



**Individual Service Plan**

**Span dates: 11/25/2012 to 11/24/2013**

**Effective: 6/17/2013**

**For: Linton, Donna June 19990461**

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## Choice, Options, and Cultural Integration - Services needed:

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Assessments                         | Begin Date/<br>End Date          | Type/<br>Funding   | Providers  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|--------------------|------------|
| <p>Donna loves cats. Donna's been married before and states that she won't marry again. Donna has an adult son named Kenny who lives in Woodsville in southern Ohio. She talks to Kenny periodically over the phone and worries about him. Donna asked her sister if her son moved. She stated that she needed his phone number. Donna's sister is going to look into this. Donna stated that she would like to see her mother more. Team discussed that staff could take Donna to visit her mom at a neutral location. Donna's guardian is going to call Donna's mother and caregiver to discuss this.</p> <p><b>Guardianship:</b><br/>Donna was appointed a guardian on March 3, 2012. Her guardian is <b>Robert Rischitelli</b>. Donna's guardian monitors and ensure services and supports are appropriate, ensures her health and safety, ensures that she is given choices and options, and that her rights are not violated. Guardian powers are all powers conferred by the laws of Ohio and rules of the Court over Donna (person only); case number 2011 GA 00113. Guardian powers, until revoked, are for an indefinite time period. Donna has a guardian due to her cognitive disability. Her diagnosis will not change, thus her need for guardianship is permanent. Should there be any changes in her competency the team will re-discuss the need for services including guardianship to ensure she is receiving services in the least restrictive manner. The team feels that guardianship for Donna is appropriate and will continue indefinitely due to his inability to give informed consent. Even though Donna has a guardian, she is encouraged to have input regarding all aspects that effect her life. With guidance from her guardian, Donna is able to choose where and who she lives with, where she works and her leisure activities. Donna states that she understands her rights and did not want SSA to read them to her at her</p> | <p>Interest Survey - 09-10-2012</p> | <p>11/25/2012<br/>11/24/2013</p> | <p>N/A<br/>N/A</p> | <p>N/A</p> |

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annual team meeting. Donna stated that she can read them herself.

**Successor Guardian:**

Should something happen to Donna's guardian and he is unable to continue to serve Donna, the team will seek probate court for all decisions and meet to determine a successor guardian as soon as possible.

**Advocate:** Patricia Baranek, sister

Donna does not have any religious and/or cultural traditions/practices that effect the way that her services are delivered.

Donna attends and participates in all of her team meetings.

Donna has not appointed a Chosen Representative at this time. Donna is not a registered voter. Donna does not wish to register to vote at this time.

**Service and Support Administration Needs and Preferences - Services needed:**

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Assessments                                                           | Begin Date/<br>End Date             | Type/<br>Funding           | Providers                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|----------------------------|---------------------------------------------------------------------------------------------|
| <p>Donna receives Summit DD services. Donna's assigned Service and Support Administration Coordinator (SSAC) she will:</p> <ul style="list-style-type: none"> <li>-Be responsible for the development of a person-centered plan that promotes self-determination for Donna.</li> <li>-Assist Donna and her family/guardian to explore and obtain services and supports from a variety of available resources within her community, as appropriate.</li> <li>-Assure that services delivered are in compliance with DODD regulations.</li> <li>-Act as the single point of contact for Donna and her providers.</li> <li>-SSA will help Donna with assessments, individual service planning, establishing a budget for services, coordinating and monitoring the services and supports described in the service plan, selecting providers as needed, and making referrals as needed.</li> <li>-This plan shall be monitored once a year. Team will meet once a year. Any team members can request a special team meeting throughout her span year.</li> </ul> | <p>OEDI - 11-10-2004</p> <p>Service Level Assessment - 12-28-2004</p> | <p>11/25/2012</p> <p>11/24/2013</p> | <p>SSA</p> <p>Medicaid</p> | <p>County of Summit Board of DD - SSA Program manager/Administrator as needed as needed</p> |

**Available unpaid / natural supports - Services needed:**

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Assessments                                               | Begin Date/<br>End Date          | Type/<br>Funding                | Providers               |
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| <p>Donna's sister Patty has helped Donna for years. She helped her find and get set up in Leo Dugan apartments and get her government benefits. Patty helps Donna with financial management issues when needed. She has coordinated and facilitated medical appointments to help Donna with understanding the need for medical treatment with her anger issues. Patty has helped Donna in the past with vet appointments for her cats, transportation to/from appointments &amp; activities. Donna often spends holidays with Patty as well. Patty continues to attend service plan meetings, assists with doctor appointments and trouble shoot when needed to support Donna. Patty is Donna's payee. There is no set schedule for Donna's natural supports. Donna lives in a congregate setting so if her natural supports are not able to provide services, her staff is available 24/7.</p> <p>Donna sees her mother and some of her other siblings for social occasions. Occasionally, Donna talks to her son on the phone.</p> <p>Donna expressed at her annual team meeting that she would like to visit with her mother. Her mother lives with another sister in Akron. Patty stated that she is not sure what the mental status of her mother is and that she doesn't have much contact her sister or mother. Team discussed that maybe arrangements could be made for Donna to meet her mom in a neutral location. Donna's guardian will attempt to get in contact with Donna's mother to set this up. Donna also informed Patty that she needs her son's phone number so that she can call him.</p> | <p>Ohio Developmental Disability Profile - 09-11-2012</p> | <p>11/25/2012<br/>11/24/2013</p> | <p>HPC<br/>Natural Supports</p> | <p>Natural Supports</p> |

## Health Services and Supports and Preferences - Diagnosis(es):

| Diagnosis(es)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Assessments                                                                                                                                                                                                                                                                                                                         | Begin Date/<br>End Date             | Type/<br>Funding            | Providers                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|-------------------------------------------|
| <p><b>Diagnosis:</b><br/>Mild Mental Retardation, Diabetes, Anxiety Disorder, Impulse Control Disorder, Bilateral, Carpal Tunnel Syndrome, Visually Impaired, Left Ear Hearing Impairment, Degenerative Disc Disease, Severe arthritis in feet, Dementia, Early Onset Alzheimer, Mild High Cholesterol (per blood work results on 7/12/12)</p> <p><b>Hospitalizations:</b><br/>Donna was admitted to St Thomas Hospital psychiatric unit in April of 2011 where she was evaluated and diagnosed with Dementia and early onset Alzheimer. She was discharged from the hospital on 5-9-11 and went to Mason Annie nursing home for further evaluation. On 5/13/11 she had an outburst and was admitted to Akron General Hospital. In mid July Donna was admitted to the hospital for salmonella and in August 2011 she was admitted to Akron City Hospital with C Diff. Donna's behaviors have since improved.</p> <p><b>Diet:</b><br/>Donna is on a diabetic 1500 calorie diet and follows nutrition guidelines for diabetes. Donna has a Daily Food Diary that is kept at the Maplepark home and documented in daily after meals and snacks. Staff document blood sugar readings before breakfast as well as 2 hours after dinner. Food items offered, food items agreed upon, serving size, amount of food consumed, number of carbohydrates and number of proteins are recorded. <b>Effective 12/11/12 food diary has been discontinued. Protein levels are monitoring through blood work as ordered by Donna's doctors. If protein levels are not within limits on future blood work, team can discuss re-implementing food diary.</b></p> <p><b>Allergies:</b><br/>Donna does not have any known food or drug allergies.</p> | <p>Adult Diagnostic Assessment - 04-30-2010</p> <p>Audiology - 06-18-1999</p> <p>Gynecological Exam - 04-07-2012</p> <p>Mammography - 04-04-2012</p> <p>Medical Evaluation - 10-27-2009</p> <p>Neurological Evaluation - 04-03-2013</p> <p>Ohio Developmental Disability Profile - 09-28-2012</p> <p>Ophthalmology Assessment -</p> | <p>11/25/2012</p> <p>11/24/2013</p> | <p>HPC</p> <p>IO Waiver</p> | <p>EVANT, Inc. Direct care daily span</p> |



**Medical Insurance:**

Donna has medicaid (774097355202) and medicare (294562910A). Donna's medicaid and medicare cards are kept in her medical book at the Maplepark home.

**Medical Appointments:**

Evant will schedule, run and provide documentation of appointments and any follow up recommended by her doctors to SSA. Donna's sisters like to be notified of all appointments. They will try to attend when they are available. Evant will schedule and transport Donna to all appointments. Dr. Wohl has asked that Donna's sister not come back in the room during her psych appts.

**Hospital Preference:**

Donna's hospital of choice is any Summa facility. In the event of a medical emergency or life threatening event, Donna is to go to the nearest hospital.

**Living Will:**

Donna has a living will. Donna's sister, Patricia Baranek, is Donna's Healthcare Power of Attorney.

**Current Medications Per Physician's Orders:**

Ferrous Sulfate 325 mg by mouth once a day prescribed for anemia  
 Januvia 50 mg by mouth once a day prescribed for diabetes  
 Paroxetine HCL (Paxil) 30 mg by mouth once a day prescribed for Impulse Control Disorder  
 Risperidone .5 mg by mouth twice a day prescribed for Impulse Control Disorder  
 Valproic Acid 250 mg/ 5ml (Depakene) 250 mg/5ml solution give 5 ml by mouth three times a day prescribed for Impulse Control Disorder  
 Lovaza 1 gm by mouth 2 capsules (2 grams) twice daily for cholesterol  
 1/3/13 Prevastatin Sodium 20 mg by mouth twice a day for cholesterol

**Over the Counter Medications:**

Donna has over the counter medications prescribed by her doctor. Standing house orders are attached to this ISP.

05-08-2012

Podiatry Exam  
 - 03-16-2013

Psychiatric  
 Evaluation -  
 04-04-2006

Psychological  
 Assessment /  
 Evaluation -  
 06-09-1999

Self-  
 Administration  
 Medication  
 Assessment -  
 08-01-2012

Self-  
 Administration  
 Medication  
 Assessment -  
 08-13-2012

Self-  
 Administration  
 Medication  
 Assessment -  
 09-11-2012

**Medication Side Effects:**

Donna's doctors review the side effects of her medications at her appointments. Staff will report any observed side effects to her doctors.

**Medication Administration:**

A Self Administration Assessment was completed on 9/11/12. Team is in agreement with results of the Self Medication Assessment that state Donna is unable to self administer with or without assistance. Donna needs certified staff to administer her medication. Donna lives in a 5 bed or less setting and will receive her medication from staff that have a Level One Certification for medication administration.

A Self-Administration Assessment was completed on August 1, 2012 by the Cuyahoga Falls Center nurse. Results state that Donna is unable to self administer with or without assistance. Donna needs certified staff to administer her medication. Donna receives delegated nursing services per the State Delegated Nursing rules.

Donna had a Self-Assessment for Using a Glucometer completed on August 13, 2012. Results state Donna can perform BGM with assistance. Donna receives assistance with BGM through staff physically handing the equipment needed to Donna. Staff record Donna's BGM for her. Donna's BGM are to be completed before breakfast and 2 hours after dinner.

**Donna's doctor is to be called if her blood sugar is less than 60 or more than 300.**

## Medical providers

Medical Provider Dr. Bedrick, Primary Care Physician

Medical Provider Contact  
Phone 330-926-1955

Medical Provider Contact  
Email

Medical Provider Address 1860 State Road

Medical Provider Address2

Medical Provider City Cuyahoga Falls

Medical Provider State Ohio

Medical Provider Zip 44223

### Notes

Last appointment 8/21/12 for cold symptoms; 10/30/12 Annual Physical completed.

Medical Provider Dr. Wohl, Psychologist

Medical Provider Contact  
Phone 330-745-7263

Medical Provider Contact  
Email

Medical Provider Address 201 5th St. Suite 4

Medical Provider Address2

Medical Provider City Barberton

Medical Provider State Ohio

Medical Provider Zip

### Notes

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last appointment 7/25/12; sees every 3 months

Medical Provider            Locust Dental  
Medical Provider Contact    330-535-7876  
Phone  
Medical Provider Contact  
Email  
Medical Provider Address    300 Locust St. #430  
Medical Provider Address2  
Medical Provider City        Akron  
Medical Provider State        Ohio  
Medical Provider Zip         44302

Notes

Needs new dentist due to current provider no longer accepting medicare/medicaid; 1/8/13 check up/cleaning and 1/23/13 fillings filled

Medical Provider            Dr. Susan Clark, Gynecologist  
Medical Provider Contact    330-825-2355  
Phone  
Medical Provider Contact  
Email  
Medical Provider Address    1309 Norton Ave. Suite 100  
Medical Provider Address2  
Medical Provider City        Norton  
Medical Provider State        Ohio  
Medical Provider Zip         44203

Notes

History of abnormal paps. 4/4/12 mammogram; results were normal

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Medical Provider Dr. Priluck, Eye Doctor

Medical Provider Contact Phone 330-375-4831

Medical Provider Contact Email

Medical Provider Address 75 S. Arch St. Suite 202

Medical Provider Address2

Medical Provider City Akron

Medical Provider State Ohio

Medical Provider Zip

Notes

5/8/12 no changes, continue wearing eye glasses and follow up in one year

Medical Provider Dr. Volfe, Podiatrist

Medical Provider Contact Phone 330-733-1546

Medical Provider Contact Email

Medical Provider Address 2040 East Market St. #1

Medical Provider Address2

Medical Provider City Akron

Medical Provider State Ohio

Medical Provider Zip 44312

Notes

Routine footcare completed every other month; last appointment 8/25/12. Dr. Volfre comes to the home to complete appointments. Routine appointments on 10/27/12, 1/12/13 and 3/16/13

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Medical Provider Dr. Mason, Neurologist

Medical Provider Contact  
Phone

Medical Provider Contact  
Email

Medical Provider Address 701 White Pond Drive Suite 300

Medical Provider Address2

Medical Provider City Akron

Medical Provider State Ohio

Medical Provider Zip 44320

**Notes**

appointment 3/19/12-follow up to CT scan. Tremors are related to medication. No treatment at this time.

4/3/13; Parkinsonism Tremor-drug induced from teh Depakote and Risperdal; symptoms due to medications and medications cannot be stopped because her behavior will be uncontrollable; no more follow up needed, can return PRN

## Professional Therapies (OT, PT, Speech) Services, Supports, and Preferences

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Assessments                                                                                                                                                    | Begin Date/<br>End Date             | Type/<br>Funding      | Providers  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|------------|
| <p>Donna is not in need of any therapeutic services at this time.</p> <p><b>Ambulation/Mobility:</b><br/>Donna is able to independently ambulate across environments without assistance. Donna has good gross and fine motor skills. Donna does not have any impairments regarding the use of her extremities.</p> <p><b>Communication/Speech:</b><br/>Donna is verbal and is able to express her wants and needs in a manner that others can understand her.</p> <p><b>Adaptive Equipment:</b><br/>Donna lost her hearing aid years ago but indicates she doesn't want another because they are uncomfortable to wear. Donna wears glasses due to a vision impairment and has upper dentures. Donna needs reminders to wear her dentures and that they are stored in a proper place so that she does not lose them.</p> | <p>Ohio Developmental Disability Profile - 09-28-2012</p> <p>Psychiatric Evaluation - 04-04-2006</p> <p>Psychological Assessment / Evaluation - 06-09-1999</p> | <p>11/25/2012</p> <p>11/24/2013</p> | <p>N/A</p> <p>N/A</p> | <p>N/A</p> |

## Personal Care Services, Supports, and Preferences

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Assessments                                                                                                                                                        | Begin Date/<br>End Date             | Type/<br>Funding      | Providers                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|--------------------------------|
| <p><b>Personal Care Tasks:</b><br/>Donna is independently able to care for herself in all personal care areas including bathing, grooming, dressing, toileting, and feeding. She does require verbal reminders to brush her teeth/care for her dentures and wash her hands after toileting. Donna does require extra time to complete these tasks. Donna has a special shower time since she can take up to two hours to complete her shower routine.</p> <p>Donna and her team are satisfied with the services that she is currently receiving.</p> <p><b>Domestic Tasks:</b> Donna is able to independently clean her bedroom. She requires assistance planning nutritious meals, shopping for, and preparing them. She is able to independently prepare small snacks and use the microwave. Donna is able to do her own laundry. There is no outdoor maintenance responsibilities for Donna due to living in an Summit house where maintenance men do lawn care and snow removal. They do house repairs as needed.</p> | <p>Adaptive Daily Living Skills Assessment - 09-10-2012</p> <p>Ohio Developmental Disability Profile - 09-28-2012</p> <p>Personal Care Assessment - 09-20-2011</p> | <p>11/25/2012</p> <p>11/24/2013</p> | <p>N/A</p> <p>N/A</p> | <p>EVANT, Inc. Direct care</p> |



## Behavior Support Services

| Services needed                                                                                                                     | Assessments                                                                                   | Begin Date/<br>End Date      | Type/<br>Funding                      | Providers |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|-----------|
| Donna does not have a behavior support plan. Donna does see a Psychologist for counseling that is funded through her medicaid card. | Psychiatric Evaluation - 04-04-2006<br><br>Psychological Assessment / Evaluation - 06-09-1999 | 11/25/2012<br><br>11/24/2013 | Professional supports<br><br>Medicaid | Other     |

## Rights &/or Privacy Restrictions & Measures to Restore

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Assessments | Begin Date/<br>End Date               | Type/<br>Funding        | Providers          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|-------------------------|--------------------|
| <p>Donna is fully aware of her rights. Rights are reviewed annually with her as well as a written copy provided in the Summit DD Handbook that is provided to Donna yearly. Donna, her sisters and her team ensure that her rights are upheld. Any violation of her rights will be reported as a MUI.</p> <p><b>Rights Restrictions:</b><br/>Donna has a visitor's list that is considered a rights restriction. SSA has completed a Rights Restriction Form that was submitted to the Multi-Purpose Committee for review. Visitors include all team members, Patty Baranek (sister), Sandra Rodovick (sister) and Mindy Owens (nieces). Team feels that a visitor list is needed at this time due to Donna's diagnosis of dementia and Alzheimer.</p> <p><b>Locked Areas in the Home:</b><br/>7/27/12 The knives are locked in Donna's home due to her housemate. Donna is able to access the knives at any time by asking staff to assist her. The thermostat in Donna's home is locked. Evant is in the process of having these locks removed. There is a staff office in the home that Donna has agreed to have in her home. <b>D/C 1/16/13-the knives and thermostat are no longer locked.</b></p> | <p>N/A</p>  | <p>11/25/2012<br/><br/>11/24/2013</p> | <p>N/A<br/><br/>N/A</p> | <p>EVANT, Inc.</p> |

## Home Environment Health, Safety, and Preferences

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Assessments                                                                                                                                                                                                                                                                                   | Begin Date/<br>End Date             | Type/<br>Funding            | Providers                                                          |
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| <p><b>Residence:</b><br/>Donna moved into an Evant congregate setting on 12/24/12 located at 4356 Maplepark Rd. in Stow. The house can accommodate up to four individuals. Donna's home is a four bedroom two story home. There are two bedrooms and a bathroom upstairs. There are two bedrooms, kitchen, dining room, living room and bathroom on the main floor. Donna's bedroom is located on the main floor. There is an enclosed patio off the dining room. The basement has an office for staff with a locked medicine cabinet, laundry facilities and living area. The typical staffing ratio of the home is 1: 4.</p> <p>Donna and her guardian are satisfied with her current residential placement.</p> <p><b>Level of Supervision for Awake Hours at Home:</b><br/>Donna's supervision level is auditory during awake hours. Donna can have up to two hours of alone time at home daily. <b>Effective 12/11/12, Donna's alone time in the home has been increased to 4 hours a day.</b></p> <p><b>Level of Supervision During Asleep Hours at Home:</b><br/>Staff are on site on call during sleep hours.</p> <p><b>Skill Development:</b><br/>Donna would like to care for her personal belongings and home. (Service provided up to 7 x per week; up to 15 minutes per session)</p> <p><b>Target Measure:</b><br/>100% participation for one consecutive year.</p> <p><b>Skill Development:</b><br/>Donna will brush her teeth 2 times a day and clean her dentures every</p> | <p>Adaptive Daily Living Skills Assessment - 09-10-2012</p> <p>Fire Safety Assessment - 09-10-2012</p> <p>Functional Assessment - 09-11-2012</p> <p>Ohio Developmental Disability Profile - 09-28-2012</p> <p>Protective Level of Care - 09-11-2012</p> <p>Safety Assessment - 04-11-2012</p> | <p>11/25/2012</p> <p>11/24/2013</p> | <p>HPC</p> <p>IO Waiver</p> | <p>EVANT, Inc. Direct care up to 24 hours a day up to 366 days</p> |

evening. (up to 2 times a day; 5-10 minutes)

**Target Measure:**

Donna will brush her teeth 2 times daily and clean her dentures one time daily 100% of the time for 12 consecutive months.

**Transportation for Residential Services:**

Transportation to and from appointments and community activities is provided by Evant Inc. See attached budget summary for details of monthly mileage and transportation ratios.

**Back Up Plan for Residential Services provided by Evant:**

Evant has a MOC (Manager on Call) that is available 24/7; 365 days a year. If there is a call off or an emergency where staff have to leave their shift, the MOC is called. The MOC is responsible to find staffing that meets the staffing ratios of the home per their ISP. Typical staffing pattern at Donna's home is 1:4. Evant has a specified congregate home that Donna would be taken to if her home at Maplepark was not able to be occupied. If Donna's home was not able to be lived in for an extended amount of time (i.e. fire, natural disaster, etc), Donna would stay with her sister, Patty, until the Team could meet to discuss options available to Donna.

**HOME EMERGENCY DRILLS**

1. Evant conducts monthly fire evacuation drills at the group home, rotating the drill between the three shifts.
2. Donna is usually independent responding to drills, but may need verbal prompting to evacuate the home during the drill.
3. Staff will provide monthly practice drills with Donna to maintain/improve her ability to respond to the fire alarm.
4. Evant conducts tornado drills monthly, March through September. Donna is cooperative with all emergency drills, but may require verbal prompting to participate.

Donna's home is equipped with a carbon monoxide detector. There are smoke detectors and fire extinguishers on every floor. Donna is able to independently respond to smoke detectors, severe weather alerts and

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tornado warnings. Donna can independently evacuate the home, choose and complete a back up strategy to exit the home and stays in the designated location. Staff are available to provide prompting as needed throughout the evacuation process. Donna's home is equipped with a bin with tornado supplies. House Manager is responsible to ensure that supplies are sufficient for the needs of the individuals in the home in case of an emergency. Donna does not require any environmental specifications to ensure her health and safety. Monthly home maintenance checklists are completed monthly by the house manager to ensure that safety and emergency equipment are maintained in good working condition. Any concerns are addressed by the maintenance department at Evant.

## Day Service Environment Health, Safety, and Preferences

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Assessments                                      | Begin Date/<br>End Date         | Type/<br>Funding               | Providers                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------|
| <p><b>Day Program:</b><br/>Donna began working at the Cuyahoga Falls Center located at 2355 Second Street Cuyahoga Falls, OH 44221 five days a week 10: 15am until 4: 15pm on 8/30/10. The Cuyahoga Falls Center is a single story handicap accessible building with an open floor plan for production groups, habilitation classrooms, SSA offices, restrooms, a multi-purpose room and a deck off of the multi-purpose room.</p> <p>The ODDD Acuity Assessment score determines the intensity of direct services staff time required by Donna when he/she is receiving Adult Day Support services. At this time Donna 's total assessment score is an A resulting in a required staff ratio of 1: 12.</p> <p><b>Level of Supervision at Day Program:</b><br/>Donna receives general level of supervision while at her day program. Staff are present and providing auditory supervision to the group. For designated individuals as identified by the Team, staff are in proximity to hear anything said or done by that individual. This level of supervision is intended for people that are basically safe in an unsupervised situation for short periods of time (going to the restroom) but need to be able to call for help should they need assistance. Donna can independently move throughout the building without direct supervision (from bus to program area, from program area to the cafeteria, from program area to the restroom, etc.).</p> <p><b>DAY PROGRAM EMERGENCY PROCEDURES</b><br/>1. Cuyahoga Falls Center conducts fire evacuation drills on a monthly basis and tornado drills monthly on a seasonal basis.<br/>2. Staff will continue to conduct the monthly drills to maintain/improve individual's ability to respond to emergency drills as independently as possible.</p> | <p>Acuity Assessment Instrument - 09-28-2012</p> | <p>11/25/2012<br/>6/14/2013</p> | <p>Day array<br/>IO Waiver</p> | <p>County of Summit Board of DD - Day Array Direct care up to 5 days a week up to 6 hours a day</p> |

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3. Donna is cooperative and is able to independently exit during fire drills. She will be provided verbal prompting to report to designated safe area during the drill and prompting on when it is safe to return to the building.
4. Donna will be provided verbal reinforcement for successfully completing safety drills.
5. In the event of an actual emergency and Donna should be wheeled or carried to a safe location if unable or unwilling to cooperate with the evacuation procedure.
6. Compliance and completion of evacuation procedures takes precedence over all other programming.

**Summit DD Day Services Back Up Plan:**

1. All Summit DD-Center Based service centers have identified sites to move persons served to in case of an emergency evacuation of the facility. In the event that a Summit DD center would need to be evacuated the site manager would contact the Director of Adult Services - Center Based, and based on the situation, would enact emergency evacuation plans based on the immediate situation
2. On an annual basis each center participates in drills that cover utility failure and site evacuation.
3. In the event of a natural disaster, man-made disaster, or other emergency persons served/guardians and SSAs will be notified when services will resume or an alternate location is secured.
4. There is a system in place for center based direct care professionals to report off work and substitutes are assigned to insure appropriate staffing levels are maintained at all times.

Donna completes piece work at her day program. Activities (puzzles, crafts, etc.) are supplies when there is down time.

**Work Objective:**

Donna will follow her work rules while at work.

**Work Goal:**

Successful completion of specified work rules for 12 consecutive months.

Work rules include the following: report to work on time, stay on task

|                                           |            |           |     |  |
|-------------------------------------------|------------|-----------|-----|--|
|                                           |            |           |     |  |
| Acuity Assessment Instrument - 09-28-2012 | 11/25/2012 | Day array | N/A |  |
| Nursing Evaluation - 07-30-2012           | 6/14/2013  | IO Waiver |     |  |
| Service                                   |            |           |     |  |

and follow direction when learning new jobs, monitor the quality control of work completed, cope with change in routine, personal situation, and working condition, positive social interactions and follow safety procedures.

Needs Annual Profile (SNAP) - 09-11-2012

**Staff provide the following services and supports to Donna while she is at her day program:**

1. Staff will provide general level of supervision. (daily; up to 6 hours)
2. Staff will verbally greet Donna each morning to assist in preparing her for the day. (1 x daily; 5 minutes)
3. Staff will provide systematic job training/or provide non-work activity. (daily; up to 6 hours)
4. Staff will prompt completion of and monitor Donna's SSO. (daily; up to 6 hours)
5. Staff will encourage Donna to engage in thematic activities. (monthly; as needed)

**Nursing Services:**

Hattie Larlham provides delegated nursing services to Donna while she is at her day program for medication administration. The nurse also completes an annual nursing assessment.

**Money at Day Program:**

Donna will keep \$10 at workshop that will be kept in a locked cabinet. Staff will ledger when the money is used. Teddi will notify Patricia Bedenak, Donna's sister, when Donna needs money for activities as Donna is responsible to bring this money in not Evant and when her \$10 needs replenished.

**Work History/ Competitive Employment:**

Donna has lost several jobs in the past few years due to difficulty in following work rules when she doesn't agree with them, getting along with her supervisors and coworkers, and anger control. Past history: Donna's worked at Doggie Day Care 6/08 - 9/5/09 but ended due to difficulty getting along with staff and coworkers. She tried a cleaning crew job at Hattie Larlham in the fall (10/7/09 - 11/7/09) but quit after a month due to not feeling comfortable being around all those handicapped people. Donna worked on a cleaning crew at the new Metro



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                 |                                |                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <p>Transit Center but quit after a month due to issues with having to do a time study test (1/12 - 2/19/09). In October of 2009 Donna agreed to begin working at the State Road Goodwill Store in their work experience program. It ended in 12/09 due to the same type of issues. On 3/10 Donna noted that she is interested in volunteering at the Humane Society. She attended an orientation and was told she would need a job coach to be able to volunteer. Donna was discharged in 5/10 due to lack of attendance.</p> <p>Due to Donna's diagnosis of Dementia and Alzheimer's, Donna is not a candidate for competitive employment. Team will continue to assess her appropriateness for competitive employment at her annual team meetings. Donna has expressed an interest in working at Doggie Daycare again. Team discussed this at length. Donna has some areas that she needs to focus on to be considered appropriate to go back to Doggie Daycare such as staying on task, appropriate interactions with her peers, and staying awake/focused while at work. Currently, there are no shifts available at Doggie Daycare that would work for Donna at this time. Donna's guardian is satisfied with the services provided at the Summit DD Cuyahoga Falls Center at this time.</p> |                                                  |                                 |                                |                                                                                                                               |
| <p>Donna attends the Solid Rock Day Program located at 10911 Market Ave, NW Uniontown, Ohio 44685. Donna will attend Solid Rock Monday through Friday from 9am-2:30pm. Solid Rock Day Program is a habilitation program. The main area of the day program is equipped with tables and chairs that are used to eat lunch and to complete crafts and/or work, a kitchen area and a sitting area to read books. The Day Program is attached to a barn that houses horses, cats, dogs, alpacas, a pot belly pig, and rabbits. The dogs and cats roam freely between the day program and barn.</p> <p><b>Donna's guardian has requested that Donna's sister, Patty Baranek, give notice to Solid Rock when she is planning to visit the day program. Visits should be scheduled so that they do not disrupt the day program activities.</b></p> <p>Donna will be provided two hours of paid work a day at the rate of \$7.85</p>                                                                                                                                                                                                                                                                                                                                                                       | <p>Acuity Assessment Instrument - 09-28-2012</p> | <p>6/17/2013<br/>11/24/2013</p> | <p>Day array<br/>IO Waiver</p> | <p>Solid Rock Adult Day Center, Inc. Direct care Up to 5 days per week Up to 6 hours per day<br/>6/17/2013<br/>11/24/2013</p> |

per hour. Habilitation activities are offered throughout the program day when paid work is not being completed. Some of the habilitation activities offered include but are not limited to games, crafts, leading the horses, grooming the horses, and animal therapy.

The ODDD Acuity Assessment score determines the intensity of direct services staff time required by Donna when he/she is receiving Adult Day Support services. At this time Donna 's total assessment score is an A resulting in a required staff ratio of 1:12.

**Level of Supervision at Day Program:**

Donna receives general level of supervision while at her day program. Staff are present and providing appropriate supervision to meet the medical, program and behavior needs. Staff to be in close proximity. Staff to be aware when Donna goes to the restroom, bus, or another area. If Donna's staff must leave the area, staff will inform another staff to provide supervision. Donna can walk throughout the day program without direct supervision as long as she notifies the staff when she is leaving the group. Donna can go to the barn area to spend time with the animals but must have staff with her in order to pet the horses. (Service provided up to 6 hours)

**Community Activities:**

Once a month, a paper will be sent home with any upcoming community outings and the cost of the outing that Solid Rock has planned. Donna will be responsible to bring her money to work if she wants to attend the activity. Staff will provide visual supervision on community outings.

**Skill Development:** Donna will complete a job task as instructed 85% of the time for one month. (daily; up to 6 hours)

**Skill Development:** Donna will demonstrate appropriate social skills independently in 95% of the sessions for 3 consecutive months over the next year.

**Emergency Procedures:** Fire drills, tornado drills, etc as required (1 x month)

**Back Up for Day Program Services:** Staff can be pulled from other areas to assist with vacancies. In the event of an emergency and it is unsafe for anyone to be at the building, all providers and caregivers will be notified. Transportation services will be notified. (Service provided as needed).

**Work History/ Competitive Employment:**

Donna has lost several jobs in the past few years due to difficulty in following work rules when she doesn't agree with them, getting along with her supervisors and coworkers, and anger control. Past history: Donna's worked at Doggie Day Care 6/08 - 9/5/09 but ended due to difficulty getting along with staff and coworkers. She tried a cleaning crew job at Hattie Larlham in the fall (10/7/09 - 11/7/09) but quit after a month due to not feeling comfortable being around all those handicapped people. Donna worked on a cleaning crew at the new Metro Transit Center but quit after a month due to issues with having to do a time study test (1/12 - 2/19/09). In October of 2009 Donna agreed to begin working at the State Road Goodwill Store in their work experience program. It ended in 12/09 due to the same type of issues. On 3/10 Donna noted that she is interested in volunteering at the Humane Society. She attended an orientation and was told she would need a job coach to be able to volunteer. Donna was discharged in 5/10 due to lack of attendance.

Due to Donna's diagnosis of Dementia and Alzheimer's, Donna is not a candidate for competitive employment. Team will continue to assess her appropriateness for competitive employment at her annual team meetings. Donna has expressed an interest in working at Doggie Daycare again. Team discussed this at length. Donna has some areas that she needs to focus on to be considered appropriate to go back to

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Doggie Daycare such as staying on task, appropriate interactions with her peers, and staying awake/focused while at work. Currently, there are no shifts available at Doggie Daycare that would work for Donna at this time. Donna's guardian is satisfied with the services provided at the Summit DD Cuyahoga Falls Center at this time.

## Community Integration - Services needed:

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Assessments                                                                                     | Begin Date/<br>End Date          | Type/<br>Funding         | Providers                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|--------------------------------------------------------------------|
| <p><b>Level of Supervision in the Community:</b><br/>                     Donna requires visual supervision in while in the community. She is accompanied by staff at all times while in the community. Donna does not possess the skills necessary to be unsupervised when in the community.</p> <p>Donna enjoys going on community activities. She especially enjoys going horse back riding at Here's Hope Horse Farm. Donna is currently taking lessons on Saturdays at 10:15am-11:00am. Donna is able to be dropped off and supervision will be provided by the staff at Here's Hope Horse Farms. Donna may also participate in a horse show or parade and supervision may be provided by the staff from the Horse Farm. Donna really enjoyed going to the Cleveland Aquarium. At home, Donna and her housemates go shopping, walking in the park, Flicks in the Falls, movies at the Kent Theater.</p> | <p>Ohio Developmental Disability Profile - 09-28-2012</p> <p>Safety Assessment - 04-11-2012</p> | <p>11/25/2012<br/>11/24/2013</p> | <p>HPC<br/>IO Waiver</p> | <p>EVANT, Inc.<br/>Direct care as scheduled length of activity</p> |

## Transportation Services, Supports, and Preferences - Services needed:

### Services needed

#### Nonmedical Transportation:

Donna is transported by a non-medical waiver certified transportation provider in an eligible vehicle, billing per trip two times a day five times a week.

#### Back Up Plan for NMT for Sara Davis:

Sarah Davis uses Gary Reid (330-957-6371) as her back up driver. Gary is a certified provider for nonmedical transportation. Team and Guardian are in agreement to use Gary Reid as a nonmedical transportation provider if Sarah is not available. The Team and the Guardian are aware that there are other state certified providers that can provide this service. Guardian is aware of the free choice of provider process and wants to bypass this process in an emergency situation when Sarah is unavailable to provide her services. Sarah will notify SSA immediately if Gary needs to be utilized so that billing can be processed. If at any time Sarah Davis is unable to continue as a nonmedical transportation provider for Donna, the team will meet to discuss other nonmedical transportation options including the free choice of provider process. It is requested that Sara Davis provide Donna with a thirty day written notice with intent to discontinue services if she is no longer able to provide services.

#### Inclement Weather and NMT:

If Sara Davis is not transporting due to inclement weather, it is at the discretion of Evant, Inc. to determine if they will drive Donna to work. If Evant decides to transport Donna to work on a day when Sarah Davis' transportation is not running due to inclement weather, it is Evant's responsibility to transport Donna home at the end of her work day. If Evant chooses not to transport on days that Summit DD is not running due to inclement weather, Donna will not attend work that day.

#### Level of Supervision for Nonmedical Transportation:

Donna can independently get on and off the bus at home and at work. Donna can independently enter her home when dropped off by her driver. Donna can independently leave her home when her transportation provider arrives in the mornings to pick her up.

|             |                       |                                           |            |                       |     |
|-------------|-----------------------|-------------------------------------------|------------|-----------------------|-----|
| Begin Date  | 11/25/2012            | End Date                                  | 6/14/2013  |                       |     |
| Type        | NMT<br>Transportation | Funding                                   | IO Waiver  |                       |     |
| Assessments |                       | Acuity Assessment Instrument - 09-28-2012 |            | Display full details? | Yes |
|             |                       | 2. Monday                                 | 3. Tuesday | 4. Wednesday          |     |

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Days of week needing transportation

5. Thursday                      6. Friday

Program Start Time            10:15am                      Program End Time            4:15pm

Pickup Address                4356                      Dropoff Address                Cuyahoga Falls Center 2355 Second St. Cuyahoga Falls, Oh. 44221  
Maplepark  
Rd. Stow Oh.  
44224

Level of supervision required            The individual does not require supervision

Independently ambulates?            Yes

Does Individual have a Behavior Support Plan?            No

Emergency contact # 1            Maggie Krivak 330-688-3367 or 330-920-1517

Emergency contact # 2            Patricia Baranek 330-882-3024

Day program contact            Teddi Dowey 330-634-8200

Alert Now #s (Please list 2 phone numbers)            330-688-3367 or 330-920-1517

Provider                              Davis, Sara

Other provider name

Provider Type                      Direct care

Frequency                          up to 5 days week; up to 2 trips per day

Duration                            span

Provider start date:

Provider end date:

## Transportation Services, Supports, and Preferences - Services needed:

### Services needed

#### Nonmedical Transportation:

Donna is transported by a non-medical waiver certified transportation provider in an eligible vehicle, billing per trip two times a day five times a week.

|                                                      |                                               |                         |                                            |             |
|------------------------------------------------------|-----------------------------------------------|-------------------------|--------------------------------------------|-------------|
| <b>Begin Date</b>                                    | 6/17/2013                                     | <b>End Date</b>         | 11/24/2013                                 |             |
| <b>Type</b>                                          |                                               | <b>Funding</b>          |                                            |             |
| <b>Assessments</b>                                   | Acuity Assessment Instrument - 09-28-2012     |                         |                                            |             |
|                                                      | Community Travel - 03-23-2005                 |                         |                                            |             |
|                                                      | Functional Assessment - 09-11-2012            |                         | <b>Display full details?</b>               | Yes         |
| <b>Days of week needing transportation</b>           | 2. Monday                                     | 3. Tuesday              | 4. Wednesday                               | 5. Thursday |
|                                                      | 6. Friday                                     |                         |                                            |             |
| <b>Program Start Time</b>                            | 9:00am                                        | <b>Program End Time</b> | 2:30pm                                     |             |
| <b>Pickup Address</b>                                | 4356<br>Maplepark<br>Road Stow,<br>Ohio 44224 | <b>Dropoff Address</b>  | 10911 Market Ave, NW Uniontown, Ohio 44685 |             |
| <b>Level of supervision required</b>                 | The individual does not require supervision   |                         |                                            |             |
| <b>Independently ambulates?</b>                      | Yes                                           |                         |                                            |             |
| <b>Does Individual have a Behavior Support Plan?</b> | No                                            |                         |                                            |             |
| <b>Emergency contact # 1</b>                         | Maggie Krivak 330-688-3367 or 330-920-1517    |                         |                                            |             |
| <b>Emergency contact # 2</b>                         | Patricia Baranek 330-882-3024                 |                         |                                            |             |
| <b>Day program contact</b>                           | Linda Hahn 330-414-1542                       |                         |                                            |             |
| <b>Alert Now #s (Please list</b>                     | 330-688-3367 or 330-920-1517                  |                         |                                            |             |



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2 phone numbers)

|                      |                                            |
|----------------------|--------------------------------------------|
| Provider             | Solid Rock Adult Day Center, Inc.          |
| Other provider name  |                                            |
| Provider Type        | Direct care                                |
| Frequency            | Up to 5 days a week; up to 2 trips per day |
| Duration             | length of trip                             |
| Provider start date: | 6/17/2013                                  |
| Provider end date:   | 11/24/2013                                 |

## Financial Services, Supports, and Preferences/Economic Self-Sufficiency

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Assessments                                                                                          | Begin Date/<br>End Date             | Type/<br>Funding                     | Providers  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|------------|
| <p>Patricia Baranek, Donna's sister is her payee and authorized representative at JFS. Patricia is responsible to ensure that her bills are paid and that her benefits are maintained. Evant Inc. bills Donna (bill goes to Patricia) for living expenses per the PRT. Patricia mails a check to Evant to cover Donna's cost of living (rent, utilities, etc.) Evant is responsible to provide a PRT to SSA. Evant is responsible to provide documentation of Donna's bills as requested for monitoring purposes and for verification of the PRT.</p> <p>Donna receives a \$724 SSDI check monthly which is direct deposited in her payee checking account at First Merit. Donna's receives a biweekly paycheck from Weaver Industries that is directly deposited into her payee account as well. Donna has a life insurance policy through AARP. Donna had a will drawn up by Walt Lawrence, an attorney in Tallmadge, in Nov. of 2008. Donna received medicaid (774097355202 effective 1/1/07) and has had medicare (294562910A since 7/05).</p> <p>When Donna needs money, her sister/payee takes the money out and gives it to Donna. Donna is responsible to manage the money independently that she receives from her sister. Day service staff will notify Patricia via email when there are scheduled activities at the Summit DD/Cuyahoga Falls Center that require money. Patricia will mail a check to Donna for the activity that she can cash and use towards her activity.</p> <p>Donna had a Capital One credit card. Patricia informed the team that the Capital One credit card is no longer valid. This account has gone to collections. No payment has been made on this account for over a year.</p> <p>Donna has AARP life insurance which is auto debit from the payee checking every month for the amount of \$19.98. She has a premium of</p> | <p>Ohio Developmental Disability Profile - 09-28-2012</p> <p>Personal Resource Tool - 09-11-2012</p> | <p>11/25/2012</p> <p>11/24/2013</p> | <p>Other</p> <p>Natural Supports</p> | <p>N/A</p> |

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\$5.40 per month. Donna's payee is working on getting her premium automatically deducted out of the payee account.

Donna will keep \$10 at the workshop to use to participate in activities/purchase items from time to time in vending machine. Staff will ledger money used. Staff will notify Donna's sister, Patty, when funds need replenished. Patty will send a check to Donna. Donna will cash the check and bring in the money to workshop to replenish her funds.

**UI / MUI - Services needed:**

| Services needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Assessments | Begin Date/<br>End Date               | Type/<br>Funding             | Providers                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|------------------------------|---------------------------------------------------------------------------------------------|
| <p>Unusual Incidents and MUI's (for the period of 11/25/11 to 9/11/12) were reviewed on this date. There were thirteen UI's and zero MUI's. No trends or patterns were noted.</p> <p><b>Unusual Incident Reports at Day Program:</b><br/>                     2/1/12 Donna was heard telling another person served a fatso and a pop-aholic. When asked by staff what she said she replied, " I told him he was a fatso and a pop-aholic." She was asked to apologize to the person served.<br/>                     2/16/12 Donna verbally assaulted another individual. Individual was visibly upset.<br/>                     6/7/12 When person served, Donna L. was leaving the center today, she told me she didn't get her afternoon medication. I told the driver, Donna's supervisor, and the center manager was notified.<br/>                     6/19/12 Donna L. was verbally abusing another individual. The other individual was very upset. Donna L. was then asked to stop but continued after staff left. Donna was again asked to stop by another staff.</p> <p><b>Unusual Incident Reports at Home:</b><br/>                     12/29/11 Med omitted-passed meds late<br/>                     1/29/12 med omitted-test strips out<br/>                     4/3/12 fall, coughing, choking, possible seizure-taken to ER by EMS and evaluated<br/>                     4/7/12 Pulled nail off toe<br/>                     5/28/12 sunburn on arms/nose<br/>                     7/19/12 Pulled off toenail<br/>                     8/12/12 Unobserved injury; scratch on leg<br/>                     8/20/12 Cold symptoms</p> | <p>N/A</p>  | <p>11/25/2012<br/><br/>11/24/2013</p> | <p>SSA<br/><br/>Medicaid</p> | <p>County of Summit Board of DD - SSA Program manager/Administrator as needed as needed</p> |

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9/2/12 Med omitted

1/25/13; UIR at work: Donna was unable to receive her meds because the clinic key was locked in the office. At the time the office key wasn't available. Home and nurse were notified. (Medication received when she returned home from work.)

3/7/13 Donna picked off her toenail.

## Assessments

| Assessment Type                       | Assessment Date | Was this assessment reviewed and deemed to be current? |
|---------------------------------------|-----------------|--------------------------------------------------------|
| Psychological Assessment / Evaluation | 6/9/1999        | Yes                                                    |
| Audiology                             | 6/18/1999       | Need update                                            |
| Neurological Evaluation               | 4/3/2013        | Yes                                                    |
| OEDI                                  | 11/10/2004      |                                                        |
| Service Level Assessment              | 12/28/2004      |                                                        |
| Community Travel                      | 3/23/2005       |                                                        |
| Social Work Assessment                | 7/14/2005       |                                                        |
| Psychiatric Evaluation                | 4/4/2006        |                                                        |
| Acuity Assessment Instrument          | 9/28/2012       | Yes                                                    |
| Gynecological Exam                    | 4/7/2012        |                                                        |
| Mammography                           | 4/4/2012        | Yes                                                    |
| Medical Evaluation                    | 10/27/2009      |                                                        |
| Podiatry Exam                         | 3/16/2013       | Yes                                                    |
| Social History                        | 9/10/2012       | Yes                                                    |
| Ophthalmology Assessment              | 5/8/2012        | Yes                                                    |
| Interest Survey                       | 9/10/2012       | Yes                                                    |
| Adult Diagnostic Assessment           | 4/30/2010       |                                                        |
| Personal Resource Tool                | 9/11/2012       | Yes                                                    |
| Safety Assessment                     | 4/11/2012       |                                                        |
| Ohio Developmental Disability Profile | 9/28/2012       | Yes                                                    |
| Fire Safety Assessment                | 9/10/2012       | Yes                                                    |

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|                                           |            |     |
|-------------------------------------------|------------|-----|
| Money & Shopping Skills                   | 9/20/2011  | Yes |
| Personal Care Assessment                  | 9/20/2011  | Yes |
| Clothing Inventory                        | 9/10/2012  | Yes |
| Adaptive Daily Living Skills Assessment   | 9/10/2012  | Yes |
| Nursing Evaluation                        | 7/30/2012  | Yes |
| Physician's Orders                        | 8/29/2012  | Yes |
| Self-Administration Medication Assessment | 8/13/2012  | Yes |
| Self-Administration Medication Assessment | 8/1/2012   | Yes |
| Counseling                                | 7/25/2012  | Yes |
| Self-Administration Medication Assessment | 9/11/2012  | Yes |
| Functional Assessment                     | 9/11/2012  | Yes |
| Protective Level of Care                  | 9/11/2012  | Yes |
| Service Needs Annual Profile (SNAP)       | 9/11/2012  | Yes |
| Personal Resource Tool                    | 11/1/2012  | Yes |
| Guardianship Expert Evaluation            | 4/12/2013  | Yes |
| Psychiatric Progress Notes                | 3/19/2013  | Yes |
| Annual Primary Medical Evaluation         | 10/30/2012 | Yes |
| Dental Evaluation                         | 1/23/2013  | Yes |

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## Attachments

| Attachment Description | Attached File                                         | Attachment Date |
|------------------------|-------------------------------------------------------|-----------------|
| PRT                    | <a href="#">PRT updated effect 7-9-12.xls</a>         | 7/9/2012        |
| signature page         | <a href="#">signature page 9-11-12.pdf</a>            | 9/11/2012       |
| budget summary         | <a href="#">signed BS 9-11-12.pdf</a>                 | 9/11/2012       |
| standing house orders  | <a href="#">standing house orders August 2012.pdf</a> | 8/23/2012       |
| PRT                    | <a href="#">PRT 11-1-12 new span.xls</a>              | 11/1/2012       |
| budget summary         | <a href="#">signed BS 10-19-12.pdf</a>                | 10/19/2012      |
| signature page         | <a href="#">signature page 12-11-12.pdf</a>           | 12/11/2012      |
| budget summary         | <a href="#">signed BS 6-7-13.pdf</a>                  | 6/7/2013        |

## Meetings - Meeting date: 09-11-2012

Meeting date 9/11/2012

Effective date 11/25/2012

### Purpose

The purpose of the meeting was to review current services and supports and to develop a plan that identifies services and supports needed to ensure health and safety for span year beginning 9/11/2012.

### Outcomes

Needed services and supports identified and agreed upon by team.

### Notes

On this date a formal annual ISP meeting was held with Donna at the Summit DD/Cuyahoga Falls Center, as per her request and the agreement of her team. SSA provided Donna with a copy of the Summit DD Handbook and the MUI Handbook for Families and reviewed their contents with her. All team members were invited to attend today's meeting. Please see the attached signature page for those members present.

Assessments used for the development of this plan were reviewed and deemed current by the team on this date. The team felt that the information provided from the assessment list of current assessments contains relevant information and was used to determine needed services and supports for Donna. All assessments noted above help derive the services and supports necessary for Donna to ensure her optimum health and safety. All assessments noted were submitted to Summit DD Records department for filing purposes. Donna needs an updated appointment with the Center for Senior Health. Maggie, House Manager, will schedule an appointment. Team also discussed that an updated audiological exam is needed. Maggie will schedule this as well. Patty, Donna's sister, informed that team that Donna's current dentist is no longer accepting medicaid. Maggie will assist in securing a dentist that takes medicaid. Patty suggest a place called Buckeye Dental. Maggie will look into this.

The team spent the next portion of the meeting defining services and supports needed by Donna for each current provider and determining whether any new or additional supports are indicated at this time. Donna is doing well at home. Donna assists with making dinner. Donna is doing well with her skill development of caring for her personal belongings. She is currently at 98.8% Donna will continue to work on this program. Maggie reported that Donna is going well with taking out her dentures and using her efferdent to soak them but still needs verbal prompts to brush her teeth. Team discussed developing and implementing a new skill development for brushing her teeth twice a day. Team was in agreement to have this as a new skill development. SSA will add Donna's new skill development for brushing her teeth to ISP once received from Maggie. Patty reported that Donna told her that she wanted to sit on

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the back patio one day but that it was dirty and needed cleaned. SSA asked Donna if she told staff or asked staff to help her clean the patio. She replied that she didn't. SSA explained to Donna that she needs to let staff know so that they can assist her. Donna has a bird feeder at the home. Donna needs to take responsibility to inform staff when she needs to go to the store to purchase more bird food and if she needs assistance filling the bird feeder. Donna also has a bike at the home but she reports that the tires need air. Again, she needs to take responsibility to inform staff of these things so that they can assist her. Team reviewed Donna having alone time in the home. Team is in agreement that Donna could have up to two hours of alone time per day. Maggie will have Donna assessed for a key to the home. Donna may be left at home to in the mornings and will be responsible to get on her van independently. If problems occur, Team will be notified.

Team discussed Donna closing her saving account at First Merit bank. Patty explained that it is difficult for her to get to the bank to transfer money so that she has enough money in her checking account to pay her bills. Donna was in agreement and after the meeting she went with Patty to close her account. Donna's paychecks will now be directly deposited into her payee account. Donna will notify Patty if she needs money and Patty can send her a check to cash. Patty has also asked that Evant provide her with a bill for Donna's rent in a timely manner.

Team discussed how things are going at the Cuyahoga Falls Center. Teddi stated that Donna seems to have a lack of interest, slow mobility, problems with coping with change in her routine, and some problems with inappropriate social interactions. There is a particular peer that Donna bullies at work. Teddi reported that when Donna is interested in a job she is very detailed. There are times that Donna doses off while at work. When this happens, Teddi and/or staff encourage Donna to get a drink of water, walk around or go outside for some fresh air. Donna is part of the Garden Club and Fit for You Club at work. Team asked Donna if she still liked her job at the Cuyahoga Falls Center. Donna stated that she would like to work at Doggie Daycare. She has worked at Doggie Daycare in the past but when she was there she wasn't taking her medications and wasn't stable and was let go from the program. SSA will look into what's available at Doggie Daycare. (Only weekend shifts are available at this time and team does not feel this schedule would work for Donna.)

Teddi brought up that Donna has mentioned that she would like to participate in bowling for Special Olympics. Maggie stated that would work out well since her housemates also participate in bowling. SSA will contact the person in charge of Special Olympics. Team discussed different activities available to Donna. Team discussed College of Living classes as well as supervised trips with Lots of Love or Beyond Out Boundaries. Patty stated that Donna will say that she doesn't like something if she knows that it costs money. Patty has asked that this information be passed on to her since she knows what Donna likes she could sign her up and pay for the activity. Team was also in agreement that Donna would keep \$10 at work that will be ledgered. Patty will be notified when her money needs replenished.

Team discussed Donna having protein shakes at work. Patty stated that Donna had some when Donna lived at the Vantine home but hat someone told Donna that they tasted nasty so Donna wouldn't drink them. Team informed Donna that the drinks do not taste bad. Donna was in agreement to try them. Maggie will look into getting a doctor's order for the protein shakes.

Donna has the freedom to choose her providers. SSAC reviewed that there are other State certified providers that may be selected at

any time. Donna’s current State certified and/or chosen Providers are as follows:

Residential Supports: Evant, Inc.

Non-Medical Transportation: Sara Davis

Adult Day Support: Summit DD/Cuyahoga Falls Center

Personal Advocate: Patricia Baranek, sister

The SSAC and Donna's guardian reviewed and completed all information noted in the essential information page as applicable on the corresponding dates noted.

Donna is not on any waiting lists at this time.

Donna expressed that she would like to visit with her mother. Her mother lives with another sister in Akron. Patty stated that she is not sure what the mental status of her mother is and that she doesn't have much contact her sister or mother. Team discussed that maybe arrangements could be made for Donna to meet her mom in a neutral location. Donna's guardian will attempt to get in contact with Donna's mother to set this up. Donna also informed Patty that she needs her son's phone number so that she can call him.

The meeting adjourned with no dissenting opinions or dissatisfaction noted.

## Meetings - Meeting date: 10-09-2012

Meeting date 10/9/2012

Effective date 11/25/2012

### Purpose

Received standing house orders and skill development from Evant, Inc. Added living will and Healthcare Power of Attorney.

### Outcomes

Attached standing house orders to ISP. Added skill development to home environment section of ISP. Meeting minutes completed. Updated Health Services Section of ISP to reflect that Donna has a living will and Healthcare Power of Attorney.

### Notes

SSA received skill development for brushing teeth from Evant. Skill development added to Home Environment section of ISP. Skill development will be implemented at the start of new span (11/25/12). SSA received standing house orders for Donna. Standing House Orders are attached to this ISP. SSA added that Donna has a living will and a Healthcare Power of Attorney to the Health

Services Section of this ISP.

## Meetings - Meeting date: 10-19-2012

Meeting date 10/19/2012

Effective date 11/25/2012

### Purpose

Housemate moved in on 10/19/12. New PRT received.

### Outcomes

Meeting minutes completed. Budget summary attached to ISP. Assessment list updated. PRT attached to ISP.

### Notes

SSA was notified that a new housemate moved into the Maplepark home on 10/19/12. SSA updated CPT (Event approved of CPT on 10/31/12) and budget summary to reflect new ADL and 1:4 mileage. Budget summary is attached to this ISP. SSA received updated PRT. Lisa does not require a cost to live at this time. PRT attached to this ISP and has been added to the assessment list.

## Meetings - Meeting date: 12-11-2012

Meeting date 12/11/2012

Effective date 12/11/2012

### Purpose

Alone time increased to 4 hours in the home. Food diary discontinued.

### Outcomes

Meeting minutes completed. Home environment section updated. Health Services section updated. Signature page attached to ISP.

### Notes

Monitoring completed on November 10, 2012. Guardian and team in agreement to increase alone in the home to 4 hours (see

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monitoring section dated 12/10/12). Home environment section of ISP has been updated to reflect this. Guardian in agreement to discontinue food diary. (See monitoring section dated 12/10/12.) Health services section of ISP updated to reflect this.

## Meetings - Meeting date: 01-16-2013

Meeting date 1/16/2013

Effective date 1/16/2013

### Purpose

Rights restriction lifted.

### Outcomes

Meeting minutes completed. Rights restrictions section updated.

### Notes

Maggie Krivak, House Manager, informed SSA that knives in the home are no longer locked effective 1/16/13. The locks on the thermostat in the home have been removed as well. Right restrictions section of ISP updated.

## Meetings - Meeting date: 05-07-2013

Meeting date 5/7/2013

Effective date 5/7/2013

### Purpose

Special Notation.

### Outcomes

Cleaned up ISP. Added information from monitoring completed at the home on 5/2/13 and work on 5/6/13.

### Notes

SSA cleaned up ISP with new ISP Guidelines provided by SSA Managers.

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SSA added information to ISP from monitoring.

SSA asked Donna if she was a registered voter. She said that she wasn't. SSA asked Donna if she would like to register to vote. Donna shook her head no and said that she doesn't want to vote.

Donna had the following appointments completed since the team last met:

- Annual Physical on 10/30/12
- Dentist on 1/8/13 and 1/23/13 (2 fillings filled)
- Center for Senior Aging 11/5/12; doctor recommended to see yearly
- Podiatry 10/27/12, 1/12/13 and 3/16/13 for routine care
- Psychiatry 10/24/12 and 3/19/13 for routine follow up
- Neurology 4/3/13; Parkinsonism Tremor-drug induced from teh Depakote and Risperdal; symptoms due to medications and medications cannot be stopped because her behavior will be uncontrollable; no more follow up needed, can return PRN

SSA checked MAR with the medications listed in ISP. Pravastatin was added to MAR. Health Services section of ISP has been updated to reflect this.

## Meetings - Meeting date: 06-07-2013

Meeting date 6/7/2013

Effective date 6/17/2013

### Purpose

Intake meeting for Solid Rock Day Program.

### Outcomes

Meeting minutes completed, day services section updated, transportation services updated, team list updated, signature page attached

to ISP, and budget summary attached to ISP.

## Notes

Team met on this day at Solid Rock Day Program for Donna's intake meeting. All team members were invited to meeting. See team list for those members in attendance. Donna's sister, Patty, was not able to attend the meeting but was in agreement for the change in Donna's day program.

Donna has chosen to change from her current day program at Summit DD/Cuyahoga Falls to Solid Rock Day Program. A start date for Solid Rock has been identified and agreed upon by the team for June 17, 2013. Donna will attend the Day program Monday-Friday from 9:00am to 2:30pm. SSA has requested Solid Rocks' Day Array description of services, back up plan and emergency procedures. The Day Services Section of ISP will be updated once SSA receives this information. (SSA received documentation on 6/19/13.) Team agreed to the level of supervision for Solid Rock. This has been updated in the day services section of ISP.

Donna's guardian has chosen Solid Rock to provide nonmedical transportation to and from the Solid Rock Day Program. The Transportation section of this ISP has been updated to reflect the change in transportation providers. SSA has requested Solid Rock's back up plan for NMT. The back up plan will be added to the transportation section of ISP once SSA receives it. (As of 6/21/13 no back up plan for NMT has been received.) Solid Rock will be providing NMT services on 6/17/13.

Donna's guardian has requested that Donna's sister, Patty, provide notice to Solid Rock before she visits the day program. This way visits can be scheduled in a manner that won't disrupt day program activities.

Solid Rock will provide a skill development at Donna's thirty day meeting. This gives Solid Rock time to observe and assess Donna in order to develop a skill development based on Donna's needs.

Team was in agreement that a formal thirty day meeting will not be held unless there are concerns that need to be addressed by the team. As long as everything is going well and there are no concerns that need to be addressed, SSA will email team members as a thirty day team meeting.



## Team Members

| Team Role             | First name/<br>Last name          | Organization/<br>Address                                                    | Phone number/<br>Other phone<br>number | Email address           |
|-----------------------|-----------------------------------|-----------------------------------------------------------------------------|----------------------------------------|-------------------------|
| Production Specialist | Teddi<br><br>Dowey D/C<br>6/14/13 | Summit DD<br><br>2355 2nd St<br><br>Cuyahoga Falls<br><br>Ohio<br><br>44221 | 330-634-8200<br><br>Cell               | tdowey@summitdd.org     |
| Individual Served     | Donna<br><br>Linton               | 4356 Maplepark<br><br>Stow<br><br>Ohio<br><br>44224                         | 330-688-3367<br><br>Cell               | cell: 330/990-2222      |
| Sister/Payee          | Patricia<br><br>Baranek           | 5995 Renniger Rd<br><br>Akron<br><br>Ohio<br><br>44319                      | 330-882-3024<br><br>330-990-6156       | buckshot1118@neo.rr.com |
| Guardian              | Robert<br><br>Risschitell         | 102 First St Suite 204<br><br>Hudson<br><br>Ohio<br><br>44236               | 330-655-9207<br><br>216-224-5347       |                         |

Individual Service Plan

Effective: 6/17/2013

Expires:11/24/2013

Version: 2:8

For: Linton, Donna June 19990461

|                                     |                              |                                                                         |                                                             |                             |
|-------------------------------------|------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|
| Sister                              | Sandra<br>Radovic            | 988 Proehl Dr<br>Barbarton<br>Ohio<br>44203                             | 330-645-1432<br>330-761-9730                                |                             |
| Home Manager                        | Maggie<br>Krivak             | Evant<br>4500 Hudson Drive<br>Stow<br>Ohio<br>44224                     | 330-920-1512<br>330-920-1016<br>FAX<br>330-688-3367<br>Home | maplepark@evantinc.org      |
| Non Medical Transportation Provider | Sara<br>Davis D/C<br>6/14/13 | independent provider                                                    | 330-338-5739                                                | saryquitecontrary@gmail.com |
| Service and Support Coordinator     | Melissa<br>Seams             | Summit DD<br>2420 Wedgewood Drive<br>Suite 20<br>Akron<br>Ohio<br>44312 | 330-634-8121<br>330-794-4263<br>FAX                         | mseams@summitdd.org         |
| Day Program Supervisor              | Linda<br>Hahn                | Solid Rock Day Program<br>10911 Market Ave.                             | 330-414-1542<br>330-877-1996                                | lindahahn94@yahoo.com       |

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|              |               |                                                                                   |                                     |  |
|--------------|---------------|-----------------------------------------------------------------------------------|-------------------------------------|--|
|              |               | NW<br>Uniontown<br>Ohio<br>44685                                                  | FAX                                 |  |
| NMT Provider | Brad<br>Byler | Solid Rock<br>Transportation<br>10911 Market Ave NW<br>Uniontown<br>Ohio<br>44685 | 330-412-1777<br>330-877-1996<br>FAX |  |

## Demographics

### General information

|                       |                    |
|-----------------------|--------------------|
| First name            | Donna              |
| Last name             | Linton             |
| Address               | 4356 Maplepark Rd. |
| City                  | Stow               |
| State                 | Ohio               |
| Zip                   | 44224              |
| Primary phone         | 3306883367         |
| Medicaid #            | 774097355202       |
| Medicare #            |                    |
| Date of birth         | 7/21/1952          |
| State resident number | 6560665            |
| Local ID              | 19990461           |

### Guardian

|               |                            |
|---------------|----------------------------|
| Guardian name | Robert J. Rischitelli, Jr. |
| City          | Hudson                     |
| State         | Ohio                       |
| Phone number  | 3306559207                 |

## Essential Information

The SSA reviewed with the person served/guardian, advocate, and other team members the right to due process and State Hearing Rights

Yes

Date reviewed with client

9/11/2012

The SSA reviewed with the person served/guardian, advocate, and other team members the Bill of Rights.

Yes

Date reviewed with client

9/11/2012

The SSA reviewed with the person served/guardian, advocate, and other team members the right to choose any qualified, certified, and willing provider for any Medicaid and Non-Medicaid services, including homemaker/personal care, transportation, and day services. (5123:2-9-11)

Yes

Date reviewed with client

9/11/2012

The SSA provided information on the Ohio Department of Developmental Disabilities provider selection tool to locate a list of providers qualified to provide home and community-based services throughout the State of Ohio and will provide assistance accessing the site as needed (5123:2-1-11(L)(1)(2) and 5123:2-9-11(H)(1)).

Date reviewed with client

9/11/2012

The SSA informed and acquired consent from the person served/guardian to place a service request profile on the Summit DD web portal to allow for the gathering of willing, qualified, and certified providers, from which the individual/guardian will be able to select the provider of their choice in accordance with the provider selection checklist form that matches 5123:2-9-11 Appendix A.

Yes

Date reviewed with client

9/11/2012

The SSA reviewed with the person served/guardian, advocate, and other team members the patient liability obligation, the amount of the liability and the assignment to the responsible provider. (5123:1-2-08)

NA

Date reviewed with client

9/11/2012

The SSA reviewed with the person served/guardian, advocate, and other team members placement on the waiting list.

NA

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Date reviewed with client

9/11/2012

The waiting list(s) the person served is on including the place on the list(s):

Donna is not on any waiting lists at this time.

The SSA ensured that service providers / team members have received requested information (evaluations and assessments) used in the service planning process that impacts service provision.

Yes

I authorize the release of information that was used in the development of the needs and services in this ISP.

Yes

I authorize the release of records and information pertaining to quality services and assurance reviews to contracted providers with a current business agreement with Summit DD.

Yes

I consent to the services identified in this ISP and I consent to the provision of these services as defined in this ISP.

Yes

The SSA reviewed with the person served/guardian, advocate, and other team members the

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information included in the Summit DD Handbook and provided a copy of the handbook to the person served/guardian.

Yes

Date reviewed with client

9/11/2012

The SSA reviewed with the person served / guardian, advocate and other team members the right of the person served / guardian to dissent to services and supports and other information identified in this ISP. This dissent is required to be communicated to the team by the person served / guardian. If the person served / guardian should require assistance in communicating the dissent, team members may provide such assistance.

Yes

Date reviewed with client

The SSA reviewed with the person served/guardian, advocate, and other team members that voting is a fundamental right and, unless a court specifically rules that a person has been deemed incompetent for the purposes of voting, the person served retains the right to vote. This right is retained even in cases when the person served has a guardian of the person and/or their estate. Summit DD will help a person register to vote upon request.

Date reviewed with client



## Administrative Resolution of Complaints

### ADMINISTRATIVE RESOLUTION OF COMPLAINTS

(OAC 5123: 2-1-12 Administrative Resolution of Complaints for County Boards)

The Administrative Resolution of Complaints process is available to all persons eligible for or applying for services, parents of minors, guardians, or authorized representatives of persons served by the County of Summit Board of Developmental Disabilities (Summit DD) according to the requirements of Ohio Administrative Code 5123:2-1-12. Sometimes this process is also referred to as Due Process, Appeal, or Complaint Resolution.

This process is to be used for the Administrative Resolution of Complaints involving the programs, services, policies, or administrative practices of the Summit DD. Actions or decisions made by the Summit DD subject to this process include eligibility determination; arranging for appropriate services; or the denial, termination, or reduction of services by the Summit DD. You have the right to use this process to challenge or appeal decisions made by the Summit DD that are subject to this rule.

You may use informal guidelines to resolve concerns, or the formal Administrative Resolution for Complaints procedures.

#### Informal Guidelines for Resolving Concerns:

- Talk with the right person. You can start your process by talking with the Summit DD direct service staff, a manager, or your Services & Supports Administrator (SSA). These persons may be able to help you solve your concern immediately in a manner acceptable to you. If they cannot resolve your concern, they can help you with the steps in the appeal process.
- Review your concern at the time it occurs. Talking with the right person as soon as possible makes it easier to provide you with a resolution to your concern.
- State your concern in specific terms and one issue at a time. Try to provide dates, involved persons, what happened or did not happen, and what you would like in the future.

Following these guidelines will help us to better serve you, and will not interfere with your right to a formal Administrative Resolution of Complaints process, which is described below.

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Administrative Resolution of Complaints Procedures:

For complaints regarding actions and decisions made by the Summit DD, you have the right to appeal.

- The Appeal Process should begin at the level the action or decision is made and shall be made in writing to the Summit DD person responsible for the action, or their immediate supervisor. If you are not able to make your report in writing, Summit DD will accept an oral report and document it for you. You may use a designated advocate to assist with this process.
- The Summit DD will investigate your complaint and make a decision regarding your complaint. If you are not happy with the decision, you may appeal the decision to the Summit DD Superintendent or Designee.
- If you are not satisfied with the decision of the Superintendent or Designee, you may appeal this decision in writing to the Summit DD Board President within ten (10) calendar days of receipt of the Superintendent's decision.
- If you are not satisfied with the decision of the Summit DD, you may appeal to the Director of the Ohio Department of Developmental Disabilities. This appeal must be filed within fifteen (15) calendar days of receipt of the Summit DD decision and be copied to the Superintendent and Summit DD Board President, as well as any legal representatives involved in the hearing. The Director or Designee will review the request for appeal within thirty (30) calendar days of receipt of the request to appeal. The Director's decision shall be known to you in writing within fourteen (14) calendar days and shall include the reasons for the decision.
- After exhausting these steps, you may commence a civil action if you are not satisfied with the appeal decisions.

Your Right To A State Hearing with the Ohio Department of Jobs & Family Services

For complaints regarding the enrollment to a Medicaid Home and Community Based Services Waiver, or for services delivered through the Medicaid Home and Community Based Services Waiver, or if your current Medicaid Home and Community Based Services are being reduced, terminated, or denied, you must submit your complaint to the Ohio Department of Jobs and Family Services (JFS). Your SSA will provide with you with a Explanation of State Hearing Procedures at least annually. Your SSA will also provide you with a JFS Form to Request a State Hearing at any time a service reduction, termination or denial is proposed. The Summit DD is required to provide you with a DJFS Form for Notification of Approval each time you receive a service.

**Individual Service Plan**

Effective: 6/17/2013

Expires: 11/24/2013

Version: 2:8

For: Linton, Donna June 19990461

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Summit DD full procedures are available at your request and in the Summit DD Handbook you receive each year.

Does anything in this ISP require the individual to be provided form ODJFS 04074(notice of approval of your application for assistance)?

Does anything in this ISP require the individual to be provided form ODJFS 07334(notice of denial of your application for assistance)?

Does anything in this ISP require the individual to be provided form ODJFS Due Process?