

**Name :** Meredith Grey

**Effective From :** 11/16/2023

**Version :** 4.00

**TABS ID:** 654321

**Life Plan Type :** Annual

**Status:** Finalized

## Life Plan

### Member Information

**Name :** Meredith Grey

**Date of Birth :** 11/10/1996

**Address :** 456 Wallaby Way Medford, NY 11763

**Phone :** 631-987-6543

**Medicaid :**

**Medicare :**

**Willowbrook Member :** No

**Enrollment Date :** 07/01/2018

### CCO Information

**Care Manager Name :** Christina Yang

**Care Manager Email :** Christina.Yang@myacany.org

**Care Manager Phone :** 347-888-8888

**Care Manager Address :** Advance Care Alliance, 300 Motor Parkway, Suite 105, Hauppauge, NY,

**Care Manager Fax :** 646-777-7777

**Supervisor Name :** Miranda Bailey

**Supervisor Email :** Miranda.Bailey@myacany.org

**Supervisor Phone :** 929-666-6666

**CCO Name :** Advance Care Alliance of NY

**CCO Address :** 300 Motor Parkway Hauppauge NY 11788

**Phone :** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Emergency/After Hours Phone :** 833-456-7890

**Fax :** \_\_\_\_-\_\_\_\_-\_\_\_\_

## Meeting History

Note Type	Event Date	Subject	Meeting Reason
Life Plan Initial/Annual	11/16/2023	Annual Life Plan Meeting	

## Meeting Attendance

Contact Name	Relationship To Member	Method
Grey, Ellis	Mother	In-Person
Ollerenshaw, Gloria	Support Broker	Video Conference
Camello, Jennifer	Fiscal Intermediary	Video Conference
Yang, Christina		In-Person
Grey, Meredith		In-Person

(member)

## IDT Summary/Comments

<b>IDT Summary/Comments :</b>	<p>Service Delivery Objective: CM to facilitate an annual review of Meredith's life plan to ensure it includes all needed supports and relevant information.</p> <p>How: CM went to Meredith's home located at 456 Wallaby Way, Medford, NY. CM met with Meredith and her team briefly and then had her mother (Ellis) advocate on her behalf so she could go out with her Com Hab staff.</p> <p>Action/ Intervention by CM: CM greeted Meredith and asked how she is doing. CM reviewed with Meredith that the purpose of the meeting was to review her plan, her supports and her goals. CM asked Meredith if there was anything that she would like to change in her plan and how she was doing working on her goals. CM asked Meredith about her health concerns and if she felt she needed any additional support. CM confirmed with Meredith that she was okay with her mom advocating on her behalf so she could go out with her Com Hab staff to her healthy eating group. CM reminded Meredith that if she ever has any concerns her mom can assist her in reaching out to care management for assistance. CM greeted the rest of Meredith's team including: Ellis Grey (mother, in person), Gloria Ollerenshaw (Support Broker, via Teams), and Jennifer Camello (SDC, via Teams) and thanked them for being in attendance. CM began the review of the life plan by highlighting what Meredith had spoke to CM about including wanting to work on her money skills, that she had a colonoscopy and otherwise was doing well and keeping busy working on her goals. CM then reviewed the LP narrative section making edits as needed. CM noted to add a statement regarding telehealth/virtual services for Support Broker, verbiage for telehealth and designee for Self Direction, and a statement regarding the use of telehealth for Care Management services. Other changes included adding Meredith's diagnosis of Chron's, Com Hab staff supporting on medical appointments, and the presence of her pets in her home. CM then reviewed Section 2 with Meredith's outcomes noting to change the goal where staff support on dental appointments to supports on medical appointments to cover any medical appointments where Meredith may need staff assistance. Section 3 was reviewed and it was noted that no changes were needed for Meredith's safeguards. Section 4 was reviewed to confirm all providers and units were present and correct. Section 5 and the DOH 5055 were reviewed noting no changes needed at this time. CM asked Ellis if she felt that the plan reflected Meredith's needs, desires and goals as discussed prior to the meeting. CM asked if there were any unmet needs at this time that care management could support with. CM thanked the team for meeting and noted due to the uncertainty in Meredith's family's schedule that CM will reach out to the team in approx. 4- 5 months to schedule a semi annual meeting and will distribute the draft via email when</p>
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available.

Response: Ellis welcomed CM and then Meredith came to greet CM. Meredith said hello and responded to CM's questions in full sentences. Meredith appeared well and was dressed in comfortable weather appropriate clothing and sneakers. Meredith appeared to have some congestion which is related to a cold she is currently getting over. Meredith shared with CM that she is happy with her goals and that she still doesn't understand money and wants to get better with that. Meredith also reported that she had her colonoscopy which went well along with having some stomach troubles. Meredith stated that she was happy with the goals and was okay with her mom advocating on her behalf. Meredith was excited to be going out with one of her com hab staff today. The team agreed that they will be able to continue to support Meredith in developing her money skills through several of her other outcomes which have her in the community where she may need to make purchases. Ellis shared that Meredith has been diagnosed with Chron's following her recent colonoscopy and will be discussing changes in her treatment 11/27 with her gastroenterologist likely including a change to an injectable medication. Ellis requested that Com Hab staff be able to accompany Meredith on medical appointments as needed. Gloria suggested changing a goal in section 2 from 'dental' to 'medical' to cover any form of medical appointments. Jennifer confirmed that staff can be paid their hourly rate, but may not charge for mileage when assisting with medical appointments. Gloria & Jennifer provided language that was approved by Ellis regarding telehealth for brokerage, self direction services and being the designee for self direction. Ellis requested to add the telehealth option for Care Management as well to minimize the chances of members of the household becoming ill and due to the busy schedule currently. It was reviewed that Meredith has been doing a great job staying busy, working on each goal through varied activities including classes, hiking, socializing, practicing independent living skills through baking and by continuously working on improving safety skills. Ellis expressed that the plan looks good and all changes are in line with what Meredith requested and needs. Ellis noted no unmet needs at this time as Meredith has many staff (9) who are flexible and help provide services consistently.

Plan: CM will continue to monitor and support Meredith and her circle of support in maintaining a healthy, happy, safe, & supported lifestyle.

**Comments And Satisfaction :**

Prior to Meredith leaving with her Com Hab staff she provided input and approval for the changes she requested along with approving her mother, Ellis advocating on her behalf. Ellis approved the plan changes discussed and felt that Meredith would be happy with her plan.

**Section I**

**ASSESSMENT NARRATIVE SUMMARY**

**This section includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, reasonable accommodations, cultural considerations, meaningful activities, challenges, etc., learned during the person - centered planning process, record review and any assessments reviewed and / or completed.**

**Introducing Me**

My name is Meredith. My birthday is November 10, 1996. I live at home with my parents, Ellis and Thatcher and a dog and a cat in Medford. I am Protestant, but I do not actively participate in services. I enjoy celebrating the holidays. I enjoy going out into the community with my com hab staff. I am taking a theater class, cooking class and art class in person and I take a vocal class virtually. I like doing puzzles, reading and playing on my iPad. I am able to ambulate independently. I use the handrails going up and down the stairs. I require assistance with my ADL's and IADL's. I need help picking out weather appropriate clothing. I cannot be left home alone. I am able to communicate with words.

I require Range of Scan supervision. I can travel in cars and buses but need full assistance. I do not have money exchange skills however I would like to work on improving my knowledge of money through my work with my Com Hab staff in increasing independent living skills. I enjoy taking walks with my com hab staff. I like to go out to eat in restaurants. I am over eighteen, but I am not a registered voter.

I choose to participate in self-directed services since 5/1/2017 to increase my independence and integration at home and in the community. My family and I work with a support broker, Gloria Ollerenshaw and Resource Center for Independent Living (RCIL) to continuously develop, maintain and update my self-direction budget and Staff Action Plan. I would like my mother (Ellis Grey), to be my Designee to manage my Self-Direction budget and services. I would like to access Telehealth, as needed, in order to continue utilizing my self-hired staffing supports and other Self-Direction services. I wish to access my self-directed services both in and out of NYS.

My budget allows for community habilitation support staff. My staff helps me to investigate options in community classes as I wish to be a lifelong learner. My staff also helps me to find organization memberships to pursue my interests. When out in the community with my family their mileage is reimbursable through the Personal Use Transportation budget line. When family is not available, my staff provides transportation to all activities. My budget helps my staff cover mileage through the Service Transportation budget line. My staff's admission fees, certain meals and other costs are covered through the Staff Activity budget line when supporting me in activities working on a goal. I use the Clothing budget line to replenish certain items while working on my money exchange skills. I utilize Family Reimbursed Respite as a resource and support in meeting my needs, as well as to provide oversight when my primary caregivers are unavailable. I have IDGS which covers the fees for camp. I receive my broker services via telehealth/ remote methods.

I request telehealth services to replace some of my in-person visits. My Care Manager explained to me (my parent or representative, if applicable) that I must be in a private place during our telehealth meeting to ensure that my health information is not accidentally shared with others. My Care Manager let me know that during telehealth visits, my Care Manager and I will both need to be on camera, and we both must be able to hear and see each other. I know that I can change my mind at any time. My Care Manager made clear that even with this request, I can always request in-person meetings any time they are needed.

My parents are my legal guardian and my mother is my representative payee. I have GHI insurance. I have Medicaid and receive SSI and SNAP benefits.

### My Home

I live in the suburbs in a split-level home. I am aware of other living arrangements; however, I want to stay with my parents in my home as I have a great quality of life with them. My room is located upstairs, it is decorated with things that interest me. I am unable to dial 911 nor could I report an emergency. There are smoke detectors as well as carbon monoxide detectors on each level located in my home. There is a fire extinguisher too. There are two means of egress from my home. I require verbal prompting to evacuate in case of an emergency. I require Range of Scan supervision while in my home with Com Hab staff and with my family to reduce the likelihood of harm. I have a dog and a cat. I am happy in my home.

### Let Me Tell You About My Day

I maintain an active lifestyle and enjoy staying busy in my community. I spend my day engaging in many activities I enjoy with com hab staff to support me. I enjoy going to the movies, GiGi's Playhouse and to several community classes. I go to an art class, cooking class and participate in a theater program. I take vocal lessons online. While I am at home I enjoy doing puzzles. I have also been taking four mile hikes with my com hab staff to stay fit. I also run a school store at Eagle Elementary School which I use the profits of to donate to my late sister's scholarship fund. I enjoy going to Camp Pa Qua Tuk each year and look forward to going to camp for a week in July and a week in August. While in the community both with my com hab staff and family I require Range of Scan supervision to ensure I am safe.

### My Health and My Medications

My primary developmental disability is intellectual disability. I have diagnoses of ulcerative colitis, Chron's disease, psoriasis and partial trisomy 16 which is a chromosome disorder. I have a history of scoliosis however this was corrected through surgery in 2015. It was discovered that I have malrotation of my intestines, which likely has been present since birth. I had a 2nd colonoscopy in November 2023 which indicates I have Chron's disease and will be discussing options with my gastroenterologist at an upcoming appointment. I have internal hemorrhoids and am frequently constipated. I take Miralax, eat prunes, grapes and raisins to support good bowel health. I receive IV medication every six weeks to treat my

ulcerative colitis along with prescribed daily enemas which my mother gives me.

Type : Annual

I am fully ambulatory and I use handrails for support when I am walking up and down stairs. I use a shower chair for safety while showering. When I have health concerns, I do not report pain as I have a very high pain tolerance. My family and staff who know me well can observe slight changes in my behavior/ affect and assist in responding to medical concerns as needed. I have seasonal allergies. I do not have any food or medication allergies. However, after a surgical procedure I received oxycodone which I had an extremely negative reaction to. This medication affected my mental status which caused me to display severely unsafe behavior for an extended period of time. Due to this, my parents choose to not consent to oxycodone or any other opioid.

My mother makes my medical appointments and takes me to appointments and supports me in advocating. When necessary my Com Hab staff will assist me in attending medical appointments. When I attend dental appointments, I require the use of a papoose to keep me and my providers safe. My com hab staff has also been very helpful in supporting me on dental appointments by helping to reduce my anxiety. My mother gives me my medication and makes sure that my medications are refilled. I take my medications in applesauce and am compliant with all medications. In the event I am hospitalized, I would require a family member to assist me in understanding health care provider directives and to assist me in advocating for myself.

### My Relationships

I have a close relationship with my family. My parents are my biggest supporters and advocates. I have one sister, a brother-in-law and two nephews and a niece who live in Virginia who I enjoy going to visit. I had another sister who unfortunately passed away in 2008. I love spending time with my family and with my friends as well. I also have a close relationship with my support staff that I enjoy working with.

I am an extremely friendly and social person; however, it is important that my Range of Scan supervision is maintained as I lack boundaries and safety skills and am at risk of exploitation from strangers.

### My Happiness

I am a very happy young woman who loves socializing and being active in the community. I work with my support staff several times a week and love to explore new activities as well as participate in the activities I love such as art and music class. Currently I am doing a theater class and virtual voice lessons. I enjoy spending time at home playing on my iPad as well as going on road trips with my family. I love going out to eat with my family as well as my support staff. I do not have any behavioral concerns with the exception of lacking community safety skills.

### My School/ Learning

I attended Patchogue-Medford High School until I was 21 years old. I walked with my graduating class in June 2015. However, I attended school until 2017. I took life skills courses.

## Section II

### OUTCOMES AND SUPPORT STRATEGIES

**This section includes measurable/observable personal outcomes that are developed by the person and his/her IDT using person-centered planning. It describes provider goals and corresponding staff activities identified to meet the CCO goal / valued outcome. It captures the following information: goal description, valued outcomes, action steps, responsible party, service type, timeframe for action steps and Personal Outcome Measures. Evidence of achievement must be reflected in monthly notes from assigned providers.**

POM – Personal Outcome Measure	Individual Goal/Valued Outcome	Provider Assigned Goal/ Action Step (Type)	Provider (Program Name)	Service Type	Frequency  Quantity	Special Considerations

					Time Frame	
People interact with other members of the community	People decide their own goals	Assist person to actively develop personal goals <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	
People interact with other members of the community	To be more involved in community life	Other: Assist with trying new social/recreational opportunities <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	
People interact with other members of the community	To be more involved in community life	Other: Assist with staying fit and healthy <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	
People participate in the life of the community	To be more involved in community life	Assist with participating in a variety of community classes <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	
People participate in the life of the community	To be more independent	Assist with medical appointments in helping with anxiety <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing	

			<b>RCIL 0230-0230-LOCATION MAY VARY)</b>		<b>Time Frame :</b> Ongoing	
People participate in the life of the community	To be more involved in community life	Assist with travel safety and training <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	
People choose personal goals	To be more independent	Teach to call 911 <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	
People choose personal goals	To be more independent	Other: assist with ADL skills <b>(Goal)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing  <b>Quantity :</b> Ongoing  <b>Time Frame :</b> Ongoing	

## Section III

## Individual Safeguards/Individual Plan of Protection (IPOP)

Compilation of all supports and services needed for a person to remain safe, healthy and comfortable across all settings (including Part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety

Individual Goal/ Valued Outcome	Provider Assigned Goal/ Action Step  (Type)	Provider (Program Name)	Service Type	Frequency Quantity Time Frame	Special Considerations
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Provide support with evacuating in an emergency	Verbal prompting <b>(Support)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide the following supervision at home	Range of Sight or Scan <b>(Support)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide the following supervision in the community	Range of Sight or Scan <b>(Support)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide support with calling for help	Cannot call for help without assistance <b>(Support)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide support with personal hygiene	Provide extensive assistance <b>(Support)</b>	RESOURCE CTR F/INDEPENDENT LIVING, INC.  <b>(COMM HAB RCIL 0230-0230-LOCATION MAY VARY)</b>	Community Habilitation - Regular	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide support with personal hygiene	Provide extensive assistance <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	



Provide support with calling for help	Cannot call for help without assistance <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide support with taking medications as prescribed	Provide total assistance <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide the following supervision during the night	Use a monitor and responsible adult present <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide the following supervision in the community	Range of Sight or Scan <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide support with toileting	Provide supervision while in the bathroom <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	
Provide support with evacuating in an emergency	Verbal prompting <b>(Support)</b>	Natural Support <b>(Natural Support)</b>	Natural Support	<b>Frequency :</b> Ongoing <b>Quantity :</b> Ongoing <b>Time Frame :</b> Ongoing	

Provide support with using money	Provide extensive assistance (Support)	Natural Support (Natural Support)	Natural Support	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing	
Provide the following supervision at home	Range of Sight or Scan (Support)	Natural Support (Natural Support)	Natural Support	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing	

## Section IV

## HCBS Waiver and Medicaid State Plan Authorized Services

This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.

Authorized Service	Provider (Program Name)	Effective Dates	Quantity (Per)	Unit Of Measure (Total Units)	Duration	Authorization Status	Special Considerations
Community Habilitation - Regular	RESOURCE CTR F/INDEPENDENT LIVING (COMM HAB RCIL 0227)	05/01/2017		HOUR (0.00)	ONGOING	Approved	As per approved self-direction budget
Support Broker	RESOURCE CTR F/INDEPENDENT LIVING (BROKER RCIL 0227)	12/01/2016		HOUR (0.00)	ONGOING	Approved	Per approved self-direction budget. Gloria Ollerenshaw is my support broker.
Individual Directed Goods and Services	RESOURCE CTR F/INDEPENDENT LIVING (IDGS RCIL 0227)	05/01/2017		Expenditure (0.00)	ONGOING	Approved	Per approved self-direction budget
Fiscal Intermediary	RESOURCE CTR F/INDEPENDENT LIVING (FI RCIL 0227)	12/01/2016		MONTH (0.00)	ONGOING	Approved	Per approved self-direction budget

## Section V

**All Supports and Services; Funded and Natural/Community Resources**

**This section identifies the services and support givers in a person's life along with the needed contact information. Additionally, all Natural Supports and Community Resources that help the person be a valued individual of his or her community and live successfully on a day - to - day basis at home, at work, at school, or in other community locations should be listed with contact information as appropriate.**

<b>Relationship/Service Type</b>	<b>Name</b>	<b>Organization</b>	<b>Address</b>	<b>Phone (Email)</b>
Hospital		Stony Brook University Hospital	101 Nicolls Road Stony Brook NY 11794	631-689-8333
Pharmacy		Walgreens Pharmcay	2850 Route 112 Medford NY 11763	631-696-4018
Community Habilitation		RESOURCE CTR F/INDEPENDENT LIVING	131 GENESEE STREET P.O. BOX 210 Utica NY 13503	315-797-4642
Support Broker		RESOURCE CTR F/INDEPENDENT LIVING	131 GENESEE STREET P.O. BOX 210 Utica NY 13503	315-797-4642
Fiscal Intermediary, Circle of Support		RESOURCE CTR F/INDEPENDENT LIVING	131 GENESEE STREET P.O. BOX 210 Utica NY 13503	315-797-4642
Hospital		John T.Mather Hospital	75 North Country Road Port Jefferson NY 11777	631-473-1320
Individual Directed Goods and Services		RESOURCE CTR F/INDEPENDENT LIVING	131 GENESEE STREET P.O. BOX 210 Utica NY 13503	315-272-2941
Dentist		School of Dental Medicine Stony Brook	South Dr Stony Brook NY 11794	631-632-8989
Primary Care Physician	Richard Acona, MD	Dr. Ancona	300 Middle Country Rd. Smithtown NY 11787	631-979-6466
Care Management		ADVANCE CARE ALLIANCE OF NY, INC.	1410 BROADWAY 9TH FLOOR New York NY 10018	646-241-9823
Fiscal Intermediary, Circle of Support	Jennifer Camello	RESOURCE CTR F/INDEPENDENT LIVING	PO Box 210 Utica NY 13503	315-272-2941
DD Provider		0227 - LONG ISLAND DDSO	415A Oser Avenue Hauppauge NY 11788	631-434-6000
Gastroenterology	Farah Monzur, MD	N/A	300 Technology Drive suite 300 East Setauket NY 11733	631-444-5220

**Name :** Meredith Grey**Effective From :** 11/16/2023**Version :** 4.00**TABS ID:** 654321**Life Plan Type :** Annual**Status:** Finalized

Family Reimbursed Respite	FRR	Resource Center for Independent Living Inc.		315-797-4642
Other Than Personal Services	OTPS	Resource Center for Independent Living Inc.		315-797-4642
Support Broker, Circle of Support	Gloria Ollerenshaw	N/A	PO Box 210 Utica, NY 13503	315-793-1648
Sibling	Grey, Alexis		4321 Sherman Way Woodbridge VA 22192	631-333-3333
Mother, Emergency Contact, Primary Contact, Legal Guardian, Circle of Support	Grey, Ellis		456 Wallaby Way Medford NY 11763	631-987-6543
Father, Emergency Contact, Legal Guardian, Circle of Support	Grey, Thatcher		456 Wallaby Way Medford NY 11763	631-987-6543

**Member and/or Representative Approval**

<b>Member Name :</b> Grey,	<b>Member Approval Date :</b>	<b>Member Approval Method :</b>
Meredith <b>Representative</b>	12/20/2023	Scanned Signature
<b>1 Name :</b> Grey, Ellis	<b>Representative 1 Approval Date :</b>	<b>Representative 1 Approval Method :</b>
<b>Representative 2 Name :</b>	12/20/2023	Scanned Signature
	<b>Representative 2 Approval Date :</b>	<b>Representative 2 Approval Method :</b>
<b>Committee Approver :</b>	<b>Committee Approval Date :</b>	<b>Committee Approval Method :</b>
<b>Comments :</b>		

**Section VI****Acknowledgement and Agreements**

Notification Date	Name	Provider	Authorized Services	Acknowledge and Agree Status	Acknowledge and Agree Date	Acknowledge And Agree Method	Comments
No Records							

Documents			
Document Type	Document Valid From	Document Title	Attach Document
No Records			

\*Note: The following Medications, Allergies, Diagnoses, and Durable Medical Equipment are based on information gathered and believed to be accurate at time of Life Plan Finalization.

Medication	
Medication Name	End Date
No Records	

Allergies					
Allergy Name	Description	Reaction	Reaction Comments	Severity	End Date
Seasonal allergies	Other Allergy	Unknown		Unknown	

Diagnosis			
Diagnosis Code	Description/Comments	Type	End Date
F70	Intellectual disability (intellectual developmental disorder), Mild	Principal DD	
K51	Ulcerative colitis	Other	
Q92.8	Other specified trisomies and partial trisomies of autosomes	Other	

Durable Medical Equipment			Date of Review : 07/01/2018
Canes List	Crutches List	Walker List	Wheelchair List
Bathroom Equipment List	Hospital Bed Equipment List	Safety Equipment List	Seated Positioning Equipment List
		Handrails	
Dining Equipment List	Adaptive Equipment List	Environmental/ Home Modifications List	Miscellaneous List

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**Status:** Finalized

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Signatures
<b>Electronically Signed By:</b> Care Manager: Christina Yang(Care Manager) on 11/17/2023 at 12:51:17
<b>Electronically Signed By:</b> Care Manager Supervisor: Miranda Bailey(Assistant Director of Care Management) on 11/21/2023 at 01:53:16 PM