

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 member and would be interested in completing an assessment please send an interest email to 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 young man born in 1995 who sustained a spinal cord injury in 2018 and has not been able to relocate out of a SNF due to his care needs and availability of providers in Manitowoc County. Member is a quadriplegic with limited use of his hands. Member would like to live with individuals closer to his age. He would prefer to not live with frail elders or individuals with behavioral issues. Member wants to remain in Manitowoc County. Member would not do well with rigid caregivers. He appreciates caregivers who have a gentle, caring disposition. He has done well with caregivers his own age. He has a supportive, involved family. Member gets around with his power wheelchair and there are no safety concerns. Member has been described as having a good attitude and work history. He has also been described as having a good sense of humor. Member is motivated to be as independent as possible.

A Meaningful Day for member would include:

Member would like to socialize with friends/peers close to his age. Member has no cognitive deficits and would like to have meaningful conversations with others. Member enjoys hunting and fishing. He likes being outdoors and enjoying nature. He likes to visit with family.

Environmental Modifications/Requirements/Additional Needs:

Member has a power wheelchair and needs a home that is wheelchair accessible. Member’s power wheelchair is 24” across. Member needs a private room. A hospital bed for the member would be pursued and would be pending Medicare approval. Member utilizes a slide board for transfers. He also uses a transfer bar. He needs a mechanical lift to get into the shower. A walk-in shower and shower chair is needed. Member uses a utensil cuff when eating. Member requires a commode. He has a boot splint. Member has a tenodesis practice splint. Member was utilizing the therapy room at the SNF until COVID. Member is now completing ROM exercises with his upper body independently. He is repositioned every three hours.

Member has the following behavioral challenges:

No behavioral challenges.

Member has the following medical concerns*:

Member is on a daily bowel program with digital stimulation. Member requires straight cathing every three hours during the day. He can cath himself during the day but requires assistance for prepping catheterization supplies. At night, he needs the caregivers to cath him every 3-4 hours. The cares provided must be overseen by an RN (RN Delegated Tasks). Please make sure to include your agency capacity to oversee the RN Delegated Tasks.