

*Community Care, Inc. is seeking interested providers to work with Community Care, Inc. to create a supportive environment and meaningful life experiences for individuals. If your agency has interest in learning more about the following member and conduct an assessment please send an interest email to [contractinquiries@communitycareinc.org](mailto:contractinquiries@communitycareinc.org)*

If you are not already a contracted provider, you will need to ensure you can meet all our requirements prior to contract consideration. Please refer to the “Join-our-Network” section on our website <http://www.communitycareinc.org/providers/join-our-network>

### **Member Profile:**

Member is a developmentally disabled person born in 1991 semi-ambulatory male residing at Central Center Wisconsin Center. Member enjoys spending time with his caregivers and getting out into the community. Member enjoys van rides, swimming, and watching Blue’s Clues. Member loves to color with crayons and participate in table games. Member enjoys listening to music.

Member is seeking a residential program preferably in Milwaukee County, but within 2 hours of Milwaukee County will be considered.

- Member will require interdisciplinary care for ongoing medical and behavioral changes. Member must have involved primary care physician, psychiatrist and the involvement of local hospital physicians and nurses to achieve continuity of care. Access to care should be close by to residence.
- Member will require an RN to be on staff at the home during all shifts. RNs should be experienced in medication management, psychiatric nursing, G tubes, wound care and have experience with persons who are developmentally disabled. Member receives all medications and nutrition via his G tube, which he pulls out making G tube re-insertion a regular part of his care.
- Member behaviors require a least a 2:1 staffing ratio with crisis plan of care including the RN. Staff should have experience managing complex and behavioral clients.

### **A Meaningful Day for member would include:**

- 5-7:30am - Receives meal via g-tube in bed
- Goes to the bathroom – soaks feet in a solution to help his blisters while on the toilet
- Takes a shower – staff help wash him up, when he’s clean he may sit in the warm water for a few minutes
- Gets dressed and sits in his recliner
- Free Time - Watches TV, colors, plays with his leisure items
- Midmorning – behavior therapy session (1 hour)
- Free Time – TV, coloring, leisure items or may go for a walk or to the swing for awhile
- Staff offer new activities each hour, but he is typically very content to sit in his recliner
- 3PM – Vocational Services (shredding paper)
- Swing
- 4PM – receives meal via g-tube
- 8PM – bedtime (member will request to go to bed when he is ready usually between 7-9PM)

### **Environmental Modifications/Requirements**

- Home must be wheelchair accessible as member uses wheelchair at times for health and at other times is semi-ambulatory.
- No glass windows-recommendation for Lexan or Plexiglass
- Washable surfaces throughout the home, no carpeting through out the home.
- All furniture should be secured
- Bed frame adjustable(wooden frame type) as member has been known to destroy hospital beds..
- Room or area where member can participate in activities

### **Additional needs:**

- Transportation quickly accessible. Member is 2:1 for van rides.
- Ability to train staff in using Crisis Prevention Institute protocols or other crisis de-escalation protocols. Holds may be necessary for medical care so provider must have the ability to train staff in regards to this as well. Provider should be experienced in restrictive measures with State of WI.
- Member will do best in a very structured environment that has a set up where he has his own private room or living area that he can access.
- Member is not considered to be an appropriate candidate for a day program, so structured activities must be provided during waking hours. Community integration and structured enrichment activities should be the focus of daytime hours. Program flexibility is important.
- Member requires a roll in shower, one where his shower chair can be rolled from his bedside into the shower if needed. (when he cannot bear weight on his feet)
- Member would benefit from a high backed leisure chair/recliner.

### **Member has the following behavioral challenges:**

1. Self-Injurious Behaviors such as self-scratching, tipping over his wheelchair, rectal digging, hitting his head against hard surfaces, hitting himself with his hands/fists, and closing his teeth around his hands, arms, and fingers.

Examples: running his teeth up and down his forearm, biting down on his wrist, hitting his legs with a closed fist, tapping his head with his closed fist

Non-Examples: hitting his fists against his chair

2. Physical aggression such as pinching, hitting, grabbing, kicking, spitting, pushing, scratching, head butting or slapping others with enough force to injure others or grabbing other people or attempting to engage in these behaviors

Examples: wrapping his arms around other peoples' legs, swinging a closed fist at staff

Non-Example: throwing an item that hits staff

3. Property Destruction which includes tipping his wheelchair with enough force to damage items as well as tipping other chairs. He will also attempt to destroy furniture and any other item he can grab or bite throwing, biting, or otherwise breaking items; flipping furniture

Examples: throwing a leisure item at the floor, biting a leisure item, breaking his g-tube, ripping his t-shirt, biting a blocking pad, flipping over a chair

Non-Examples: hitting the arm of his chair with a fist

4. Disruptive and offensive behaviors such as vomiting, non-cooperative/obstructive behavior to prevent task completion. This could include sitting on the floor while dressing/undressing or positioning his legs to prevent

dressings to occur. Other offensive/disruptive behaviors include fecal smearing, stripping/disrobing in public areas exposing his chest, thighs, buttocks or groin. Voiding urine or bowels in inappropriate places when upset.

5. Elopement can occur when the member is not in a locked area. Member has eloped from previous AFH placements. It can be difficult to get the member back indoors.

**Member has the following medical concerns\*:**

1. Autistic disorder
2. Epidermolysis Bullosa Dowling Meara variant
3. Myopia severe
5. Emesis recurrent
5. Gastroparesis
6. Gastroesophageal reflux disease
7. Sclerodactyly with phalangeal thinning
8. Palmoplantar keratoderma
10. Incontinence
11. G-tube\*\*
12. Constipation
13. Genodermatoses
14. Opioid use.

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