

## ABOUT ME

### **BRIAN C BUHNER**

**Assessment Date:** 06/23/2021

**Plan Dates:** 07/01/2021 to 06/30/2022

**Developed by:** Sarah Maurice (507) 825-8564

**Address:** 161 Ridgeviw Drive  
Pipestone, MN 56164

**County:** Pipestone

**Home:** (507) 562-2591

**Work:** (507) 825-4120

**Other:**

### **General Plan Notes:**

Brian is an outgoing person who like to be in control of things going on around him. Brian enjoys going out in the community. Brain likes to go out to eat and shopping.

A typical day for Brian is he gets up between 7- 7:30 am and takes his medications. Depending on the time he may go back to bed or he may stay up. Brian then will have to get up and get ready for work or for the day. He gets dressed independently, he has his clothes laid out the night before. He may or may not due his grooming depending on what he feels like for the day. He typically will eat toast. He has more medications that he needs to take and every other day he has to do his blood sugar. Brain will open a pop when the Progress van is in sight to pick him up. If Brian is not ready when Progress arrives and misses his ride, Brian has to walk to work.

Brian goes to Progress five days for six hours a day. While at Progress Brian will work on piece rate jobs. He will walk around and try to look busy so he does not have to work. He eats his lunch that he brings from home at Progress. Brian does have a couple of programs that he works on while he is there also. Brian leaves to go home around 3pm.

Depending on the day and who is working at Brian's home depends on how the evening goes. Brian has a chore list that he is to do each day after work. These are things such as vacuuming, sweeping, cleaning bathroom and taking out the trash. Brian more times than not will refuse to do these things. Brain has certain things he does during the week. Brian is able to use the phone at 4pm to call whom he would like, mostly the library, Hope Haven office, sometimes family. Brian also has to take his blood sugar after work.. He may or may not assist in making his supper. Brian will generally use the oven, or microwave, he does not do much for boiling or

frying. Brian will pick out every easy things to eat such as oatmeal or toast for his evening meal. Brian normally takes his bath in the evenings. At this time Brian is running his bath water but not getting in. He is splashing himself at the sink with this pants on and saying he took a bath. Brian likes to play games and work on puzzles. Brian is very forceful with making staff feel like they have to play games with him or do puzzles. If Brian could do what he wanted to each day, he would eat out, or attend some kind of event where there may be food. HE does however refuse about 1/3 of the planned activates that he says he wants to do and plans.

Brian is able to use the phone at 7pm, and calls his brothers. He takes his medications about 7-8pm. He makes a smoothie every night.

The time Brian goes to bed each night varies, usually 9-9:30. At times he will start telling his caregiver that they need to go to bed at 7pm, while he will stay up until 10pm. Brian would stay in the living room in the recliner all the time if he could. Brian has attempted to go outside in the middle of the night to read. Brian does have a TV and recliner in his room, however he normally will say he wants staff to go to bed so he can watch TV.

Brian enjoys food, and may times it is felt that Brian wants to get more food as to why he wants the staff to go to bed so early.

Brian's dream varies when I ask him this question. Brian also says he really does not have a dream. Brian did say he has a dream vacation to go to Hawaii. Brian dreams he could stay at his brothers more often.

## PERSON INFORMATION

**Date of Birth:** 08/28/1979 **Age:** 41 yrs

### Emergency Contacts

Name	Relationship	Phone
Ted Buhner	Guardian/Legal Representative	(507) 360-2285

### Notes/Comments

### Decision Making Representatives

Name	Type of Authority	Address	Phone
Ted Buhner	Private Guardian	31123 297th Street Worthington MN 56187	(507) 360-2285

**Notes/Comments****Health Insurance & Payers**

Is the person certified disabled by Social Security or through the State Medical Review Team (SMRT) process? Yes

Is the person on medical assistance? Yes

Type	Describe	Policy Number	Effective Date
Medical Assistance			05/01/1993
Medicare - Part A			06/01/2005
Medicare - Part B			06/01/2005
Medicare - Part D			01/01/2006

**Notes/Comments****Providers**

Health Care Providers	Phone	Comments
Dentist	(320) 815-5711	Caring Hands Dental
Psychiatrist	(507) 337-2923	Ammar Ali - SWMH
Other	(507) 825-5401	Douglas Vermeer
Optometrist		
Primary Physician	(507) 825-5700	Dr. Michael Lastine

**Notes/Comments**

DAY PROGRAM Progress Inc. PHONE # 507-825-4120

RESIDENCE Hope Haven PHONE # 507-825-5954

## WHAT'S IMPORTANT TO THE INDIVIDUAL

### Goals related to how you want to live your life:

**Quality of Life:** Brian wants to be in control of his life and what he does and does not do. Brian wants to do things in his own time frame and would prefer that he be the "boss" of the individuals who assist him.

**Activities of Daily Living:** Brian like to look nice, and wants others to like him.

**Instrumental Activities of Daily Living:** Brian likes to have control over all areas of his life. He wants to be independent. Brian likes to help with cooking and cleaning when he wants to. Brian likes to go shopping.

**Health:** Brian's health is important to him. It is important to Brian that staff monitor his health and make sure that he takes his medications.

**Psychosocial:** Brian is a person who likes to control his enviornment and everyone who is in it. If things are not the way that Brian feels they should be this can cause problems for him.

**Memory & Cognition:** It is important for Brian to maintain himself in a healthy and safe enviornment.

**Safety & Self-Preservation:** Brian likes to know what is going on in his life. He likes to do things that others are doing. Brian likes to spend money. Brian likes to have friends. Brain wants to feel safe and be in a safe environment.

**Sensory & Communication:** Brian likes to have conversations and communicate with others. It is not important to Brian to wear his hearing aids. Brian does were his glasses.

**Employment, Volunteering & Training:** Brian talkes about wanting to work as he wants to make money to go out into the community and do some of the extras. Brian has saved his work money to pay to go to concerts which is very rewarding to him.

**Housing & Environment:** Brian wants to have contol over his life. He likes to be able to tell the people working with him when to do things.

**Self-Direction:** To have a say in what is going on in his life is important to Brian.

### Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
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**Short and Long-Term Goals**

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Brian wants to have control over his life. One of the areas tha Brian wants to improve is in the area of taking his medicaions. Brian will take his medicaions in view of staff to be medication compliant.	06/30/2022		
Brian likes where he lives and enjoys living in his own home. Brian needs to complete his house work to maintain living in his own home.	06/30/2022		
Brian enjoys going to concerts and doing bigger activities. Brain has to budget the money he makes at Progress to do these activities. Brian will work hard to have income from Progress so he is able to do some of the things he enjoys.	06/30/2022		

**Action Steps for Goals:****What will the person do?**

Brian will continue to actively participate in his home environment and community. Brian will continue to meet with his Developmental Disabilities case manager face to face two times yearly to evaluate needs and services. Brian will work with providers to ensure continuity of care, open communication of preferences and goal management. Brian will do his best to keep home and community appointments. Brian will to continue to make choice about his life and goals.

### **What will the case manager do?**

Case manager will meet with Brian face to face at least two times per year to discuss services. Case manager will review coordinated services and supports plan with Brian at these meetings and will update as needed. Case manager will provide Brian the opportunity to choose his providers and waiver services. Case Manager will work with Brian and his team to obtain desired providers for services. Case Manager will complete referrals and provide resources as appropriate to meet Brian's needs. Case manager will inform Brian and providers/supports of options regarding waiver services and will follow up with questions and concerns as addressed. Case manager will advocate for Brian to remain living in the community with health and safety needs met. Case manager will focus on providing person- centered services by assisting Brian with problem solving. Case manager will communicate Brian's goal and interest to formal support.

### **What will others do?**

Informal and formal supports will encourage and support Brian. Informal and formal supports will act as an advocate for Brian by asking questions and assisting Brian with decisions. Informal and formal supports will notify health care staff and service coordination of changes in health. Informal and formal supports will allow Brian to define relationship and level of support.

### **What will the provider do?**

Brian's providers will provide services as listed in the service agreement and Coordinated Services and Support Plan (CSSP). Providers will advocate for Brian to ensure health and safety needs are met within the community. Provider will update Developmental Disabilities case manager on any health changes that may occur. Providers will allow Brian to maintain as much independence as possible and be person-centered in delivering services. Providers will communicate with case manager regarding billing questions/ concerns. Providers will update case manager of changes in services or hospitalizations. Providers will assist Brian in seeking out information that they will need to make decisions. Providers will encourage Brian participation and assess for barriers.

## **SUMMARY OF NEEDS**

**Quality of Life:** Brian can be bossy, however those who work with him should be trained in how to deal with his "bossiness." Brian is encouraged to do the items that need to be done in a timely manner so they are completed for him.

**Personal Assistance:** Brian does not need assistance with eating at this time. Brian and the staff make a menu of what Brian wants to eat. Many times Brian never eats what he chooses for meals. Brian over the past year was diagnosed as diabetic. Brian at first appeared to want that diagnosis. Brian does struggle with eating properly. At this time to help Brian, all food is labeled with a number of carb choices on it. This way Brian can choose the number of carb choices he is to have at each meal. Brian enjoys sweets. When given the opportunity, Brian will eat the sweets and most of the time more than he should. A plan has been put into place that before Brian is given a sweet at work, Progress staff will call Hope Haven staff to talk about what he should or should not eat out of his lunch to balance out the extra carbs. Brian will hide food, and he also would choose to eat all of his "snack" items in a day. The team feels that it is important to Brian's health that this continued to be monitored in this area. In the past Brian was able to bath and is encouraged to bathe independently. Presently, Brian is faking taking a bath. He will run the water but never get into it. Brian uses bubble bath or his body wash in the tub for bubbles. Brian masturbates in the bathtub and never wash himself up. There have been several conversations with Brian related to the importance of bathing to be clean and free from smells. Due to his lack of bathing Brian does at times he does have body odor that is really bad. At times, Brian will get "pimples" on his neck/ back of his head from not washing. Brian has been encourage to take his bath then to wash under the shower. This area seems to be a struggle for Brian to the point that at his last meeting it was discussed the staff may have to start washing his hair due to the sores he is getting on his head from not washing like he is supposed to. It was discussed that if Brian gets more sores on his head, that staff will start washing his hair in the kitchen sink. Brian needs physical assistance with bathing however refused to receive this as he feels he is just fine. Brian is able to do his grooming/hygiene by himself, however much of the time he does not do it. Brian needs reminders to get it done and make sure he does it thoroughly. Brian will lie to staff about doing his grooming and hygiene. Brian will go for long periods of time without brushing his teeth. Brian does shave, however he does not like the reminders that he did not do a good job, and does not like to accept help with getting all of his facial hair. Brian's fingernails do not get regularly clipped. Many times there is dirt built up under them and they are long. Brian is able to do his own peri-care however there is question on if he does it due to his body odor. These are all areas that Brian has the skills to complete them but seems to be a power struggle area for him with staff and to be in control he does not do them.

**Home Management:** Brian would like to have total control over his medications. It is felt that Brian has as much control as he can handle. Brian's medications come set up and packaged for him. He needs to have staff watch him take his medications due to past history of putting down the drain or throwing them away. Brian attempts to take his medications when staff are not around. Brian and the staff make a menu of what Brian wants to eat. Many times Brian never eats what he chooses for meals. Brian over the past year was diagnosed as diabetic. Brian at first appeared to want that diagnosis. Brian does struggle with eating properly. At this time to help Brian, all food is labeled with a number of carb choices on it. This way Brian can choose the number of carb choices he is to have at each meal. Brian enjoys sweets. When given the opportunity, Brian will eat the sweets and most of the time more than he should. A plan has been put into place that before Brian is given a sweet at work, Progress staff will call Hope Haven staff to talk about what he should or should not eat out of his lunch to balance out the extra carbs. Brian will hide food, and he also would choose to eat all of his "snack" items in a day. The team feels that it is important to Brian's health that this continued to be monitored in this area. Brian has the skills to do house hold task, it is if he wants to do them or not. Brian will want to do things

when he wants to do them. He does not do a good job a cleaning any many times will refuse to clean. He needs prompts to get it done. Brian is able to go shopping. He needs a lot of prompts to spend only what he has budgeted for. Brian is impulsive when it comes to items and things he "wants" in the moment. Brian will throw things into the shopping cart for no rhyme or reason. Brian needs assistance to make sure clothing fits him. Staff should not go into a dressing room with him. He needs to go into the dressing room and then come out. Brian has a rep payee who manages his money for him. Brian has substantial income from social security. Brian also earns income from his job at Progress Inc. Brian is impulsive with money and will go and spend money on items that he has no use for.

**Health Related/Medical:** Brian would rate his health a "good." He does not have any immediate health concerns. Brian has recently been diagnosed with diabetes. Brian does have some allergies, which are managed by allergy shots. Staff need to monitor his health. Others encourage Brian to eat health foods and get exercise. Brian often refuses. Brian needs to monitor with his medications as he over uses antacids.

**Cognitive and Behavior Supports:** Brian thinks he can do whatever he wants whenever he wants. Brian does not think of the consequences when he is doing things. Brian wants to be in control of everything around him. Caregivers need to be aware of this as he can put himself in danger without knowing. Others need to step in and remove Brian from situations that could turn out badly for him. When Brian is upset his can throw objects at others to try and hurt them. Brian needs to be reminded by caregivers that this is not how we deal with anger. Caregivers need to also monitor themselves and others so they do not get hit by objects that Brian is throwing. Brian will attempt to intimidate others when he is upset or does not get to do what he wants when he wants. Brian will yell, scream and get onto caregivers face if he does not get what he wants. He will threaten that he is going to call the cops on them or get them fired for what they are doing this is an intimidation method used by him. Brian will swear. He can be demanding. Brian will try to manipulated caregivers to get what he wants. He will also lie to others if he thinks he is going to get what he wants. Brian has written threatening notes about calling the cops to caregivers. This is a daily occurrence. Brian needs caregivers who are able to go with the flow and not get intimidated by him while working with him. Caregivers who work with Brian need to be able to tell him no and take control of the situation if it is getting out of hand. Brian will disrupt others activates especially if he is looking for attention. This often occurs when Brian is looking for others to entertain him. Brian feels that he should be able to tell caregivers what to do and when. He does not understand personal boundaries and will get right into someone face especially if he is trying to intimidate them. Brian has had inappropriate thoughts and desires related to sex with adult males, adult females, children and his siblings. Brian needs to be supervised at all times when he is in the community. Brian is to avoid places such as public locker rooms, public restrooms, and areas were there could be children unsupervised. Brian did have a psychosexual completed. Staff should be aware of the fact that there are some places and times that have been limited due to the psychosexual. Brian struggles with regulating his emotions. He will argue over the smallest of things. Especially if he things he can make others change their minds. He is impulsive. Brian also has big ideas related to social outings and gatherings. Brian will think an event sounds wonderful and then not participate when he arrives or what to leave right away if he is not the center of attention. An example of this is Brian went to Thanksgiving with his family. They were all there, he did not want to visit, he wanted to hurry, eat and then make someone take him home as he was done with it after being there about 15 minutes. Caregivers need to be aware that he will get overly

excited to do something which could cause issues for him, than when he gets there, or at times he chooses not to go, he will want to leave almost right away. Brian is susceptible to abuse and neglect by caregivers and others. Brian has an idea of what abuse looks like and would be. He will threaten others that he is going to turn them in for abuse when it has not occurred. Brian has a history of being sexually abused by male. This occurred years ago, Brian now takes about it like he was the abuser in the situation. Brian is reliant on staff to set up all medical appointments. Brian understands money; however, has a hard time figuring out how much money he is going to spend and has some impulsivity issues when it comes to purchasing items. Brian would write checks and not understand if he did not have the money to cover the checks. Hope Haven's staff control Brian's checking account and cash that he has on hand. Brian is able to spend his paychecks from work on the items that he wants. It has been made clear to Brian that his other money is not to be spent on items that he "wants." The money from social security goes to pay his housing which Brian does not always understand. He has said that he has money as he knows the amount of social security that he receives. Brian relies on caregivers to support with all medical needs, including preventative care. Caregivers will transport and accompany to any and all medical appointments. Caregivers will accompany to relay necessary medical information to medical personnel and to ensure that recommendations are followed. Caregivers will contact the case manager to inform them of updated medical changes. Caregivers need to ensure health and safety needs are being addressed. Contact MAARC to report all vulnerable adult abuse at 1-844-880-1574. Minnesota definition of maltreatment includes: 2 Abuse, including physical, emotional and sexual abuse, use of restraints, involuntary seclusion or punishment 2 Neglect, including failure to provide necessary food, shelter, clothing, health care or supervision because of neglect by a caregiver or because the vulnerable adult cannot meet their own needs 2 Financial exploitation, including theft or withholding of money or property and/or use of money or property not for the vulnerable adult's benefit.; PSYCHOLOGICAL: Date: 02/24/2006 Assessor: Jim Horgan Test: WAIS III Summary: A full scale IQ of 58 was given which would give Brian a diagnosis of Mild Mental Retardation. Brian has some deficits in the area of social skills. He tries to get involved in conversations that he does not need to be part of, and he models after individuals who are lower functioning. He at times will enter a meeting that he should not be entering. Brian also has what appears to be some sort of anxiety related to people talking about him, but he will talk about others behind their backs and will be rude about it. Brian is a very caring person and does worry about what others think of him, which is where at times he gets in trouble with his social skills. Brian tries to joke around with people, however at times he does not realize that what he is saying can be hurtful to other people. Brian does not like to be "picked on" however at times when he is "joking around" it appears to be "picking on others."

**Personal Security:** Brian needs caregivers to keep him safe. Brian does not always recognize when a situation is dangerous or he needs to be removed as it could become dangerous. Brian reports that he would call the emergency number if there was an emergency. If Brian were to call, due to Brian's speech when he gets upset, or nervous, Brian's team is unsure if the others would be able to understand him. Brian may not be able to accurately report what is going on, and has made up stories. Brian may or may not make an appropriate decision in a harmful situation. He may get overly involved and cause more harm to himself or others. At this time Brian needs a 24 hour plan of care and Ted, his guardian believes the DD waiver is meeting his need and wants to continue using this service.

**Communications:** Over the last year, Brian's vision has changed due to the fact that he was an undiagnosed diabetic. He now

has cataracts and his team is unsure of what his useful vision is. According to the eye doctor his left eye is almost blind. His right eye has 20/70 vision. Brian's team keeps talking with him about getting cataract surgery, however at this time he is choosing not to. Brian has hearing impairment. He has hearing aids that he chooses not to wear. When Brian does not wear his hearing aids he does not hear the majority of what a person is saying. Brian's team has been told that Brian's hearing is so bad that he hears only a few words and he pieces things together in his head even if it is not correct. Others need to request that Brian put his hearing aids in prior to having a conversation with him. Brian not wearing his hearing aids is making his hearing impairment worse according to the audiologist. Brian's speech is difficult to understand at times. His speech is intelligible to familiar listeners. He does talk faster when nervous, so needs prompt to slow down so talking to be understood. Brian's has a hard time getting his words out at times. People working with him need to be patient. Brian has been had speech therapy in the past. He was given exercises that he can do independently to help with his speech. Brian chooses not to do these. Brian's speech is also affected by the fact that he does not hear well. It is important that caregivers check in with others before assuming they know what has gone on. Written: Brian can write his name and can read. He has difficulty processing what he reads.

**Employment/Training/Skill Building:** Brian is able to spend his paychecks from work on the items that he wants. It has been made clear to Brian that his other money is not to be spent on items that he "wants." The money from social security goes to pay his housing, which Brian does not always understand. He has said that he has money, as he knows the amount of social security that he receives. Brian is capable of working; however, he has struggles in this area. Brian makes poor choices as it relates to work and has a habit of modeling individuals who have lower abilities than him. Brian also has chosen to sleep at work; he does not get up for work and therefore goes to work late and misses some of the jobs he could be doing. Progress Inc. has worked very hard and has found a job in the community that is just for Brian. Brian has made the decision not to work at this job.

**Supportive Services:** Brian can be demanding and yell and scream at staff. It is important for staff to know that Brian is not the boss and that there are rules that need to be followed.

**Self-Direction:** Brian makes rash decisions that could put himself or others in harm's way. Individuals who work with Brian need to help consider the consequences to his decision. This can be with money, behavior or what he is watching on tv. Brian has a guardian who also helps him make decisions.

**Caregiver/Parent Support:** N/A Brian lives in a cooperative foster care with shift staff.

## RECOMMENDED REFERRALS

No Data Found

## INFORMAL CAREGIVERS

Name	Caregiver Relationship	Lives with Person	Caregiver Role	Type of Care
		<input type="checkbox"/>		<input type="checkbox"/> ADLs <input type="checkbox"/> IADLs <input type="checkbox"/> Habilitation <input type="checkbox"/> Community Access <input type="checkbox"/> Supervision <input type="checkbox"/> Social Interaction <input type="checkbox"/> Health & Medical

Notes/Comments

### RISKS

#### How will Health and Safety Issues be Addressed?

Brian has 24 hour a day supervision between his home and work. Brian's staff monitor his health and safety. These services are paid for through the DD waiver. Brain has a court appointed guardian in place to assist in making decisions to ensure health, safety and basic needs are met. Brian has a Representative Payee appointed by Social Security Administration to safety manage his money. Brian has an Individual Abuse Prevention Plan in place at his home and work. These are reviewed annual by Brian and his team as well as needed.

### NEXT STEPS:

- You will work with an assessor or case manager to develop a Coordinated Services and Supports Plan for the public program you have chosen.
- We are waiting for:
- For help locating services and supports options in this Community Support Plan, these are resources you can contact:
  - www.Minnesotahelp.info®
  - Disability Linkage Line® (Hub) 866-333-2466
  - Senior LinkAge Line® (SLL) 800-333-2433
  - Veterans Linkage Line™ (VLL) 888-546-5838

**Comments:**

# APPEAL INFORMATION

If you are dissatisfied with the county agency/tribe or managed care organization's action, or feel they have failed to act on your request for home and community based services, you have the right to appeal within 30 days to your agency\*, or write directly to:

Minnesota Department of Human Services Appeals Office  
P. O. Box 64941  
St. Paul, MN 55164-0941

Call:  
Metro: 651-431-3600 (Voice)  
Outstate: 651-657-3510  
TTY: 800-627-3529  
Fax: 651-431-7523

Online filing:  
<http://edocs.dhs.state.mn.us/lfserver/Public/DH5-0033-ENG-eform>

If you want to have your services continue during an appeal, you must file within 10 days after you receive a notice from your agency about a reduction, denial or termination of your services.

If you show good cause for not appealing within the 30-day limit, the state agency can accept your appeal for up to 90 days from the date you receive the notice.

\* If you are enrolled in a managed care organization you also have the option to appeal directly with your managed care organization.

## What if I feel I have been discriminated against?

Discrimination is against the law. You have the right to file a complaint if you believe you were discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age or disability. To file a complaint, contact:

- Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
Call 651-431-3040 (voice); or Minnesota Relay at 711 or 800-627-3529 (toll-free).
- Minnesota Department of Human Rights  
Freeman Building  
625 N. Robert St.  
St. Paul, MN 55155  
Call 651-539-1100 (voice), 651-296-1283 (TTY) or 800-657-3704 (toll-free).

U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, religion or sex. Contact the federal agency directly at U.S. Department of Health and Human Services Office for Civil Rights, Region V, 233 N. Michigan Ave. Suite 240, Chicago, IL, 60601. Call 312-886-2359 (voice), 800-537-7697 (TTY) or 800-368-1019 (toll-free).

**651-431-2400 or 800-747-5484**

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សម្គាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ទោះបីជាឥតគិតថ្លៃ សូមទូរស័ព្ទលេខទូរស័ព្ទដោយឥតគិតថ្លៃ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyceem. Yog hais lias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov looj saum toj no.

โปรดดูขานี้. ถ้าคุณต้องการความช่วยเหลือในการแปลเอกสารภาษาไทยนี้, โปรดโทรไปหมายเลขข้างบนนี้.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Dignin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkaan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

111-9008-131

This information is available in accessible formats for individuals with disabilities by calling 651-431-2600, toll-free 800-882-6262, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.



## ABOUT ME

### BRIAN C BUHNER

**Assessment Date:** 06/23/2021

**Plan Dates:** 07/01/2021 to 06/30/2022

**Developed by:** Sarah Maurice (507) 825-8564

**Address:** 161 Ridgeviw Drive  
Pipestone, MN 56164

**County:** Pipestone

**Home:** (507) 562-2591

**Work:** (507) 825-4120

**Other:**

### General Plan Notes:

Brian is an outgoing person who like to be in control of things going on around him. Brian enjoys going out in the community. Brain likes to go out to eat and shopping.

A typical day for Brian is he gets up between 7- 7:30 am and takes his medications. Depending on the time he may go back to bed or he may stay up. Brian then will have to get up and get ready for work or for the day. He gets dressed independently, he has his clothes laid out the night before. He may or may not due his grooming depending on what he feels like for the day. He typically will eat toast. He has more medications that he needs to take and every other day he has to do his blood sugar. Brain will open a pop when the Progress van is in sight to pick him up. If Brian is not ready when Progress arrives and misses his ride, Brian has to walk to work.

Brian goes to Progress five days for six hours a day. While at Progress Brian will work on piece rate jobs. He will walk around and try to look busy so he does not have to work. He eats his lunch that he brings from home at Progress. Brian does have a couple of programs that he works on while he is there also. Brian leaves to go home around 3pm.

Depending on the day and who is working at Brian's home depends on how the evening goes. Brian has a chore list that he is to do each day after work. These are things such as vacuuming, sweeping, cleaning bathroom and taking out the trash. Brian more times than not will refuse to do these things. Brain has certain things he does during the week. Brian is able to use the phone at 4pm to call whom he would like, mostly the library, Hope Haven office, sometimes family. Brian also has to take his blood sugar after work.. He may or may not assist in making his supper. Brian will generally use the oven, or microwave, he does not do much for boiling or

frying. Brian will pick out every easy things to eat such as oatmeal or toast for his evening meal. Brian normally takes his bath in the evenings. At this time Brian is running his bath water but not getting in. He is splashing himself at the sink with this pants on and saying he took a bath. Brian likes to play games and work on puzzles. Brian is very forceful with making staff feel like they have to play games with him or do puzzles. If Brian could do what he wanted to each day, he would eat out, or attend some kind of event where there may be food. HE does however refuse about 1/3 of the planned activates that he says he wants to do and plans.

Brian is able to use the phone at 7pm, and calls his brothers. He takes his medications about 7-8pm. He makes a smoothie every night.

The time Brian goes to bed each night varies, usually 9-9:30. At times he will start telling his caregiver that they need to go to bed at 7pm, while he will stay up until 10pm. Brian would stay in the living room in the recliner all the time if he could. Brian has attempted to go outside in the middle of the night to read. Brian does have a TV and recliner in his room, however he normally will say he wants staff to go to bed so he can watch TV.

Brian enjoys food, and may times it is felt that Brian wants to get more food as to why he wants the staff to go to bed so early.

Brian's dream varies when I ask him this question. Brian also says he really does not have a dream. Brian did say he has a dream vacation to go to Hawaii. Brian dreams he could stay at his brothers more often.

## PERSON INFORMATION

**Date of Birth:** 08/28/1979 **Age:** 41 yrs

### Emergency Contacts

Name	Relationship	Phone
Ted Buhner	Guardian/Legal Representative	(507) 360-2285

### Notes/Comments

### Decision Making Representatives

Name	Type of Authority	Address	Phone
Ted Buhner	Private Guardian	31123 297th Street Worthington MN 56187	(507) 360-2285

**Notes/Comments****Health Insurance & Payers**

Is the person certified disabled by Social Security or through the State Medical Review Team (SMRT) process? Yes

Is the person on medical assistance? Yes

Type	Describe	Policy Number	Effective Date
Medical Assistance			05/01/1993
Medicare - Part A			06/01/2005
Medicare - Part B			06/01/2005
Medicare - Part D			01/01/2006

**Notes/Comments****Providers**

Health Care Providers	Phone	Comments
Dentist	(320) 815-5711	Caring Hands Dental
Psychiatrist	(507) 337-2923	Ammar Ali
Other	(507) 825-5401	Douglas Vermeer
Optometrist		
Primary Physician	(507) 825-5700	Dr. Michael Lastine

**Notes/Comments**

DAY PROGRAM Progress Inc. PHONE # 507-825-4120

RESIDENCE Hope Haven PHONE # 507-825-5954

## WHAT'S IMPORTANT TO THE INDIVIDUAL

### Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Brian wants to have control over his life. One of the areas tha Brian wants to improve is in the area of taking his medicaions. Brian will take his medicaions in view of staff to be medication compliant.	06/30/2022		
Brian likes where he lives and enjoys living in his own home. Brian needs to complete his house work to maintain living in his own home.	06/30/2022		
Brian enjoys going to concerts and doing bigger activities. Brain has to budget the money he makes at Progress to do these activities. Brian will work hard to have income from Progress so he is able to do some of the things he enjoys.	06/30/2022		

### Action Steps for Goals:

#### What will the person do?

Brian will continue to actively participate in his home environment and community. Brian will continue to meet with his Developmental Disabilities case manager face to face two times yearly to evaluate needs and services. Brian will work with providers to ensure continuity of care, open communication of preferences and goal management. Brian will do his best to keep home and community appointments. Brian will to continue to make choice about his life and goals.

### **What will the case manager do?**

Case manager will meet with Brian face to face at least two times per year to discuss services. Case manager will review coordinated services and supports plan with Brian at these meetings and will update as needed. Case manager will provide Brian the opportunity to choose his providers and waiver services. Case Manager will work with Brian and his team to obtain desired providers for services. Case Manager will complete referrals and provide resources as appropriate to meet Brian's needs. Case manager will inform Brian and providers/supports of options regarding waiver services and will follow up with questions and concerns as addressed. Case manager will advocate for Brian to remain living in the community with health and safety needs met. Case manager will focus on providing person- centered services by assisting Brian with problem solving. Case manager will communicate Brian's goal and interest to formal support.

### **What will others do?**

Informal and formal supports will encourage and support Brian. Informal and formal supports will act as an advocate for Brian by asking questions and assisting Brian with decisions. Informal and formal supports will notify health care staff and service coordination of changes in health. Informal and formal supports will allow Brian to define relationship and level of support.

### **What will the provider do?**

Brian's providers will provide services as listed in the service agreement and Coordinated Services and Support Plan (CSSP). Providers will advocate for Brian to ensure health and safety needs are met within the community. Provider will update Developmental Disabilities case manager on any health changes that may occur. Providers will allow Brian to maintain as much independence as possible and be person-centered in delivering services. Providers will communicate with case manager regarding billing questions/ concerns. Providers will update case manager of changes in services or hospitalizations. Providers will assist Brian in seeking out information that they will need to make decisions. Providers will encourage Brian participation and assess for barriers.

**SUMMARY OF PROGRAMS AND SERVICES**

<b>Program Type</b> Developmental Disability Waiver	<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Annual Amount</b> \$0.00	<b>Total Plan Cost</b> \$297,979.60	<b>Avg Monthly</b> \$24,831.63
<b>Case Manager/Care Coordinator</b> Sarah Maurice		<b>Case Manager/Care Coordinator Provider ID</b> A972678100		<b>Responsible Party Name</b> Ted Buhner	
<b>Program Notes</b>					

<b>Service</b> 24-Hour Emergency Assistance - 15 Minutes							
<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Procedure Code</b> H2011	<b>Frequency</b>	<b>Units</b> 11680	<b>Rate</b> \$6.40	<b>Avg Monthly</b> \$6,229.33	<b>Total Service</b> \$74,752.00
<b>NPI/UMPI</b> A515018300	<b>Status</b> Approved	<b>Provider Name</b> THE ACHIEVEMENT CENTER		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Pipestone	
<b>Areas of Need</b>							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b> Case Management - 15 Minutes							
<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Procedure Code</b> T1016 UC	<b>Frequency</b>	<b>Units</b> 100	<b>Rate</b> \$23.19	<b>Avg Monthly</b> \$193.25	<b>Total Service</b> \$2,319.00
<b>NPI/UMPI</b> A000059100	<b>Status</b> Approved	<b>Provider Name</b> PIPESTONE COUNTY WELFARE		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Pipestone	
<b>Areas of Need</b> Quality of Life							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b> Case Management Aide (Paraprofessional) - 15 Minutes							
<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Procedure Code</b> T1016 TF UC	<b>Frequency</b>	<b>Units</b> 20	<b>Rate</b> \$9.39	<b>Avg Monthly</b> \$15.65	<b>Total Service</b> \$187.80
<b>NPI/UMPI</b> A000059100	<b>Status</b> Approved	<b>Provider Name</b> PIPESTONE COUNTY WELFARE		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Pipestone	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b> Day Support Services - 15 Minutes							
<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Procedure Code</b> T2021 UC	<b>Frequency</b>	<b>Units</b> 6240	<b>Rate</b> \$4.03	<b>Avg Monthly</b> \$2,095.60	<b>Total Service</b> \$25,147.20
<b>NPI/UMPI</b> A698060100	<b>Status</b> Approved	<b>Provider Name</b> PROGRESS INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Pipestone	
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b> Individualized Home Supports with Training 1:1 - 15 Minutes							
<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Procedure Code</b> H2014 UC U3	<b>Frequency</b> 1-Daily	<b>Units</b> 18096	<b>Rate</b> \$10.55	<b>Avg Monthly</b> \$15,909.40	<b>Total Service</b> \$190,912.80
<b>NPI/UMPI</b> A515018300	<b>Status</b> Approved	<b>Provider Name</b> THE ACHIEVEMENT CENTER		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Pipestone	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b> Transportation - Per One Way Trip							
<b>Start Date</b> 07/01/2021	<b>End Date</b> 06/30/2022	<b>Procedure Code</b> T2003 UC	<b>Frequency</b>	<b>Units</b> 480	<b>Rate</b> \$9.71	<b>Avg Monthly</b> \$388.40	<b>Total Service</b> \$4,660.80
<b>NPI/UMPI</b> A698060100	<b>Status</b> Approved	<b>Provider Name</b> PROGRESS INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Pipestone	
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b>							
<b>Service Notes</b>							

## RISKS

### How will Health and Safety Issues be Addressed?

Brian has 24 hour a day supervision between his home and work. Brian's staff monitor his health and safety. These services are paid for through the DD waiver. Brian has a court appointed guardian in place to assist in making decisions to ensure health, safety and basic needs are met. Brian has a Representative Payee appointed by Social Security Administration to safety manage his money. Brian has an Individual Abuse Prevention Plan in place at his home and work. These are reviewed annual by Brian and his team as well as needed.

The following table documents and acknowledges any risks that exist based on identified remaining needs above.

Identified risk and choice regarding services	Negative outcome that may result	Alternative measure that may be implemented

### Summary plan/agreement reached to address the identified risks:

At this time the services that are being provided to Brian cover what he is needs. Ted, Brian's Guardian agrees with the services and that they meet Brian's needs. Brian receives staff in his home, and work services.

### Emergency & Back Up Plans

#### Plan for unforeseen events (e.g, weather, storms, power outages)

Staff will encourage Brian to go to a safe environment with staff and stay with them.

Key Contact Name	Relationship	Phone Number
Leah Ference	Hope Haven	(507) 825-0039
Brook Albright	Progress Inc	(507) 825-4120
Ted Buhner	Guardian	(507) 442-7943

#### Plan for emergency health events

911 will be called and then emergency contacts will be made.

Key Contact Name	Relationship	Phone Number
Leah Ference	Hope Haven	(507) 825-0039

<b>Key Contact Name</b>	<b>Relationship</b>	<b>Phone Number</b>
Brook Albright	Progress Inc	(507) 825-4120
Ted Buhner	Guardian	(507) 442-7943

**Plan for unavailable staffing that puts the person at risk**

The current staff will stay with Brian until contacts can be made and until alternate staff have come in.

<b>Key Contact Name</b>	<b>Relationship</b>	<b>Phone Number</b>
Brook Albright	Progress Inc.	(507) 825-4120
Leah Ference	Progress Inc	(507) 825-4120





# Coordinated Services and Supports Plan Signature Sheet

NAME <i>Brian Buhner</i>	ASSESSMENT ID	DATE <i>6/23/2021</i>
CASE MANAGER, CERTIFIED ASSESSOR OR CARE COORDINATOR <i>Sarah Maurice</i>	TELEPHONE NUMBER <i>507-825-8564</i>	EXT.

This document confirms I:

- Received required information
- Participated in the development of my plan
- Was given choices about the services I will receive from programs provided through the Minnesota Department of Human Services.

## Materials shared

I received information about:

Data privacy practices, which explain my right to confidentiality (DHS-4839E [PDE] or agency's form)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Minnesota Health Care Programs, DHS-3182, (PDE)	<input checked="" type="radio"/> Yes <input type="radio"/> No
My right to appeal (DHS-1941 [PDE] or agency's form)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other information, such as <i>Ombudsman</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No

## Creating my Coordinated Services and Supports Plan (CSSP)

I was given a choice between receiving services in the community or in an institution.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was able to invite who I wanted to come to my planning meeting.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I participated in developing my plan for receiving services.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was given choices of different types of services that could meet my assessed needs as indicated on the Community Support Plan Worksheet I received and through discussion with my case manager.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was offered a choice of services, supports and providers.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I agree with the services, supports and providers indicated in my plan.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I understand if I do not agree with any part of my written support plan, I can call my case manager, assessor or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I understand my case manager, assessor or care coordinator will send this signature page to me with my written plan.	<input checked="" type="radio"/> Yes <input type="radio"/> No
My Coordinated Services and Supports Plan will be shared with the following people/providers for planning and coordination: <i>Progress Inc, Hope Haven</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No

## PCA and Alternative Care/waiver programs

If I am eligible for both personal care assistance (PCA) services and an Alternative Care/waiver program (such as the Developmental Disabilities (DD) Waiver, Community Access for Disability Inclusion (CAD) Waiver, etc.), I choose:

To use all of my PCA services in addition to other services/supports as written in my plan.	<input type="radio"/> Yes <input type="radio"/> No
To use other services/supports as an alternative to _____ minutes of PCA services. I will use _____ minutes of PCA services.	<input type="radio"/> Yes <input type="radio"/> No

NOTE: If I choose to change this decision, I will call my case manager or care coordinator.

N/A

### Rule 185 DD/RC case management recipients

This section only is to Rule 185 developmental disabilities related conditions (DD/RC) case management recipients who want to waive their annual MnCHOICES assessment.

I only receive developmental disabilities case management or developmental disabilities case management with non-Medicaid funded services such as support independent living services (SLS).	<input type="radio"/> Yes <input type="radio"/> No
I understand that MnCHOICES is the annual assessment for long term services and supports.	<input type="radio"/> Yes <input type="radio"/> No
I understand I have the right to request and receive a MnCHOICES assessment at any time.	<input type="radio"/> Yes <input type="radio"/> No
My case manager has explained to me how MnCHOICES could help me evaluate my needs and learn about possible support options available to me.	<input type="radio"/> Yes <input type="radio"/> No
I have been given a copy of the MnCHOICES brochure.	<input type="radio"/> Yes <input type="radio"/> No
My needs have not changed since my last assessment and Coordinated Services Support Plan (CSSP).	<input type="radio"/> Yes <input type="radio"/> No
I choose to waive this year's annual MnCHOICES reassessment.	<input type="radio"/> Yes <input type="radio"/> No

### Comments

### My signature

My signature and responses on this form indicate:

- I received the information mentioned above.
- I know about the choices I have.
- I agree to the delivery of services as developed with my case manager and/or certified assessor.
- The provider(s) listed in this plan can share a written report about my care needs with my case manager and/or certified assessor if I give the provider(s) my permission.

MY SIGNATURE <i>Bryan Burnett</i>	DATE 6/23/21
--------------------------------------	-----------------

### My support team

LEGAL REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	DATE 6/23/21
SIGNATURE OF CMC/ACC WHO HELPED DEVELOP PLAN <i>[Signature]</i>	DATE 6/23/21
OTHER PERSON'S SIGNATURE	DATE
OTHER PERSON'S SIGNATURE	DATE
OTHER PERSON'S SIGNATURE	DATE

### Provider(s) signature

Provider(s) signatures indicate the provider(s) who sign:

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the case manager or certified assessor about recommendations for the person's care needs for future assessments. (NOTE: The provider should submit the report at least 60 days before the end of the person's current service agreement so the information can be considered at the person's reassessment.)

PROVIDER'S SIGNATURE <i>[Signature]</i>	DATE 6/23/21
AGENCY Progress, Inc.	DATE 6/23/21
PROVIDER'S SIGNATURE <i>[Signature]</i>	DATE 6/23/21
AGENCY Hope Haven	DATE 6/23/21
PROVIDER'S SIGNATURE	DATE
AGENCY	DATE

NOTE: Use another copy if there are more providers who need to sign.

# 651-431-4300 or 866-267-7655 (toll free)

Attention. If you need free help interpreting this document, call the above number.

၎င်းကိစ္စအား အကူအညီအတွက် ခေါ်ဆိုပါက အထက်ဖော်ပြပါ နံပါတ်များကို ခေါ်ဆိုပါ။

تحتاجون مساعدة في فهم هذا الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့အကူအညီအတွက် ခေါ်ဆိုပါက အထက်ဖော်ပြပါ နံပါတ်များကို ခေါ်ဆိုပါ။

កំណត់សំគាល់ ၊ ဖြေဆိုပေးရန်အတွက် ခေါ်ဆိုပါက အထက်ဖော်ပြပါ နံပါတ်များကို ခေါ်ဆိုပါ။

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

အသုံးပြုသူများအား အခမဲ့အကူအညီအတွက် ခေါ်ဆိုပါက အထက်ဖော်ပြပါ နံပါတ်များကို ခေါ်ဆိုပါ။

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຕອດ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງໂທສໍາຫຼັບການເອກະສານຊ່ວຍເຫຼືອນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hukkamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tajiimaadda qoraalka, lambarka kora was.

Atención. Si desca recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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For accessible formats of this information or assistance with additional equal access to human services, email [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-431-4300 or 866-267-7655 (toll free) or use your preferred relay service.

(ADA 1 2-18)

## Appeal information

If you are dissatisfied with the county agency, tribal nation or managed care organization's action, or feel they have failed to act on you request for home and community-based services, you have the right to appeal within 30 days to your agency, or write directly to:

Minnesota Department of Human Services  
Appeals Office  
P.O. Box 64941  
St. Paul, MN 55164-0941

NOTE: If you are enrolled in a managed care organization you also have the option to appeal directly with your managed care organization.

### Call

Metro: 651-431-3600 (voice)  
Outstate: 800-657-3510 (toll free)  
TTY: 800-627-3529  
Fax: 651-431-7523

### Online filing

<http://edocs.dhs.state.mn.us/lfsrver/Public/DHS-0033-ENG-eform>

If you want to have your services continue during an appeal, you must file within 10 days after you receive a notice from your agency about a reduction, denial or termination of your services. If you show good cause for not appealing within the 30-day limit, the state agency can accept your appeal for up to 90 days from the date you receive the notice.

## What if I feel I have been discriminated against?

Discrimination is against the law. You have the right to file a complaint if you believe you were discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age or disability. To file a complaint, contact:

Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997

St. Paul, MN 55164-0997  
Call 651-431-3040 (voice) or Minnesota Relay at 711 or 800-627-3529 (toll free).

### Minnesota Department of Human Rights

Freeman Building  
625 N. Robert St.

St. Paul, MN 55155

Call 651-539-1100 (voice), 651-296-1283 (TTY) or 800-657-3704 (toll free).

U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, religion or sex. Contact the federal agency directly at:

U.S. Department of Health and  
Human Services Office for Civil Rights, Region V  
233 N. Michigan Ave., Suite 240,  
Chicago, IL 60601

Call 312-886-2359 (voice), 800-537-7697 (TTY) or 800-368-1019 (toll free).