

## Person-Centered Support Plan

Support Plan Effective Date: 01/01/2023

Date of Support Plan Update: 10/05/2022

### About Me

Last Name	Cardenas	First Name	Camila	Nickname		Date of Birth	10/01/2008
		Medicaid ID	8886172087	iConnect ID	58483	Legal Status	Minor
Living Setting	Family Home	Spoken Language	Spanish	Alternate Communication			
Primary Diagnosis	Q90.9 - Down syndrome, unspecified	Secondary Diagnosis		Other Diagnosis			

### Where I Live

Street Address	10825 NW 7th St Apt 12	City	MIAMI	State	FL	Zip	33172
Email Address	hmarisela@hotmail.com	Cell/Home Phone	(786)975-5541	Work Phone		Region	SOUTHERN
Deliver my mail to	10825 NW 7th St Apt 12	City	MIAMI	State	FL	Zip	33172

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	Hernandez	First Name	Marisela	Guardian/Legal Representative Type	Legal Representative
Relationship	Caregiver			Other	
Address	10825 NW 7th Street Apt 12	City	MIAMI	State	FL
			(786)975-5541	Zip	33172
Day Phone		Night Phone	5541	Cell Phone	
Email Address	hmarisela@hotmail.com				

### My Waiver Support Coordinator

Name	Agency (if applicable)	Email	Phone Number(s)
Garciavera, Yanet	AGAPE COORDINATING & CONSULTING, INC	yanet.agape@yahoo.com	(786)718-2489

### My Family, Friends, and Support System

Name	Relationship	Email	Phone
Hernandez, Marisela	Legal Representative, Caregiver	hmarisela@hotmail.com	1. (786)975-5541
Cardenas, Jesus	Parent	jescard@hotmail.com	1. (305)720-0689
Boyer, Angelica	Relative		1. (203)223-8819
United Family Health Care, Respite services	Service Provider	kenia@unitedfamilyhc.com	1. (786)747-8002

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

Name	Relationship	Email	Phone
The Miami Learning Experience, School	Other		1. (305)275-5900
Dream Hope and Believe, PT/OT/ST	Service Provider		1. (305)316-5852
Sibaja, Dr. Sonia	Primary Care Physician		1. (305)348-1586
Miami Children Hospital, Dentist	Dentist		1. (305)418-7700
Dr. Terry Friedman, Ophtalmologist	Other Healthcare Provider		1. (305)274-5070
Dr. Yadira Martinez, Cardiologist, MCH	Other Healthcare Provider		1. (305)669-8301
Dr. Rafael Portela, ENT, MCH	Other Healthcare Provider		1. (305)669-7144

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

Support Need	Funding Source
Medical and dental needs.	Medicaid
Child support.	Natural Supports

### 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?			
Hernandez	Marisela	Legal Representative, Caregiver	(786)975-5541	Y	<input checked="" type="checkbox"/>	N	<input 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)

Camila lives with her mother and grandmother in their family home. In July 2019 Camila, her mother and grandmother moved to a new, comfortable and spacious apartment located in in the Northwest area of Miami. Camila shares her bedroom with her mother, furnished and decorated based on her interests and special needs.

Camila feels secure and safe in her mother's arms. Camila's parents are divorced. The mother works full time to help provide Camila with her economics needs. Camila has a close bond with her father, though since he moved to Naples Camila sees only once a month. Camila's parents do their very best to care and provide for her. Camila enjoys the company and love of her elderly grandmother she lives with. Camila's grandmother is unable to care for her due to physical limitations and advanced age. She also enjoys visits from extended family members; however, they are not able to provide care for her due to their own responsibilities.

Being such an active child, Camila requires constant supervision and assistance to assure her home safety. Camila requires assistance with bathing, hygiene needs, dressing, grooming, dental hygiene, meal preparation, feeding and caring for her personal belongings. Camila is toilet trained; however, she needs to remain on a schedule. She needs physical assistance to evacuate in case of an emergency. She is unable to identify safe and unsafe strangers. Camila is not able to identify safe and unsafe areas or environmental hazards.

Camila's mother suffers from Sacroiliitis (Chronic pain in Lumbar spine with flexion-extension and Sacro iliac joints). She is under the care of a rheumatologist and a pain management clinic. Sometimes the pain is so severe that prevents her from standing, sitting and walking. She is receiving physical therapy and is under a long treatment with medication.

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Camila needs constant supervision to prevent her from hurting herself unintentionally and eloping. Due to her constant need of supervision and assistance, the mother needs help caring for Camila's needs while she attends to house chores, personal matters and work. Besides that, Camila's mother is the main caregiver for Camila's maternal grandmother, who suffers from acute pain in right knee, decreased sensitivity and is a fall risk patient due to her advanced age. The grandmother had a knee surgery few months ago, needing extra care and supervision for safety.

For the above-mentioned reasons, Camila is in need of Home Health Aid services since she requires assistance including completing basic personal care areas of eating, bathing, toileting, grooming, and personal hygiene. This service is essential to maintain Camila's health and medical status. Medicaid Home Health Aide Services are being requested by previous Respite provider.

Camila needs to continue to receive long term residential care from her mother in order to remain safe and receive the care and supervision she needs.

Camila needs someone to care for her when her mother has work, unexpected emergencies, doctor's appointments or therapy. There is no other family or friend that could provide this service. Respite services need to continue at an increased rate of 2,080 units per year, plus 12 full days per year, to be provided by United Family Health Care, Inc, funded by the Medicaid Waiver Program, as per SAN approval on June 2022.

Camila needs to continue receiving the \$ 410.00 amount for child support provided by her father

In order for Camila to remain in her best possible physical health, she needs to continue receiving medical care services provided by her primary care physician and specialists, funded by her State Plan Medicaid. Camila also needs dental services under DentaQuest plan provided by Miami Children Hospital at Doral in order to maintain good dental hygiene, which will be provided twice per year and funded by the Medicaid.

Camila's preferences and choices including where she lives, studies, spends time, with whom she relates, reaction to new settings, foods, clothing, etc, along with the indispensable oversight and input of her mother 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 Camila, monitoring her total satisfaction, safety and progress towards goals. These actions are noted in monthly case notes which are found in her Central File.

Camila's safety at home, in the community and during any natural disaster is of utmost importance to all members of Camila's support circle. Camila's mother is continuously educated and reminded of the importance of developing a plan of action in case of illness or natural disaster, with all members of this support circle aware. As to hurricane preparedness, Camila's mother maintains that Camila and she would remain in the family apartment which is equipped with hurricane shutters, has all necessary supplies, and would provide them with the safety and security needed. If that becomes necessary, Camila will be taken to a shelter of her mother's choosing.

Camila is continuously taught and reminded that she is entitled to the highest level of safety and respect, which is monitored through continual contacts with Camila at different times and places. Camila and her mother mandate where and when Camila is seen by providers. At this time, they have agreed to visits and calls at any reasonable time in any settings, in order to ensure Camila's maximum safety and wellbeing.

The Abuse Hotline number has been provided to Camila and her mother with instruction given on an on-going basis on how to recognize and report abuse, neglect or exploitation. Camila does not have history of abuse. There were no incidents of abuse, neglect or exploitation noted this year.

This year Camila, her mother and this support coordinator completed several private, in-service trainings to review and reinforce the right of personal choice, progress on personal outcomes, options in services and service providers as per the Choice Counseling materials (previously provided), abuse and neglect hazards, safety and health issues. Camila needs to continue receiving Support Coordination (Limited) in order to coordinate all of her required services and supports. Camila and her mother express satisfaction with her support coordinator and a desire to continue with Agape Coordinating & Consulting, Inc. for this service, which is funded by the Medicaid Waiver Program. During the upcoming year, support coordinator will continue to advocate for Camila's needed services as well as promote independence and self-advocacy through personal training and counseling sessions.

New supports and services are continuously being explored for Camila by this support coordinator, as explicitly noted in the

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case notes. Natural, generic, community supports, both paid and unpaid, are accessed to enhance Camila's quality of life.

APD and Qlarant guidelines were strictly adhered to in the development of this Support Plan. Camila's expressed goals match all provider's Individual Plans and the content of this updated support plan. Targeting of goals has been a concerted effort amongst Camila, her mother and professional providers, with Camila and her mother aware and in agreement.

With present supports and services in place, it is hoped that Camila 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 get around in my community:

Family/Friend transit

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

Camila is a pretty teenager girl. Camila is delightful and social. She is energetic and playful. Camila is easily distracted and tends to be susceptible to changes.

Camila enjoys being surrounded by her family and having their undivided attention. Camila is able to communicate with limited expressive language. She also expresses herself through gestures, noises and by pointing. She communicates both in English and Spanish.

Camila is able to walk independently. Camila enjoys being with other children. She likes watching TV and playing with toys, her favorites being "Disney Princes" and her iPad. Camila is able to care for her personal hygiene and personal belongings with continuous assistance and supervision.

### Things I would like to change:

I want to improve my communication, gross and motor skills

I want to be more independent with my personal care and daily living skills.

I want to be cared for when my mother is at work.

I want to enjoy community outings with my mother, caregivers and school friends more frequently.

I want to decrease my maladaptive behaviors and improve my social skills.

### Things I want to stay the same:

I want to live with my mother in our family's home.

I want to enjoy stable health.

I want to continue my education until graduating.

I want to enjoy community outings with my family and school friends.

I want to be cared for when my mother is at work or doctor's appointments.

I want to watch my favorite songs and programs in my iPad every afternoon after receiving my therapies.

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

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Camila is attending The Miami Learning Experience School. She is attending 7th Grade Middle II. She has the benefit of receiving a multidisciplinary program that includes daily living skills, independent skills, life skills and survival skills. Camila enjoys the benefit of having adaptive equipment in the classroom and a playground. While at school, Camila needs a toilet schedule to prevent accidents. She participates in the community-based program.

In order for Camila to continue receiving the educational training she needs to achieve her goals of greatest independence possible and to have a meaningful day activity, she needs to continue receiving educational services provided by The Miami Learning Experience School. She also needs to continue receiving her mother's services to transport her to and from school.

Camila is included in all family outings and special celebrations. Her mother is well aware of community activities and special events. Camila also participates in school field trips and birthdays with school staff and friends. In October 2021 Camila enjoyed a trip to Legoland with her mother and maternal aunt to celebrate her birthday.

Camila manifests behaviors that could result in harmful consequences such as self injurious behaviors like grinding, scratching her earlobe, pulling her hair and scratching her arms. She cannot be left unattended; there have been episodes when Camila flooded the second floor of the town house where she used to live while playing with her dolls. If unattended, Camila opens the refrigerator and eats ice cream and puddings with no control. Camila demonstrates noncompliance, aggression, tantrums, task refusal and property destruction behaviors and elopes if doors are left unlocked. Camila is easily distracted, displays a short-term attention span and tends to be susceptible to changes. Camila does not like dark places, loud noises or voices, crowded places or fire. Camila received Applied Behavior Analysis services through Medicaid, provided by provider of choice, funded by the Medicaid State Plan. At this moment therapy is on hold as per the mother's decision.

Camila would like to be able to communicate better with those around her. She would like to have more flexibility with her extremities and increase her gross and motor skills. For these reasons Camila needs to continue receiving Speech, Occupational and Physical Therapy, provided by Dream Hope and Believe as per hers and her mother's choice, provided at the school setting, funded by Medicaid State Plan.

### How I communicate and make choices and decisions:

I am able to communicate with limited expressive language in English and Spanish. I also express myself through gestures, noises and by pointing. I have limited verbal skills that continue to improve with the Speech Therapy services.

My mother Marisela advocates for my wellbeing and rights, making big and small decisions in my life about medical choices, financial decisions and services. My mother also helps me with choices in daily life, like exercises, eating healthy, community outings and activities.

### Employment

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

  

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

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Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
<b>Functional (Choose all that apply)</b>			
<input checked="" type="checkbox"/> Vision	Camila wears eyeglasses and her mother cleans them for her.	PCP and specialists. Family Support/	Medicaid, Natural Supports
<input type="checkbox"/> Hearing			
<input checked="" type="checkbox"/> Eating	Camila requires constant reminders during meals to slow down, take smaller bites, and chew. There are no documented choking or aspiration risks.	Family Support. Respite services.	iBudget Waiver, Medicaid
<input checked="" type="checkbox"/> Ambulation	Camila holds on to someone's arm to go up and down the stairs for safety.	Family Support. Respite services.	iBudget Waiver, Natural Supports
<input type="checkbox"/> Transfers			
<input checked="" type="checkbox"/> Toileting	Camila requires hands-on physical assistance to wipe after toileting.	Family Support. Respite services.	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/> Hygiene	Camila requires daily hands-on physical assistance to brush her teeth, bathe, wash her hair, and dry.	Family Support. Respite services.	iBudget Waiver, Medicaid
<input checked="" type="checkbox"/> Dressing	Camila requires daily assistance selecting her clothes and supervision and prompts to properly dress. She follows directions and cooperates with her hygiene and dressing activities.	Family Support. Respite services.	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/> Communications	Familiar people require extra time to gain clarity in what it is being communicated, and unfamiliar people can't effectively understand Camila.	Speech Therapy.	Medicaid
<input checked="" type="checkbox"/> Self-protection	Camila requires close, continuous, and competent adult visual supervision to avoid exploitation or abuse while accessing the community .	Family Support. Respite services.	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/> Ability to Evacuate (Home)	Camila would require 1:1 supervision and guidance to timely and safely evacuate in an emergency.	Family Support. Respite services.	iBudget Waiver, Natural Supports
<b>Behavioral (Choose all that apply)</b>			
<input type="checkbox"/> Hurtful to Self/Self-injurious			
<input checked="" type="checkbox"/> Aggressive/Hurtful to Others	Camila hit a classmate on the head with her lunch box all of the sudden.	Family Support. Respite services. School staff	iBudget Waiver, Natural Supports, Public Schools
<input type="checkbox"/> Destructive to Property			
<input type="checkbox"/> Inappropriate Sexual Behavior			

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<input checked="" type="checkbox"/>	Running Away	Camila tries to dash away from mom while accessing the community and mom has to always hold her by the hand to prevent it	Family Support. Respite services.	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Other Behaviors that May Result in Separation from Others.	Camila invades other people's space daily and requires redirection.	Family Support. Respite services.	iBudget Waiver, Natural Supports
<b>Physical (Choose all that apply)</b>				
<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 checked="" type="checkbox"/>	Use of Emergency Chemical Restraints	Camila was sedated for a dental procedure in November 2021.	Dentist, PCP and specialists.	Medicaid
<input type="checkbox"/>	Use of Psychotropic Medications			
<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	Camila suffers from constipation and takes a laxative every other day.	PCP and specialists. Family Support.	Medicaid, Natural Supports
<input type="checkbox"/>	Nutrition			
<input type="checkbox"/>	Treatments			



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<input checked="" type="checkbox"/>	Assistance in Meeting Chronic Health Care Needs	Camila is totally dependent on others to meet health care needs because she demonstrates no level of understanding of diagnoses, medications, or treatments	PCP and specialists. Family Support.	Medicaid, Natural Supports
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### 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	Camila has limited verbal skills and is sometimes difficult to understand what she is saying.	Family Support Speech Therapy.	Medicaid, Natural Supports
<input checked="" type="checkbox"/> Medication Management	Camila needs total assistance, prompting and reminders to take her medications.	Family Support.	Natural Supports
<input type="checkbox"/> Refusing Eating, Hygiene, or Supports			
<input checked="" type="checkbox"/> Substance Abuse			
<input checked="" type="checkbox"/> Handling Money/Finances	Camila needs total assistance to manage finances correctly.	Family Support.	Natural Supports
<input checked="" type="checkbox"/> Interactions with Strangers	Camila does not distinguish between safe and unsafe strangers. She needs permanent supervision for safety	Family Support Respite services.	iBudget Waiver, Natural Supports
<input type="checkbox"/> Child/Adult Protective Services			
<input type="checkbox"/> Relating with Others			
<input checked="" type="checkbox"/> Home Safety	Camila needs permanent supervision to remain safe at home.	Family Support Respite services.	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/> Community Safety	Camila needs permanent supervision to remain safe at the community.	Family Support Respite services.	iBudget Waiver, Natural Supports
<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)



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<input checked="" type="checkbox"/>	Caregiver Health Needs	Camila's mother suffers from Sacroiliitis (Chronic pain in Lumbar spine with flexion-extension and Sacro iliac joints). She is under the care of a rheumatologist and a pain management clinic. Sometimes the pain is so severe that prevents her from standing, sitting and walking. She is receiving physical therapy and is under a long treatment with medication.	Respite/HHA services.	iBudget Waiver, Medicaid
<input checked="" type="checkbox"/>	Limited Relief for Caregiver	Camila's mother is the sole provider for the house. She works on weekdays for long shifts.	Respite/HHA services.	iBudget Waiver, Medicaid
<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)
Respite Services.	Mother, Marisela will provide care in case Respite/HHA supports does not come to work.	<p>Camila and her mother continue to be educated on choking hazard, ANE's, Rights and Safety not limited to, health, influenza, 911, and evacuation and hurricane preparedness on ongoing basis.</p> <p>Camila requires assistance with bathing, hygiene needs, dressing, grooming, dental hygiene, meal preparation, feeding and caring for her personal belongings. Camila is toilet trained; however, she needs to remain on a schedule. She needs physical assistance to evacuate in case of an emergency. She is unable to identify safe and unsafe strangers. Camila is not able to identify safe and unsafe areas or environmental hazards.</p>

### What I Accomplished Last Year

My accomplishments last year:	
<p>Camila has remained in her family home setting this last year receiving needed care and assistance to help her meet her needs and achieve her goals.</p> <p>Camila was able, with her mother's assistance and care to meet her doctor appointments. As to medications, Camila is assisted by her mother on a daily basis as indicated by her physicians.</p> <p>Camila will continue to receive current services to maintain her health, safety and wellbeing. Camila and her mother are pleased with the progress she has been able to make during the past year. Camila and her mother have expressed satisfaction with services and the providers of those services. It is hoped that Camila continues to make progress during the upcoming year.</p>	
Goals I worked on last year	Progress on each goal
I would like to continue living in our family home receiving the care, dedication and love of my mother.	During the past year Camila received the assistance necessary to continue living with her mother in her family home. She received the natural support, love and dedication of her mother to remain safe in her home environment.

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My mother would like for me to continue to grow up in good health, remaining under the care of my primary care physician, dentist and specialists.	During the past year Camila remained under the care of her primary physician and specialists. She enjoyed stable physical health most of the year. No hospitalizations were reported. No ER visits or hospitalizations were reported.
I would like to be more independent with my personal care, improve my daily living skills and receive supervision for safety when my mother is not present.	During the past year Camila received the assistance necessary from her mother to continue improving daily living skills. Respite services continue to be stopped while a provider is being searched that meets Camila's mother expectations and requirements.
I would like to enjoy community outings with my mother and family, receiving the supervision to remain safe.	During the past year Camila received the assistance necessary to access and remain safe at the community. She enjoyed a trip to Legoland to celebrate her birthday on October 2021.
I would like to continue receiving educational services and academic training to reach my full potential.	During the past year Camila continued to receive her education and was able to meet new friends. She was able to make progress on academic, communication and social skills.
I would like to decrease my maladaptive behaviors and improve my social skills.	During the past year ABA services continue to be on hold as per the mother's request. Mother manifests that she is able to handle Camila's maladaptive behaviors and work to help her reduce them
I would like to continue learning how to communicate more effectively and be better understood by those around me.	During the past year with Speech therapy in place, Camila has been able to continue working toward her goals.
I would like to increase my motor skills, have better coordination, increase muscle strength and flexibility with my extremities in an effort to reach my full potential.	During the past year with Occupational and Physical therapies in place, Camila has been able to continue working toward her goals.

### My Personal and Future Plans

<b>What I Want in the Next Few Years:</b> (Supports, accomplishments, dreams, desires, interests, or activities I want in my life in the next few years)
I would like to continue living in our family home. My mother would like for me to continue to grow up in good health. I would like to continue receiving educational services and academic training. I would like to be more independent with my personal care and daily living skills. I would like to enjoy community outings to places of my interest with my mother. I would like to decrease my maladaptive behaviors and improve my social skills. I would like to communicate more effectively and be better understood by those around me, to increase my motor skills, muscle strength and flexibility with my extremities to reach my full potential.

### 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 in our family home receiving the care, dedication and love of my mother.	Family Support	Non-Paid Name: Hernandez, Marisela Relationship: Legal Representative
My mother would like for me to continue to grow up in good health, remaining under the care of my primary care physician, dentist and specialists.	PCP and specialists. Medicaid.	Paid
I would like to continue receiving educational services and academic training to reach my full potential.	Educational services. The Miami Learning Experience School. MDCPS	Non-Paid Name: The Miami Learning Experience, School Relationship: Other
I would like to be more independent with my personal care, improve my daily living skills and receiving supervision for safety when my mother is not present.	Respite services. Medicaid Waiver	Paid

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I would like to enjoy community outings to places of my interest with my mother and family, receiving the supervision to remain safe.	Family Support	Non-Paid Name: Hernandez, Marisela Relationship: Legal Representative
I would like to decrease my maladaptive behaviors and improve my social skills. A	BA services. Medicaid	Paid
I would like to continue learning how to communicate more effectively and be better understood by those around me, to increase my motor skills, muscle strength and flexibility with my extremities to reach my full potential.	OT, ST and PT services. 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"/>

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:

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Camila has been diagnosed with Down's Syndrome, heart cardiac problems, leukemia, Eczema and Nystagmus eye. When Camila was two weeks old, she had to have a g-tube due to feeding problems. At five months of age Camila had an open-heart surgery due to a congenital heart failure. She has been taking medication since then. Camila also presents a history of leukemia of which she received chemotherapy until May 2010 and now the leukemia is in remission. Camila had a tonsillectomy surgery on March of 2016.

Camila is presently enjoying stable health. She receives the care of her primary care physician (Annually) and specialists. The Endocrinologist sees Camila due to high levels of thyroid.. Camila's high levels of thyroid are being treated by a Thyroid specialist. She is seen by her Cardiologist bi-annually. The Ophthalmologist and Dermatologist see her as needed, supervised by her mother. The Hematologist sees Camila for Annual Check-Up.

Camila also receives dental services on a regular basis for annual assessments and treatments as necessary, provided by Miami Children Hospital at Doral funded by Medicaid. The mother assists Camila schedule medical and dental appointment and takes her regularly. Camila had 7 teeth extractions on December 3, 2019.

Camila needs Occupational, Physical and Speech Therapy to continue. She also benefitted from Behavioral services, funded by Medicaid. ABA is on hold as per the mother's decision.

Camila has no needs for consumable medical supplies or durable medical equipment.

Camila takes Vitamin with iron (OTC). Camila does not drink milk, it needs to be substituted by cheese, yogurt and cotta cheese.

All vaccinations are current. Camila's mother is a strong advocate and representative for Camila. Preventive Health and Vaccinations have been discussed based on the specific health needs of this client and mother has been notified about the importance of getting a yearly flu shot. Camila received the TDAP (Tetanus, Diphteria, Pertussis) shot scheduled for her age on February 08, 2021. Camila received the flu shot in March 2021. Camila received the first dose of the Covid-19 vaccine (Pfizer) on 05/21/21 and the second dose on 06/11/21.

There is no known history of abuse, neglect, or exploitation. No abuse reports have been noted within the past year.

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

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

Camila is allergic to bandages and tape.

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

## Person-Centered Support Plan

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.

Mother provides assistance and transportation for medical appointments.

Preventive health issues are addressed by the Primary Care Physician and encouraged by this support coordinator.

The need for a medication review is being addressed by Camila's primary physician and local pharmacy. Camila's mother is in charge of following up the medication review with all Camila's physicians, making sure side effects are being monitored and medications are being prescribed according to Camila's needs. Hearing and vision screenings are performed yearly at the time of the annual physical.

Camila and her mother are provided annually with a preventive health screening chart and are encouraged to communicate with the Primary Care Physician to ascertain that all needed preventive health screenings are in place.

**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. Sonia Sibaja, PCP	10/05/2022	Health stable.	Continue annual follow ups.
MCH, Dentist	08/30/2022	Health stable. Cleaning	Continue regular cleanings
Dr. Yadira Martinez, Cardiologist	10/07/2021	Health stable.	Continue bi-annual follow ups.
Dr. Terry Friedman, Ophta	08/26/2022	Health stable. New glasses.	Continue follow ups.
MCH, Dermatologist	08/12/2021	Health stable.	Continue follow ups.
Endocrinologist	02/21/2020	Health stable.	Continue follow ups. Will have labs in 10/17 and will be seen in 10/24/22.
Hematologist	07/16/2020	Health stable.	In 2021 CBC was sent to Hematology and it was determined that Camila will be seen in 2022. Continue follow ups. Next appointment scheduled for November 2022.

Health Care Decision Maker Name	Role	Follow Up Activities
Hernandez, Marisela	Mother/Legal representative	Contact for any information or any medical appointments or needs.

### 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.

Camila wears bifocal glasses.

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



## 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