

## INDIVIDUAL AND COMMUNITY SUPPORTS - Plan

Version: 11/27/2012

### 1. Individual's Information

Individual's Name:	Ima Budget	Date of Birth:	11/27/1986	Sex:	Female
Street Address:	44 Holland Ave				
City/State/Zip:	Albany, New York 12229		County:	Albany	
Individual's Phone Number:	(555) 555-5555	Individual's E-mail:	ics@opwdd		
Medicaid ID Number:	dm55544	TABS ID Number:	55525		
Is the individual HCBS Waiver eligible/enrolled?	Yes	Have all other benefits been applied for, i.e., Food Stamps, HEAP, HUD, etc? Yes			
What type of plan is described in this document?	Both				
DDP Adaptive:	23.33	DDP Health:	8.00	DDP Behavior:	4.00
Is the individual: 1) less than 22 years old <u>and</u> 2) residing with parents or legal guardian <u>and</u> 3) eligible to receive or receiving services through the school district? Select "Yes" <b>ONLY</b> if all three criteria are met.					No
PRA Residential:	\$ -	PRA OTR:	\$ -	Both PRA:	\$ 96.355
Is this a first time plan submission, or is it an amendment of an already approved plan?					
Initial Plan					
This individual is requesting a housing subsidy:	Yes	This individual is interested in employment or employment supports: Yes			
Family/Circle Contact (optional):					
Mom Budget					
Contact Phone:	(555) 555-5566	Contact E-mail:	Mom@OPWDD		
DDSO:					
Capital District		Regional Office:	3 - Capital District, Taconic & Hudson Valley		
DDSO Contact:	Nicole W		DDSO Contact Phone:	(518) 307-0000	
DDSO Contact E-mail:	NicoleW@OPWDD.gov				
Service Coordinator's Name:					
Emilie W					
Street Address:	44 Holland Ave		City/State/Zip:	Albany, NY 12229	
Service Coordinator's Phone:	(518) 473-0000	Service Coordinator's E-mail:	Emilie@OPWDD.gov		
Agency Affiliation:	Big MSC Agency				

If accessing **only** a Housing Subsidy, stop here, go to the "Housing" tab below and complete the "Housing Subsidy" page.

If **only** purchasing services from an OPWDD provider, stop here and go to the "Service Budget" tab to enter the agency purchased services.

If accessing a Housing Subsidy and purchasing services from an OPWDD provider, stop here and:

- 1) go to the "Service Budget" tab to enter the agency purchased services, then
- 2) go to the "Housing" tab below and complete the "Housing Subsidy" page.

**If using a Financial Management Services agency (FMS), complete sections 2 - 8 below - required when self-directing staff or when using "Consultants/Community Vendor Supports," "Transportation Stipend" or "Other Than Personal Services Costs" ICS Budget categories**

### 2. Financial Management Services Agency (FMS) - required when self-directing staff or when using "Consultants/Community Vendor Supports," "Transportation Stipend" or "Other Than Personal Services Costs" ICS Budget categories

FMS Agency Name:	RCIL				
Street Address:	P.O Box 210		City/State/Zip:	Utica, New York 13503	
FMS Contact Name:	Tammy Capuana		FMS' Signature:		
FMS Contact E-mail:	tammyc@rcil		Signature Date:		
FMS Contact Phone:	(315) 497-4642	OPWDD Corp ID:	20400	Federal Employer ID:	222518284

<b>3. Broker's Name:</b>	Shelly O		Broker's Signature:		
Street Address:	45 Holland Ave		Signature Date:		
City/State/Zip:	Albany, NY 12229		Broker Phone:	(518) 473-0001	
Agency Affiliation	Another Big Agency		Broker E-mail:	Shelly@opwdd.gov	

<b>4. Individual's Signature</b> (indicates content approval) :	Signature Date:	
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### 5. Designations

Documents	Designee(s)
CSS Monthly Summary Note	Mom Budget
Employee Time Sheets/Daily Service Records	Dad Budget
Invoices/Service Records for Contracted/Vendor Services	Dad Budget
Individualized Services Plan & Budget Reviews & Amendments	Mom Budget & CPA Budget
Mileage Logs	Susan Circle
Other	

<b>6. Individual Profile - In the spaces provided, please briefly describe:</b>	
<b>Describe the individual's family situation, natural supports and Circle of Support. Is the individual living with family or living independently?</b>	Ima Budget lives at home with her family in the city of Albany. She has three siblings who are all grown up and have moved out of the house. Her brother CPA lives locally and is very active in her circle and helps her manage her budget and finances. Mom and Dad Budget are very supportive of Ima, and are happy to have her living at home, but are also supportive of Ima's wish to get her own apartment. Ima is planning to move into her own apartment within a month or two of when her CSS plan is approved, as soon as she has hired staff to support her and has located an apartment and gets furniture and essentials together. Ima's Circle is made up of her mother and father, her brother CPA, her friend from school Sue, one of her teachers Mrs. Ed, Mr. Italian Food from the deli down the street from her house and Mrs. Music, her choir director from church.
<b>Describe the individual's transportation capability, resources, and needs.</b>	Ima has never used public transportation independently, but wants to locate an apartment on or near a bus line so that she can learn to and learn to travel around the city, to the mall and to a job by herself. Her Circle is confident that with time and assistance she will attain this skill. Ima does know how to call a cab and knows how to pay and tip the driver. Ima would like to learn to drive eventually, but wants to wait until she is settled in her apartment and gets a job so she can support a car. Her parents are willing to teach her to drive and will even pay for her to have driving lessons, but they want her to purchase and support her own car.
<b>Is the individual now successfully employed, in need of employment supports or interested in working toward employment?</b>	Ima is interested in employment and has built job supports into her plan. With the help of her Circle, she has lined up a position working in a neighborhood restaurant as an assistant in the dining room clearing and setting the tables at lunchtime on Tuesdays, Wednesday and Thursday for \$7.25 an hour.
<b>Describe relevant information about the individual's disability and health.</b>	Ima's general health is good. She has Hydrocephalous and a muscle disorder, Cervical Myelopathy, and mild Spinal Stenosis which affect her spinal cord. Ima's muscle tone is affected by these disorders. It is important for her to exercise regularly to maintain/improve her muscle tone.
<b>Describe the services the individual is currently receiving from any source.</b>	Ima currently has MSC, some waiver respite and a recreation program through FSS. She has been receiving job skill enhancement and job development through ACCES-VR, but is ready to transition to long term supports through OPWDD.
<b>Other?</b>	

7. Valued Outcomes	
1. Valued Outcome:	Ima wants to increase her independence, improve her independent living skills and live independently in her own apartment.
Supports/Services:	Staff will assist Ima with: *money management/bill paying and banking via a Financial/Budgeting Assistant *learning how to manage the daily/yearly responsibilities of taking care of her apartment *meal planning, shopping, and preparation and developing techniques to become more independent with these skills
2. Valued Outcome:	Ima wants to learn to travel independently around her community.
Supports/Services:	Staff will assist Ima with: *support and transportation with accomplishing her community errands until she learns the methods of getting these completed independently *exploring the possible transportation options to appointments, events, and activities *learning how and who to ask for things like rides to activities
3. Valued Outcome:	Ima wants to become more independent by developing natural supports to enable her to rely less on agency/staff supports
Supports/Services:	Staff will assist Ima with: *helping keep Ima connected to people in the community *keeping an address book and calendar. *learning how to become more integrated into community activities like bowling, church functions/committees, community errands
4. Valued Outcome:	Ima wants to maintain her health and fitness
Supports/Services:	Staff will assist Ima with: *learning to maintain her weekly medications, medication ordering and necessary medical appointments, scheduling appointments, putting them on her calendar, and arranging to have support at the appointments to manage the information regarding changes in medications, referrals and follow-up.
5. Valued Outcome:	Ima wants to succeed at her job and become a valued employee.
Supports/Services:	Staff will assist Ima with: *learning the best way to do the tasks assigned to her at work and complete them successfully *learn appropriate behaviors related to her job, such as arriving on time, behaving appropriately
6. Valued Outcome:	
Supports/Services:	
7. Valued Outcome:	
Supports/Services:	
8. Valued Outcome:	
Supports/Services:	

8. Safeguards - Areas	Expected result:	Supports and services to address this Safeguard:	Who is responsible for training staff on this Safeguard?
<b>Guardianship</b> - (responsible party)	Ima does not have a legal guardian.	NA	NA
<b>Fire Safety</b> - (evacuation capability, assistance supports needed)	Ima is able to respond promptly to a fire alarm and knows how to dial 911.	Staff will reinforce appropriate behavior and will practice with Ima once a month.	Mom Budget & Ima's Circle
<b>Emergency Planning</b> – (responsible party to assist individual to develop and carry out emergency plans (sheltering in place, identifying a plan and location if the individual needs to relocate)	Ima's family lives near by and commits to ensuring that she has appropriate supports in case of emergency. Mr. Italian Food has agreed to be back-up if they are not available.	Ima and staff will know how to contact Mom Budget and Mr. Italian Food in case of need. Staff will confirm plan with Ima monthly.	Mom Budget & Ima's Circle
<b>Medication Administration</b> - (self-administering or supports needed)	Ima is self-medicating.	Staff will let Mom and Circle know if they see any cause for concern.	Mom Budget & Ima's Circle
<b>Informed Consent for General Non-Emergency Medical Procedures</b> - (responsible party who may give consent)	Ima is self-consenting		Mom Budget & Ima's Circle
<b>Informed Consent for Psychotropic Medication</b> - (responsible party who may give consent)	Ima is self-consenting		Mom Budget & Ima's Circle
<b>Budgeting</b> - (money management)	Ima will review her spending money budget each week and her ICS budget each month to confirm that her spending is appropriate	Staff will assist Ima to review her personal spending and her ICS budget to identify areas where she is overspending or underspending . Ima and her Circle will monitor her spending patterns at each Circle meeting to make sure that her plan is structured appropriately and no changes need to be made.	Ima's Circle
<b>Medical/Health Concerns/Reactions</b> - (asthma, allergies, conditions, aspiration, medication sensitivities, e.g., dairy, peanuts, ingestion difficulties, etc.)	Ima will stay in good health.	Staff will review Ima's dietary and health needs with her and help her make informed decisions.	Mom Budget & Ima's Circle
<b>Nutritional Concerns</b> - (precautions regarding intake)	NA		
<b>Protective Oversight/Level of Supervision</b> - (level of supervision or verbal direction required; special circumstances, if any)	Ima does not require constant supervision.		
<b>Transportation</b> - (self traveler or supports needed)	Ima will travel safely in her community	Staff will assist Ima to make travel decisions about how best to travel to specific locations, will conduct specific travel training with ther until she is comfortable acting independently and will shadow her for several trips until it is clear that she is comfortable with each specific trip.	Mom Budget & Ima's Circle
<b>Communication Connections</b> - (include emergency strategies needed, cell phone need, etc.)	Ima will request assistance successfully when she needs it.	Staff and Circle will work with Ima to identify situations when she needs to ask for assistance, and whom she should ask in each instance, and will help her practice asking for assistance (role modeling and then actual practice.)	Mom Budget & Ima's Circle
<b>Other</b> - (behavioral concerns, inappropriate social conduct, etc.)	NA		