jersey, New York and the Dominican Republic, and Puerto Rico. Last year, due to COVID, traveling was cancelled.

During the summers, Yianella attended summer camp through Miami Dade Parks and Recreations, but it is on hold due to the pandemic.

Yianella is very selective of her friends and likes to keep a small social circle in order to feel comfortable. Yianella is also known to do well with routines and patterns. Yianella likes to be included in developing her schedule and choosing the activities that she wants to do. Yainella likes organization and knowing what will happen next. At times, Yianella can display tantrums when she is overstimulated with many changes. She demonstrates anxiety and a short attention span. Mother indicates that sometimes she blocks, does not reason and is "stubborn". Mother has expressed that she does not want Yianella to take psychotropic medications and prefers Behavior Analysis services. ABA and RBT services are in place under Medicaid.

Yianella would like to have better gross and fine motor skills. She would like to improve her speech fluency. She needs to continue receiving Speech Therapy but for now mother has not found a therapist available in her area. Yianella also needs Physical Therapy. She presents with gross motor delays and overall weakness. She exhibits low muscle tone, and postural weakness. Yianella has lost weight and is making physical activity more challenging. She is following a healthy diet, low in calories and fat to keep her weight. She fatigues easily and demonstrates poor LE endurance. She has a Rifton Tricycle to promote cardiovascular endurance and to increase lower extremity endurance and strengthening. She lacks motivation for physical activity but is cooperative and enjoys riding stationary bike. Durable Medical Equipment was funded by iBudget, provided by Doctor's Choice.

In order to Yianella to enjoy a stable health, she needs to continue receiving medical services provided by her primary care physician and specialists, funded by Medicaid. Dental services are also needed to be provider by provider of choice and funded by Medicaid, in order to maintain good dental hygiene.

Yianella's preferences and choices, along with the indispensable oversight and input of her family, have been considered by all providers and this support coordinator throughout the support plan year. Said preferences and choices continue to be a guiding light for all daily activities, supports and services. This support coordinator is a strong advocate for Yianella, and monitors her total satisfaction, safety and progress towards goals. These actions are noted in monthly case notes, which are found in her Central File.

New supports and services will be continuously being explored for Yianella by this support coordinator, as explicitly noted in the case notes. Natural, generic and community supports, both paid and unpaid, are accessed to enhance Yianella's quality of life.

Yianella's safety at home, in the community, and during any natural disaster is of utmost importance to all members of Yianella's support circle. Her family home has finely developed plans of action in case of a natural disaster or illness, of which all members of this support circle are aware. Yianella is continuously treated with care knowing that she is entitled to the highest level of safety and respect. This is monitored through continuous contacts with Yianella at different places and times. Yianella and her mother mandate where and when Yianella is seen by providers. At this time, they have agreed to visits and calls in any of Yianella's settings, and at any reasonable times, in order to ensure Yianella's maximum safety and well being.

Yianella also needs to continue to receive Support Coordination services in order to coordinate all required services and supports. This next year the client and the support coordinator will complete several private, in-service trainings to review and reinforce the power of personal choice, progress of personal outcomes, options in services and service providers as per the Choice Counseling materials (previously provided), abuse and neglect hazards, safety and health issues. Yianella and her mother/guardian expressed total satisfaction with the support coordinator and a desire to remain with Agape Coordinating & Consulting, Inc. for Support Coordination services given the varying home challenges that require extra support, which is funded by the Medicaid Waiver Program. During the upcoming year, the support coordinator will continue to advocate for the Yianella's needed services as well as promote independence and self-advocacy through personal training/counseling sessions.

Person-Centered Support Plan

During the last 12 months, there has been no documented reports/observed signs of abuse, neglect or exploitation.

APD and QIarant guidelines were strictly adhered to in the development of this Support Plan. Furthermore, Yianella's expressed goals match with all providers' Individual Plans as well as the content of this updated support plan. Yianella's guardian is aware and in agreement with said goals. The targeting of these goals has been a concerted effort amongst Yianella, family members and professional providers.

With present supports and services in place, it is hoped that the client will be able to continue leading a satisfying life and have the safety and security needed to continue to live a full and rewarding life working towards achieving her goals.

How I communicate and make choices and decisions:

She is able to communicate her needs and wants verbally.

My mother/guardian helps me make big and small decisions in my life about medical choices, financial decisions, services and service providers. My guardian also helps me with choices of daily life, like exercises, eating healthy, community outings and activities. She advocates for my wellbeing and rights.

Employment

Job(s) I Have (for those who choose not to work, state N/A)		Hire Date(s)	Type of Job(s) I Have	
I choose not to work				

I am interested in getting a job			I am interested in changing jobs			Type of Job I Want	Supports Needed to Succeed at Work
Yes	<input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

I was referred to Vocational Rehabilitation			Date of Referral to Vocational Rehabilitation	Outcome of Referral to Vocational Rehabilitation
Yes	<input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

Date Phase 1 Job Stabilization Completed:

Other Services Needed for Health and Safety

This Information is captured in the QSI. Identify: **A)** Areas of critical needs/potential risk to the health/safety of myself or others **B)** The specific issue, how it is addressed or where to find this information **C)** The service/support to address need **D)** The source of funding

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
Functional (Choose all that apply)			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			
<input type="checkbox"/> Eating			
<input type="checkbox"/> Ambulation			
<input type="checkbox"/> Transfers			
<input type="checkbox"/> Toileting			
<input checked="" type="checkbox"/> Hygiene	Yianella requires substantial prompting to meet personal hygiene needs	Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports
<input checked="" type="checkbox"/> Dressing	Yianella requires substantial prompting to dress.	Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports

Person-Centered Support Plan

<input checked="" type="checkbox"/>	Communications	Yianella has limited communication abilities and does not have sufficient vocabulary.	Mother, ST, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports
<input checked="" type="checkbox"/>	Self-protection	Yianella's movement beyond the boundaries of her home, school, or work site requires supervision.	Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports
<input checked="" type="checkbox"/>	Ability to Evacuate (Home)	Requires personal direction to evacuate in a safe and timely manner.	Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports

Behavioral (Choose all that apply)

<input type="checkbox"/>	Hurtful to Self/Self-injurious			
<input type="checkbox"/>	Aggressive/Hurtful to Others			
<input type="checkbox"/>	Destructive to Property			
<input type="checkbox"/>	Inappropriate Sexual Behavior			
<input type="checkbox"/>	Running Away			
<input checked="" type="checkbox"/>	Other Behaviors that May Result in Separation from Others.	Yianella may have maladaptive behaviors and may require occasional verbal prompts, instructions or redirection from caregivers.	ABA, RBT, Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports

Physical (Choose all that apply)

<input type="checkbox"/>	Injury to Person Caused by Self-injurious Behavior			
<input type="checkbox"/>	Injury to the Person Caused by Aggression to Others or Property			
<input type="checkbox"/>	Use of Mechanical Restraints or Protective Equipment for Maladaptive Behavior			
<input type="checkbox"/>	Use of Emergency Chemical Restraints			
<input type="checkbox"/>	Use of Psychotropic Medications			

Person-Centered Support Plan

<input type="checkbox"/>	Gastrointestinal Conditions (includes vomiting, reflux, heartburn, or ulcer)			
<input type="checkbox"/>	Seizures			
<input type="checkbox"/>	Antiepileptic Medication Use			
<input type="checkbox"/>	Skin Breakdown			
<input checked="" type="checkbox"/>	Bowel Function	Yianella needs to follow a diet to eliminate bowel easily.	PCP, Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports
<input type="checkbox"/>	Nutrition			
<input type="checkbox"/>	Treatments			
<input type="checkbox"/>	Assistance in Meeting Chronic Health Care Needs			

Other Risks/Needs Related to Me (Choose all that apply)

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
<input checked="" type="checkbox"/> Requesting and Getting Help, if needed	Yianella has limited vocabulary words and needs assistance to communicate her needs timely.	ST, Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports
<input checked="" type="checkbox"/> Medication Management	Yianella relies on her mother to take her medications. She is not able to administer her medications.	Mother	Natural Supports
<input type="checkbox"/> Refusing Eating, Hygiene, or Supports			
<input checked="" type="checkbox"/> Substance Abuse			
<input checked="" type="checkbox"/> Handling Money/Finances	Yianella has limited insight into money management. She relies on her mother	Mother	Natural Supports
<input checked="" type="checkbox"/> Interactions with Strangers	Yianella is not able to recognize strangers.	Mother, HHA, and Respite	iBudget Waiver, Medicaid, Natural Supports
<input type="checkbox"/> Child/Adult Protective Services			
<input type="checkbox"/> Relating with Others			
<input checked="" type="checkbox"/> Home Safety	Yianella cannot distinguish between safe and unsafe situations. She needs supervision to remain safe at home.	Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports
<input checked="" type="checkbox"/> Community Safety	Yianella is not able to distinguish dangerous situations. She needs supervision when accessing the community.	Mother, HHA and Respite	iBudget Waiver, Medicaid, Natural Supports

Person-Centered Support Plan

<input type="checkbox"/> Internet Safety			
<input type="checkbox"/> Need for information or training on how to prevent abuse, neglect, and exploitation			
<input type="checkbox"/> Insufficient or Unstable Housing			

Needs/Risks Related to My Caregiver (For those living in the family home. Choose all that apply)

<input type="checkbox"/> Caregiver Health Needs			
<input type="checkbox"/> Limited Relief for Caregiver			
<input type="checkbox"/> Caregiver Needing Additional Assistance			
<input type="checkbox"/> Aging Caregiver			

Back-up Plans for My Critical Needs/Risks (in case my primary supports are not available)

Service/Support	Back-up Plan	Specific Strategies (as needed)
HHA or Respite Caregiver	Mother and family	Yianella and guardian will be educated on choking hazards, ANE's, Rights and Safety not limited to, health, influenza, Corona Virus, 911 and evacuation and hurricane preparedness on an ongoing basis.

What I Accomplished Last Year

My accomplishments last year:	
<p>In this past year, Yianella was able to receive all of the services that she wanted and required, in order to live a happy and productive life. She attended Braddock Senior High School, where she received PT, OT and Speech Therapy, and also received academic enrichment. Yianella also received Respite service funded by iBudget. Under Medicaid Yianella received HHA, medical and Dental services. These services helped Yianella to work towards her goals for the year. The following are the goals that Yianella worked on this past year:</p>	
Goals I worked on last year	Progress on each goal
I would like to continue to live with my family.	Yianella was able to happily live with her family at the family home with the assistance of Respite and HHA services. Mother wishes to remain with this living arrangement for as long as possible.
I need assistance with bathing, eating, dressing, etc	With the help of her mother and caregiver services, Yianella received the assistance she needed to complete her personal hygiene and DLS activities.
I would like to be cared for when my parents have urgent matters to attend to.	Yianella had Respite services, which provided her with the assistance and supervision she needs to be safe in her family home when her mother was not able to care for her due to unexpected emergencies or work.
I would like to have meaningful daily activities.	With the assistance of her mother and caregiver, Yianella participated in a limited outings due to the pandemic. She was included in all family gatherings and enjoyed riding her bike around the community, as her mother considered to be safe.
I would like to be able to cope better with my feelings and better my general behaviors.	With the help her ABA and RBT, Yianella had the support she needed to work on desired goal.

Person-Centered Support Plan

My Personal and Future Plans

What I Want in the Next Few Years: (Supports, accomplishments, dreams, desires, interests, or activities I want in my life in the next few years)
<p>I would like to live in my family home where I feel safe and secure.</p> <p>I would like to attend school with the necessary support to stay safe and healthy.</p> <p>I would like to remain in school until my 22nd birthday in order to have an enriching community role.</p> <p>I would like to have a good level of support in order to interact with my community effectively.</p> <p>I would like to increase my social skills to have more friends.</p>

Personal Goals

The most important things I want to achieve this coming year. Identify goals/desired outcomes and be as specific as possible.	What service will help me?	Paid or Non-Paid. If non-paid, provide name and relationship.
I would like to continue living with my family in the family home.	Long Term Residential Care – provided by family on a daily basis.	Non-Paid Name: Ponce Marta , Mother/Guardian Relationship: Legal Representative
I would like the assistance necessary to complete my personal hygiene and daily living skills.	Home Health Aide- provided by - provider of choice at a frequency TBD (for as long as needed) and funded by Medicaid State Plan.	Paid
I would like to be cared for when her mother has urgent matters to attend to; unexpected emergencies and work responsibilities.	Respite Care - provided by provider of choice , Inc. at ta frequency 1,433 units per year (flexible use based on Yianella's care needs), funded by the Medicaid Waiver Program.	Paid
I would like to continue my education at the Florida Technical College in the Culinary Arts program. I would like to get to and from school.	Education – provided by mother and Yianella's choice. Transportation – Provided by the mother	Non-Paid Name: Ponce Marta , Mother/Guardian Relationship: Legal Representative
I would like to have better gross and fine motor skills. I would like to improve my speech fluency. I would like to lose weight and be fit. I would like to increase my gross motor skills, and overall weakness. I would like to strengthen my muscle tone, and posture.	Speech Therapy – funded by State Plan Medicaid. Physical Therapy- Care Love Therapy provided at home and funded by State Plan Medicaid DME - Rifton Bike- to be provided by Doctor's Choice, funded by the Medicaid Waiver Program (OTO).	Paid
I would like to increase my social skills to have more friends.	ABA and RBT funded by State Plan Medicaid	Paid

Personal Rights: (not related to guardianship)

Signatures on the last page indicate that the individual or their Legal Representative are aware of the individual's personal rights and the Bill of Rights for Persons with Developmental Disabilities.				
Is there a right I would like to learn more about?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
My WSC provided information about abuse, neglect, and exploitation to me this year, and I know the reporting process and requirements.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Do I have restrictions on my rights? This might include limited restrictions such as not being able to lock my bedroom door with a key, restricted visitation, inflexible schedule, limited food or environmental access, etc. If yes, complete the table.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Person-Centered Support Plan

Right Limited	Reason (the assessed need for the restriction and what less intrusive methods were tried but did not work out)	What is being done to help me obtain my full rights?	When will it be reviewed to determine ongoing effectiveness, or to terminate restriction?

WSC, initial as assurance that the interventions and supports cited above will not be harmful

Safety Plan Required and Attached (if applicable) Yes ☐ No ☒

My Health

Important health history about me:				
<p>Yianella has a diagnosis of Intellectual Disability with an IQ of 65 and Downs Syndrome. Yianella's health is currently good and stable. She has no known allergies. She is 20 pounds over weight and is on a low fat and exercise diet. ENT visit in June 2018 due to recurrent infections which resulted in being treated for strep throat, and she is seen as needed. Currently, Yianella is seen by her Pediatrician annually for her check ups and as needed for illness. And will need to be seen next for her pre-school exam. Her vaccines are current as well as her flu shot. She received the 2nd dosage of COVID 19 vaccine on April 23rd , 2021.</p> <p>Yianella no longer sees her dermatologist for skin breakdowns. She has been diagnosed with Hidradenitis Suppurativa, Acne Vulgaris, and Syringoma. She now seen an Infectious Disease Doctor as needed.</p> <p>Yianella is seen by the ophthalmologist once a year but for now she does not have a specialist. Mother is looking another ophthalmologist.</p> <p>Rifton Bike -For weight control and exercise. She met with her dietician on February 2020</p> <p>Mom is considering a breast reduction surgery because of Yianella scoliosis danger.</p> <p>During the last 12 months, there have been no ER or hospitalizations reported.</p> <p>ABA , RBT and PT services are in place, under Medicaid.</p> <p>During the last 12 months, there has been NO documented reports/observed signs of abuse, neglect or exploitation.</p> <p>Medications: Metamucil (OTC) Miralax EOD , constipation, Metronidazol Acne, as needed and Vitamin C</p>				
Hospitalizations in the past year	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Emergency Room Visits in the past year	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

If yes, why did I go to the hospital or emergency room?

My medication information (Current as of support plan meeting date)

Medications	Dosage/Frequency	Purpose of Medication	Side Effects/Problems Experienced
Metronidazole Topical Gel metronidazole GEL TOPICAL 7.5 mg/g	/mg (Milligram), OTH (Other)	Acne Skinn Issues	None Noted
OTEZLA apremilast TABLET, FILM ORAL 30 mg/1	30 mg /mg (Milligram), BID (2 times daily)	Syringoma	None Noted

Person-Centered Support Plan

Allergies: (Including any reactions to any medications, substances, chemicals, etc.)

None reported

My critical health follow-up areas and preventative health plan: (How will I maintain my Health and Health Stability?)

I will continue going to my doctor's appointments regularly and take my medication as prescribed to maintain health and stability. I will eat a well-balanced diet and incorporate exercise to maintain a healthy weight and BMI. WSC will contact HCDM for information on any medical appointments and needs. Preventive Health and Vaccinations have been discussed based on the specific health needs of this client.

Preventive Health and Vaccinations have been discussed based on the specific health needs of this client.

- Non-compliance in attending doctor's appointment have been discussed and counseled by this WSC.
- Maladaptive behavioral patterns are preventing proper medical/dental care.

WSC and other members of client's support circle continue to counsel and encourage client in this area

My Health Care Contact Information: Include all doctors you see, any therapists, and anyone you have designated to act as your decision maker in health-related issues (health care surrogate)

Name	Date of Last Visit	Findings	Follow Up Activities
Dr. Carlos Duster PCP	03/21/2022	Stable Health	Annual exams and follow ups as needed
Dr. NCH Doral Dental Outpatient	03/28/2022	stable health	As needed
Dermatology	03/14/2021	Annual check up	As scheduled

Health Care Decision Maker Name	Role	Follow Up Activities
Ponce Marta , Mother/Guardian	Mother	<p>Health Care Decisions Maker will ensure I comply with doctor appointments and medication management to ensure my safety, health, and well-being. WSC will contact HCDM for information on any medical appointments and needs. WSC counseled on the importance of maintaining regular appointments in order to monitor health and well-being.</p> <p>Preventive Health and Vaccinations have been discussed based on the specific health needs of this client.</p> <ul style="list-style-type: none"> • Non-compliance in attending doctor's appointment have been discussed and counseled by this WSC. • Maladaptive behavioral patterns are preventing proper medical/dental care. • WSC and other members of the client's support circle continue to counsel and encourage client in this area.

Person-Centered Support Plan

Equipment and Supplies

Do I use any adaptive equipment, special equipment, glasses, hearing aids or need any adaptations made to my home?

Yes ☒ No ☐ If yes, please list below.

Rx glasses and Rifton Bike

Do I need any consumable supplies? Yes ☐ No ☒ If yes, please list below.

Personal Disaster Plan

I have a Personal Disaster Plan Yes ☒ No ☐

Date Personal Disaster Plan Completed or Updated 06/04/2022

Person-Centered Support Plan

Signature Page

I have participated in the development of this plan. I have been informed of my due process rights under Florida Statutes 120 and acknowledge that I may appeal any portion of this plan. I understand that if my needs change, an update to this plan may be needed. I also understand that I may request to change something in my plan throughout the support plan year. Supports should be identified according to my needs or the needs of my family, regardless of the availability of funding. Supports and services needed to meet my needs will be sought from my personal resources, community resources, and government resources. When government resources are necessary, they shall be provided based on the availability of funds. My Support Coordinator reviewed the Bill of Rights for Persons with Developmental Disabilities with me and I understand my personal rights.

Date Sent to Individual _____ Date Sent to APD _____

Consumer Signature	_____	Date	_____
Witness Signature (if needed)	_____	Date	_____
Legal Representative Signature	_____	Date	_____
Waiver Support Coordinator Signature	_____	Date	_____

Signature of Support Plan Meeting Participants:

Relationship	Signature	Signature Date	Date Copy Sent