

Christopher Smith

Date of Birth: 6/6/2002

Life Plan / ISP

Physical: 25 Kilsythe Road
Ithaca, NY 14850

Phone: (585) 646-2260

Medicaid #: EB73411C

Enrollment Date: 7/1/2018

Medicare #: **Tabs ID #:** 402082

Willowbrook Member: No

Plan Effective Dates: 5/25/2022 - 5/31/2023

Southern Tier Connect

Care Manager: Daniel Miller

Address: 345 East Avenue
Ithaca, NY 13850

Phone: (585) 376-7000 x322

Email:
D.Miller@myarc.org

Provider ID: 66080720

Electronically Signed By:

Author: Daniel Miller (Care Coordinator) on 10/4/2022 7:22:47 AM

Auditor: Maddie Cooke (Care Coordinator Supervisor) on 10/4/2022 11:32:43 AM

MEETING HISTORY

Plan Review Date	Reason For Meeting	Member Attendance
9/28/2022 11:00:00	Service or Goal Change ~ Addendum to Chris's Life Plan to reflect that Chris is interested in ETP services with MyARC	On Phone
5/25/2022 16:30:00	Annual Face to Face ~ Chris's annual Life Plan meeting was completed via telephone.	On Phone

SECTION I

ASSESSMENT NARRATIVE SUMMARY

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

Introducing Me:	(06/28/22 9:31:44 AM) My name is Christopher and I am a thoughtful, quiet, and inquisitive young man. I prefer to go by the nickname Chris. I have lived in Ithaca my whole life. I enjoy playing video games and I also am interested in getting into software development. I enjoy getting out into the community and exploring with my friends and finding new places to swim and be outdoors. My family and I are avid hikers and we have memberships to the state and national parks so we can continue to enjoy exploring new places together. I also enjoy going to the gym twice a week. I spend holidays with my family at home or visiting our extended family. I do not have a religious preference. I am registered to vote and will vote when I see fit! I speak and understand English very well and I am very good at getting my point across. I have no other cultural considerations you need to be aware of.
My Home:	(06/28/22 9:31:44 AM) I live with my parents John and Lynne. We have two dogs, Jack and Bailey. The house is two stories and my bedroom is on the ground floor. In my room I have pictures of friends and family, and some paintings on my wall. I like my home very much and am comfortable here, but I am interested in living independently. I used to take community classes, but stopped during COVID. I would like to earn money to resume those classes. I would also like to focus on getting my driver's license! At this time my parents provide for all my transportation needs. My Care Manager and I are working together to look into other housing options for me as I would like to move out on my own at some point soon. I am able to evacuate in an emergency and call for help without a back up plan. My house has working smoke and carbon monoxide detectors.
Let me tell you about my day:	(10/04/22 7:22:08 AM) At this time I rely on my parents to get around as I do not drive and I have not learned to access public transportation by my home. I enjoyed taking classes before COVID and would like to resume classes in the future. I would like to work on travel training with Comm Hab. instead of with my family. I currently have Comm Hab. to help me navigate the community and supporting me to rejoin a gym. At this time I have also chosen to apply for the Employment Training Program offered through MyARC to help build on my work skills, and I am very excited about this!
My Health & My Medications:	(06/28/22 9:31:44 AM) Overall I am healthy. I have a diagnoses of autism and epilepsy. My CCO DDP2 was completed 05/13/2022 and my CAS was completed 2/21/2021 and both were used to inform this plan as applicable. My parents help provide support in making medical decisions. My parents help me make appointments and take me to them as I cannot drive independently yet and also to advocate for me when needed. I am allergic to shellfish. While I have an epipen, we are unsure of the reaction as I tested positive on the allergy test but I have never actually eaten any shellfish. I am also allergic to Keflex (cephalexin), which causes me to have severe gastrointestinal symptoms. My mom puts my medication in a pill box and I take my medication when I am prompted or they are handed to me. These are to control my seizures and help with my social anxiety. I began having seizures in 2018, but I am over a year seizure free with my current combination of medication, we are hoping this continues. I have a watch with an app that detects seizures when I am sleeping. If I have seizure, my parents should be notified immediately and if I am still in the seizure after 3 minutes 911 needs to be called. When I am upset, I will talk to you about it when I am ready but I have not had behavioral outbursts in a couple years. At this time I am not lacking any health care providers.
My Relationships:	(06/28/22 9:31:44 AM) I am close with my family; my parents and older siblings David, and Celia. I also have good relationships with my aunts and uncles, despite the distance. For holidays I spend time with family. I also enjoy spending time with my friends and would be interested in looking into classes we could take together in things like programming. I am also working with my dad in his shop to learn work skills. I also enjoy working out and boxing classes and was able to restart them. While my parents pay bills for me, I am able to carry money and use it how I see fit and I would like to learn about paying my bills. I am my own guardian and am working on understanding bills but do not have a rep payee. I also am my own primary advocate but my mom and dad also are there to support me as much as I need. I know I have a choice in my providers and that should I want to make a change I can talk to my CCM. I am currently happy with my relationships and don't feel like I want any others right now, besides maybe a staff to help me once I am moved out on my own.

My Happiness:	(06/28/22 9:31:44 AM) I like to hike, swim, draw, read comic books, and play video games. I am an avid hiker and enjoy exploring trails with my family. Working out has become a great joy for me. I am hoping to work on my work skills and independence as someday I would like to live on my own. For the future, I would like to look into college classes and working options. I am shy and though community classes in my areas of interest have been brought up, I tend to like to spend my time with people I know well. I do not like large crowds and am most comfortable with people I know.
My School:	(06/28/22 9:31:44 AM) I recently finished homeschooling and graduated this year! I do sometimes miss the socialization with friends so I am hoping to work with a community hab staff once I am living out on my own. I am interested in continuing my education and am looking into TC3, but would like to take a break from school first before jumping right back in.

SECTION II

OUTCOMES AND SUPPORT STRATEGIES

This section includes measurable/observable personal outcomes that are developed by the person and his/her circle of support using person centered planning. Provider goals and corresponding staff activities have been developed to meet each Goal/Valued Outcome. Please refer to provider plans for specific goals and staff activities/actions. Evidence of achievement will be reflected in monthly notes from assigned providers.

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	TimeFrame	Special Considerations
People have the best possible health	Feel differently	(S) Assist person to participate in hobby clubs or classes of interest	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: As of 02/01/2022 when Chris switches
People have the best possible health	Feel differently	(S) Assist person to participate in hobby clubs or classes of interest	ADVOCACY CENTER COM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
People have the best possible health	Feel differently	(G) Teach social skills	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: As of 02/01/2022 when Chris switches
People have the best possible health	Feel differently	(G) Teach social skills	ADVOCACY CENTER COM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022

SECTION II

OUTCOMES AND SUPPORT STRATEGIES

This section includes measurable/observable personal outcomes that are developed by the person and his/her circle of support using person centered planning. Provider goals and corresponding staff activities have been developed to meet each Goal/Valued Outcome. Please refer to provider plans for specific goals and staff activities/actions. Evidence of achievement will be reflected in monthly notes from assigned providers.

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	TimeFrame	Special Considerations
People have the best possible health	Feel differently	(S) Assist person to participate in an exercise program or class	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	None
People have the best possible health	Feel differently	(G) Teach positive communication skills	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	None
People choose where and with whom they live	I want to explore different housing options	(S) Explore/investigate options for change with the person (e.g. possible room changes, living alone, other living arrangements, etc.)	Self N/A	Non-Billable	Ongoing	Ongoing	Ongoing	Other: My CCM will assist me
People choose where and with whom they live	I want to live more independently in the community	(G) Teach to take my medicine independently	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
People choose personal goals	Be more independent	(G) Other: Teach budgeting and money skills.	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	None
People choose personal goals	Be more independent	(G) Other: Teach cooking, cleaning and assisting in setting up appointments.	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	None

SECTION II**OUTCOMES AND SUPPORT STRATEGIES**

This section includes measurable/observable personal outcomes that are developed by the person and his/her circle of support using person centered planning. Provider goals and corresponding staff activities have been developed to meet each Goal/Valued Outcome. Please refer to provider plans for specific goals and staff activities/actions. Evidence of achievement will be reflected in monthly notes from assigned providers.

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	TimeFrame	Special Considerations
People choose personal goals	Be more involved in community life	(S) pursue my hobbies and interests	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
People choose where they work	I want integrated work	(S) Develop a job or work experience(s)	MyARC COMM PV-0233- LOCATION MAY VARY	Prevocational Services - Comm Based	Ongoing	Ongoing	Ongoing	None
People choose where they work	I want integrated work	(G) Teach positive communication skills	MyARC COMM PV-0233- LOCATION MAY VARY	Prevocational Services - Comm Based	Ongoing	Ongoing	Ongoing	None
People choose where they work	Feel differently	(S) Other: Develop skills and tolerance for competitive employment	MyARC COMM PV-0233- LOCATION MAY VARY	Prevocational Services - Comm Based	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

SECTION III**INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)**

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

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I want to feel better	(S) Other: Work on feeling less anxious in social settings.	ADVOCACY CENTER COM HAB 0233-0233- LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Asof 02/01/2022 when Chris switches

SECTION III**INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)**

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

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I want to feel better	(S) Other: Work on feeling less anxious in social settings.	MyARC COMM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
I want to feel better	(S) Other: follow seizure protocol	MyARC COMM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: As of 02/01/2022 when Chris switches
I want to feel better	(S) Other: follow seizure protocol	MyARC COMM PV-0233-LOCATION MAY VARY	Prevocational Services Comm Based	Ongoing	Ongoing	Ongoing	None
I want to feel better	(S) Other: follow seizure protocol	MyARC COM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
I want to be healthy	(G) Teach healthy life style skills	ADVOCACY CENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: As of 02/01/2022 when Chris switches
I want to be healthy	(G) Teach healthy life style skills	ADVOCACY CENTER COM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
I want to be healthy	(G) Teach to make own doctors appointment	Natural Support N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None

SECTION III**INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)**

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

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
Provide assistance with activities of daily living with	(S) Verbal reminders to begin	ADVOCACY ICENTER COM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Asof 02/01/2022 when Chris switches
Provide assistance with activities of daily living with	(S) Verbal reminders to begin	MyARC COMM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
Eating Guidelines	(S) Implement the following diet Avoid high risk foods, Allergic to: Shellfish.	ADVOCACY ICENTER COMM HAB 0233-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Asof 02/01/2022 when Chris switches
Eating Guidelines	(S) Implement the following diet Avoid high risk foods, Allergic to: Shellfish.	MvARC COMM PV-0233-LOCATION MAY VARY	Prevocational Services - Comm Based	Ongoing	Ongoing	Ongoing	None
Eating Guidelines	(S) Implement the following diet Avoid high risk foods, Allergic to: Shellfish.	MyARC COMM HAB (BRM)-0233-LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
I can be left home alone	(S) Unlimited	Natural Support N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Independent	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
Call for help	(S) Independently implements back up-plan	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
Provide assistance with budgeting and paying bills with	(S) Some assistance	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None

SECTION III**INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)**

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

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I need supervision in the community	(S) Independent with staff or other responsible adult present	ADVOCACY CENTER COMM HAB 0233-0233- LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Asof 02/01/2022 when cHRIS switches
I need supervision in the community	(S) Independent with staff or other responsible adult present	MyARC COMM PV-0233- LOCATION MAY VARY	Prevocational Services - Comm Based	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) Independent with staff or other responsible adult present	MyARC COMM HAB (BRM)-0233- LOCATION MAY VARY	Community Habilitation - Regular	Ongoing	Ongoing	Ongoing	Other: Through 1/31/2022
I need supervision during the night	(S) Other: I need my seizure monitor while sleeping.	Self N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
I need supervision during the night	(S) Independent with staff or other responsible adult present	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None
I need help to take my medication	(S) Supervision but no assistance	Parent/ Guardian N/A	Non-Billable	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

SECTION IV**HCBS WAIVER SERVICES AND MEDICAID STATE PLAN AUTHORIZED SERVICES**

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

Authorized Service	Provider / Facility	Effective Dates	Qty	Unit	Per	Total Units	Comments
Community Habilitation - Regular	ADVOCACY CENTER COM HAB 0233-0233- LOCATION MAY VARY	05/25/2022 - 05/31/2023 Duration: Ongoing		HOUR		0.0000	None

Supported Employment (pending approval)	CHALLENGE INDUSTRIES, INC. CHALL IND SEMP-0233-LOCATION MAY VARY	08/01/2022 - 08/31/2022 Duration: Ongoing		HOUR		99999.0000	Employment Training Program

SECTION V

ALL SUPPORTS AND SERVICES; FUNDED AND NATURAL/COMMUNITY RESOURCES

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

Name	Relationship	Role	Address	Phone
Lynne Smith	Mother	Natural Support	25 Kilsythe Rd Ithaca, NY 14850	607-646-2260 (Primary)
Tony SMITH	Father	Natural Support	25 Kilsythe Rd Ithaca, NY 14850	607-646-2260 (Primary)

MEMBER PROVIDERS

Name	Relationship	Role	Address	Phone
Agency - Advocacy Center		Family Reimbursed Respite (FRR)	384 Elmwood Avenue Syracuse, NY 13088	315-469-9931
Agency - Advocacy Center		Other than Personal Services (OTPS)	384 Elmwood Avenue Syracuse, NY 13088	315-649-3320
Agency - Monroe Family Medicine	PCP	PCP	852 Seneca Street Ithaca, NY 14850	607-646-8855
Agency - Monroe Medical Associates		Neurology	509 Shaw Avenue, Suite A Ithaca, NY 14850	607- 647-9713
Agency - Monroe Medical Center		Hospital	159 Sunset Drive Ithaca, NY 14850	(607) 274-4011
Agency - Monroe Medical Center		Laboratory	159 Sunset Drive Ithaca, NY 14850	(607) 274-4011

Agency - Empire Optical		Ophthalmologist	106 Dryden Road Ithaca, NY 14850	607-647-1234
Agency - FamilyOral Health		Dentist	1025 North Street Ithaca, NY 14850	607-646-4951
Agency - JM Murray Center		Family Reimbursed Respite (FRR)	527 Bonnie Road Cortland, NY 13045	(607) 756-7646
Agency - JM Murray Center		Other than Personal Services (OTPS)	842 Bonnie Road Cortland, NY 13045	(607)646-2741
Agency - Ithaca Allergy And Asthma		Allergist	65 South Road, Suite 300 Ithaca, NY 14850	607-646-6593
Agency - Tompkins County Department of Social Services		Medicaid	320 West State Street Ithaca, NY 14850	(607) 274-5680
Agency - Wegmans Pharmacy		Pharmacy	500 South Meadow Street Ithaca, NY 14850	607-277-1772
Erin McCarthy, MD	PCP	Health Care Provider	302 Seneca St Ithaca, NY 14850	(607) 277-2200 (Primary) ~
Pat Mason	Employment Training Program (ETP)	Vocational Support Professional	950 Danby Rd #179 Ithaca, NY 14850	(607) 277-0997 (Primary) ~

FOR INNOVATIONS TRAINING ONLY

SECTION VI

Summary of IDT Meeting: 5/25/2022

Chris's annual Life Plan was completed via video conference. In attendance was his mom Lynne, dad John, Chris and Daniel. I asked how everything was going and Lynne said she is getting over COVID. I told her I was sorry to hear that and hoped she felt better soon.

In the middle of the interview, Chris had to excuse himself as he had to go to work. Lynne and I then assisted Daniel with answering the rest of the questions, such as information about SSI and that he was helping him apply. I also told him that I would send a copy of the Life Plan and asked if he needed me to add any information in regarding Founder's Way apartments. Daniel told me we don't need to add anything in until Chris gets approved and we can cross that bridge when we get to it. Daniel told us we will hear from him with an answer, hopefully after this week, or within 30 days. He told us he feels good about the application and Chris seems to be a good candidate, but doesn't want to tell us anything for sure. I thanked Daniel for the help and asked Lynne if she had any other questions. Lynne told me she would look out for an email with the finalized Life Plan and asked if I could follow up with Advocates again for a start date. I told her I would do so.

We reviewed Chris's narratives and there will be no major changes. I will be adding some information in his Life Plan regarding him wanting to live independently and his interest in the Founder's Way apartments. There are no changes to his medications and no health concerns. We reviewed Chris's POMS and Safeguards and there will be no changes. Lynne and Chris feel satisfied with CCO and services.

I reviewed annual documentation with Lynne and Chris and let them know I would be sending forms in the mail to sign while I am in the office this week. We will schedule Chris's semi-annual Life Plan meeting when it gets closer to the sixth month mark.

I get the last word:

Thank you!

My Care Manager has informed me of:

- My rights under the Americans With Disabilities Act (ADA)
- How to obtain reasonable accommodations (my reasonable accommodations are listed in my Life Plan)
- How to file a grievance or an appeal

IDT Meeting Attendance				Date: 5/25/2022	
IDT Role	Name	Attendance	Comments	Plan Approval Signature	Date
Member	CHRIS SMITH	On Phone		Signature/Approval	Jun 27 2022 9:31AM
Care Manager	Daniel Miller	On Phone		Signature/Approval	Jun 28 2022 9:31AM
DD Provider (Employment Training Program (ETP))	Pat Mason	Absent		Not Applicable	Not Applicable
Natural Support (Father)	John Smith	Absent	Invited, but did not attend as he was working.	Not Applicable	Not Applicable
Natural Support (Mother)	Lynne Smith	On Phone		Signature/Approval	Jun 27 2022 9:31AM

--

--

IDT Meeting Attendance				Date: 9/28/2022	
IDT Role	Name	Attendance	Comments	Plan Approval Signature	Date
Member	CHRIS SMITH	On Phone		Signature/Approval	Oct 4 2022 11:35AM
Care Manager	Daniel Miller	On Phone		Signature/Approval	Oct 4 2022 11:35AM
DD Provider (Employment Training Program (ETP))	Pat Mason	On Phone		Not Applicable	Not Applicable
Natural Support (Father)	Tony Smith	On Phone		Not Applicable	Not Applicable
Natural Support (Mother)	Lynne Smith	On Phone		Signature/Approval	Oct 4 2022 11:35AM

* The above signed IDT members attest to their involvement in the IDT process and acknowledge that goals and supports were discussed

* The CM signature attests to the fact that this LP is an accurate reflection of what was approved by the participant

* Signing the PCSP does not preclude my right or my authorized representative's or designee's or the right of another attendee to appeal the PCSP.

Member Conditions and Diagnoses

Diagnosis Code	Diagnosis
F84.5	Asperger's syndrome
F40.11	Social phobia, generalized
G40.802	Other epilepsy, not intractable, without status epilepticus
F84.0	Autistic disorder

* The above list is Member reported and believed to be accurate as of the date of Plan publication.

Member Charts

Chart Description

* The above list is Member reported and believed to be accurate as of the date of Plan publication.

Member Medications

Name	Strength	Form	Frequency	Quantity	Route	Effective Dates
------	----------	------	-----------	----------	-------	-----------------

* The above list is Member reported and believed to be accurate as of the date of Plan publication.

Member Allergies

Allergy Type	Allergen	Reaction(s)	Severity
Food	Shellfish	Unknown	Unknown
Medical	Cephalosporins	Gastric Upset	Severe

* The above list is Member reported and believed to be accurate as of the date of Plan publication.

Member DME

Item Description

Seizure Detection Devices *

EpiPen *

Electric toothbrush

* The above list is Member reported and believed to be accurate as of the date of Plan publication.