

Personal Preferences Tool	
<b>Person Centered Plan Outcome(s)</b> (List all that are addressed in this service from the PC ISP Part III Shared Plan):	
Morgan goes out into her community so that she can experience new places and meet others. Morgan participates in preferred activities so that she finds enjoyment at home and in the community	
<b>Risks</b> (Indicate all identified/potential risks from the PC ISP Part III Shared Plan):	<b>Describe supports and/or response steps for each risk:</b>
<input checked="" type="checkbox"/> Pressure Injury	Morgan is clean and dry, and observed for possible skin blemishes or signs of break-down. Spending time out of her chair is important to her as well as important in the prevention of possible pressure injuries. If a pressure injury is suspected by seeing reddened skin spots anywhere on her body, it is imperative to seek medical attention as early as possible to prevent further complications.
<input type="checkbox"/> Aspiration Pneumonia	
<input checked="" type="checkbox"/> Fall with Injury	Morgan sits safely in her wheelchair, lives in a home without clutter or loose rugs, uses a Splash Bath Lift, and scoots on her knees when she chooses to move through her home independently.
<input checked="" type="checkbox"/> Dehydration	Morgan is offered a drink every hour; others know that she drinks from a straw, and they must hold the cup while she drinks. Morgan doesn't like her drinks cold; avoid ice.
<input checked="" type="checkbox"/> Bowel Obstruction	While there is no history of bowel obstruction, others are aware of possible signs (such as swelling of her abdomen, signs of stomach pain or hearing loud sounds from the abdomen, seeing dark urine, a fever, or sweating) due to the medications prescribed. Should these be observed, contact 911 and then Lucy Reed to report concerns.
<input type="checkbox"/> Sepsis	
<input type="checkbox"/> Seizure	
<input checked="" type="checkbox"/> Community Safety Risks	Morgan avoids risks including traffic and pedestrian safety, theft, hazardous materials, uneven terrain, and safety symbols and signs. Identifying and addressing these risks creates a safer community for Morgan.
<input type="checkbox"/> Self-Harm	
<input type="checkbox"/> Elopement	
<input checked="" type="checkbox"/> Lack of Safety Awareness	Morgan is unaware of most safety risks and depends on others to remind her to avoid these risks while at home. These risks include safety around her pool, hot stove, sharp objects, electricity, Cyber safety, and when to trust unknown people.
<input type="checkbox"/> Substance	
<input type="checkbox"/> Suicidal ideations	
<b>Traits or qualities preferred in those who support the individual:</b>	
I prefer to be around people who are relaxed and have a sense of humor. They must be physically strong, and I typically feel more comfortable with women (but will meet men to see if I match with them). I want support from someone who doesn't panic easily and who will remain calm in an emergency.	
<b>For individuals who do not speak:</b>	

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This is how I communicate "yes":	I say "good" when I like something or want to do something. "Good" means yes and nodding my head with a smile means yes too.
This is how I communicate "no":	I mostly use staring/glaring or holding still to say "no" or to say that I don't like something.
Other information about how I communicate:	I say "good" when I like something or want to do something. I rock my chair when I want to get out of it. I say my own name and say "mom". I say "dog" and it means dog, and all other animals (the squirrels that I love to watch in the bird feeder, my neighbor's cat, birds, etc.). I use the word "dog" when I want someone to bring me one of my favorite music or light making games/playthings. I hum along to music when I like what I hear, or I listen intently with my entire body. I will glare at the wall when I want the song changed.

**People who support with intimate needs:**

List the people (paid and unpaid) who are acceptable to the individual for intimate supports (such as bathing, personal hygiene, feminine care, lifting/transferring/positioning, dressing, restroom):

Mom (Lucy)  
Mike (Brother)  
Linda (Neighbor)  
Courtney (CD Staff)  
Sue (CD Staff)

**Describe specific preferences when providing supports:**

Routine Support	Personal preferences/What's important to me:
<input checked="" type="checkbox"/> Adaptive equipment/DME	I use a wheelchair and prefer it to be in a locked position when I sit in it because I enjoy rocking. I will let you know when I want to get out of my chair (I will look at you while I rock) so that I can scoot around for exercise and independence. I wear glasses and depend on an elastic band to keep them from falling off.
<input checked="" type="checkbox"/> Bathing	I use a Splash Bath Lift for comfort and safety; I depend on others to wash my hair and body. Lavender soap is my favorite and Johnson's Bedtime Lavendar lotion is what I enjoy the most. It is important to me that I dry completely before putting on my undergarments or clothing.
<input checked="" type="checkbox"/> Communication support	I rock and hum when I want to play a video game. Others understand that they must complete any required downloads, reading functions, starts/stops, or anything other than the usage of the controller. I use my eyes and body to direct people towards what I want if they don't understand me; watch me closely.
<input checked="" type="checkbox"/> Dressing	I am dressed by others but will wiggle into pant legs or shirt sleeves to assist; always tell me what you are doing when dressing me so that I am not moving in the same direction; this will prevent body part bumps/bruises.
<input checked="" type="checkbox"/> Restroom support	I like as much privacy as possible. Please check with me frequently; I get urinary tract infections easily. While you assist me with changing my undergarment, don't talk to me and be gentle. Make sure I am completely dry before assisting me with putting on a clean Poise (preferred brand) undergarment.

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<input checked="" type="checkbox"/> Positioning/transferring	I enjoy moving (scooting and pulling myself) around my personal space and home, but I need help getting safely from my wheelchair to the floor/bed and back to my chair. I don't scoot around while out in the community because germs are gross, and I don't feel safe on unfamiliar terrain.
<input checked="" type="checkbox"/> Personal appearance	I enjoy looking good and feeling good. I choose my outfits by nodding, smiling, or saying "good" when shown choices (usually purple or pink) and I prefer soft, comfortable clothing (lots of cute leisure wear). I wear my hair braided but never in a ponytail (ponytails hurt my head). If I wear my hair down, it must be brushed very gently while holding it at my scalp to prevent pulling (my hair or neck). I enjoy wearing lip gloss and have an extensive collection; please assist me with putting it on regularly. Help me look at my self in the mirror because I know that I am beautiful.
<input checked="" type="checkbox"/> Medication use	CD staff does not administer medication but if mom is ever late or has made plans, staff understand that my neighbor (Linda/natural supports) will administer prescribed medication. CD staff is aware of administration time and location of medications to assist my natural supports.
<input checked="" type="checkbox"/> Housekeeping	I require clean surroundings, and someone will vacuum/sweep/mop the living room daily so that I can enjoy scooting around on a clean floor. will leave a list for mom if they notice any cleaning projects that need attention. I do not react well to dust or dirt and CD staff observes the environment for these issues.
<input checked="" type="checkbox"/> Laundry	My bedding is washed twice a week (or as needed).
<input checked="" type="checkbox"/> Shopping	I enjoy short but frequent shopping trips to my favorite boutiques (Petals, Flower Girls, and About Face). Know my favorite stops, and where my favorite employees work. My mom leaves a list of items that can be purchased each week.
<input checked="" type="checkbox"/> Meal planning/preparation/intake	Chop my food into small pieces and use a spoon. I like to eat slowly so don't rush me. Please talk to me, have the TV on, or play music for me while I'm eating. My favorite drinks apple juice, sweet tea, and water. I love to eat all veggies (except okra), pasta, and soups.
<input checked="" type="checkbox"/> Banking/money management	I am assisted with money management on the days that I go shopping; making sure that I can hand the cashier the money and that I receive the correct change in return. I prefer that someone carry my money.
<input checked="" type="checkbox"/> Medical appointments	CD staff only assists with medical appointments if they are scheduled during working hours or if I request CD staff to assist with the appointment.
<input checked="" type="checkbox"/> Transportation	Someone assists me with getting in the car, wearing my seatbelt, transporting my wheelchair, getting me in and out of the vehicle safely.
<input type="checkbox"/> Crisis plan	
<input type="checkbox"/> Other routine support (e.g., dialysis, catheter care, ostomy care) List other:	

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Name: Morgan Reed Medicaid # 000000000000 ISP Start: 11/01/2024 End: 10/31/2025 Revision date:

<input type="checkbox"/> Other medical (e.g., high/low blood pressure, dementia/neurological impairment, respiratory care, G-Tube, etc.) List other:	
<input checked="" type="checkbox"/> Other behavioral (e.g. Self-neglect, trichotillomania, severe stereotypy, etc.) List others:  PICA	I am observed for PICA tendencies and others understands that they shouldn't leave small objects within reach and to always observe for signs of chewing/chocking.
<b>Comments:</b>	

Completed by: Lucy Reed, Mother/EOR Date completed: 09/15/24

### General Schedule of Supports

The following schedule can be completed directly in WaMS, on this template, or in an alternate self-developed format. Blocks of time for the provision of Personal Assistance, Companion, and Respite services are detailed in the schedule, so that the hours these services are provided are clearly indicated.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00a							
7:00a							
8:00a							
9:00a							
10:00a							
11:00a							
12:00p							
1:00p							
2:00p							
3:00p		3:00p to 7:00p Neighborhood and preferred activities; essential supports	3:00p to 7:00p Staying safe in the community; essential supports	3:00p to 7:00p Neighborhood and preferred activities; essential supports	3:00p to 7:00p Staying safe in the community; essential supports	3:00p to 7:00p Neighborhood and preferred activities; essential supports	
4:00p							
5:00p							
6:00p							
7:00p							
8:00p							
9:00p							
10:00p							
11:00p							
12:00a							
1:00a							
2:00a							
3:00a							
4:00a							
5:00a							
Comments							

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