



**DEPARTMENT OF
HUMAN SERVICES**

Community Support Plan (CSP)

ABOUT ME

GREGORIO RUIZ

Preferred Name: Greg

Assessment Date: 05/29/2024

Plan Dates: 06/01/2024 to 05/31/2025

Developed by: Katie Benson (218) 745-5124

Address: 411 N., 4th St. Apt. 116

Warren, MN 56762

County: Marshall

Home: (218) 745-4092

Other: (218) 201-2088

General Plan Notes:

Gregorio, who likes to be called Greg, is a 46 year old male who lives in his own apartment at the Landmark in Warren, MN. Greg can be admired for his laid-back personality, work ethic, and ability to keep his apartment so neat and clean.

Greg enjoys working at the Occupational Development Center or ODC and at Digi-Key in Thief River Falls on Wednesdays and Fridays. Unfortunately, his job at Digi-Key will be ending as of 6/30/24 and so the ODC will be assisting Greg to seek additional employment. He also enjoys working through the ODC because he can see his friends, it is part of his routine, and is a place he is comfortable with. Greg enjoys riding his bike by himself or with friends, going to the car races in Grand Forks on Fridays in the summer with friends, playing video games daily, watching movies, and spending time with his friends. Greg visits his mother, Dominga, who lives in Grand Forks, ND occasionally and speaks with her on the phone on a regular basis. Greg also enjoys talking to his friend, Ashley, on the phone daily and buying her a Christmas present. It is important to Greg to be able to visit his brother, Isaac's grave at the cemetery in Oslo on a regular basis. The Marshall County Group Homes, in-home program, takes him to the cemetery on a regular basis, takes him grocery shopping, assists him with cooking once a week, sets up his medications, and takes him to doctor appointments. Greg is on the developmental disabilities waiver and Greg's case manager visits with Greg once a month and assists him with his telehealth psychiatry appointments. Greg is often quiet around others.

PERSON INFORMATION

Date of Birth: 11/21/1976 Age: 47 yrs

Emergency Contacts

| Name | Relationship | Phone |
|---|-------------------------------|----------------|
| Marshall County Social Services | Guardian/Legal Representative | (218) 745-5124 |
| Dominga Ruiz (Landmark Estates, 3624 Landeco Lane, Grand Forks, ND 58201) | Parent | (701) 330-0357 |

Notes/Comments

Decision Making Representatives

| Name | Type of Authority | Address | Phone |
|---|----------------------|--|----------------|
| Marshall County Social Services | Representative Payee | 208 E Colvin, Ste 14, Warren, MN 56762 | (218) 745-5124 |
| State of MN/Marshall County Social Services | Public Guardian | 208 E Colvin, Ste 14, Warren, MN 56762 | (218) 745-5124 |

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 | | 00522066 | |
| Managed Care | SNBC through UCare | 00156551800 | |

Notes/Comments

Providers

| Health Care Providers | Phone | Comments |
|-----------------------|----------------|---|
| Pharmacy | (218) 745-5481 | Warren Pharmacy in Warren, MN |
| Primary Physician | (218) 745-4211 | Jeremy Houser at North Valley Health Center in Warren, MN |
| Dentist | (218) 745-4601 | Lone Oak Dentistry in Warren, MN |
| Other | (218) 745-5151 | Warren Eye Care in Warren, MN |
| Other | Optometrist | |
| Other | (218) 745-5124 | Katie Benson at Marshall County Social Services |
| Psychiatrist | (218) 281-3940 | Kay Saleh at at Alluma, Crookston, MN |

Notes/Comments

ODC, 1008 N. 2nd St., Warren, MN 56762, 218-745-4401

Cindy Gratzek, Marshall County Group Homes In-home program, Box D, Argyle, MN 56713, 218-437-6695

WHAT'S IMPORTANT TO THE INDIVIDUAL

Goals related to how you want to live your life:

Quality of Life: Greg's dream is to keep living how he is living. It is important to Greg to keep living on his own in his apartment and being able to ride bike. It is also important to Greg and for Greg's mental health that he be able to continue to visit his brother's gravesite on a regular basis. It is important to Greg to occasionally go shopping out of town to purchase presents for others or things that he needs, such as clothing. Since the Digi-Key job is ending as of 6/30/24, it is Greg's aspiration to find alternative employment.

Activities of Daily Living: It is important for Greg that he can contact the case manager or Marshall County Group Home staff when he wants a haircut scheduled for him.

Instrumental Activities of Daily Living: It is important to Greg that he receive supportive services so that he can remain living in his own home independently.

Health: It is important to Greg that he be able to see medical providers who he is comfortable with and that someone accompanies him to his appointments.

Psychosocial: It is important to Greg that he have supportive people in his life, such as his mother, ODC staff, individualized home support staff, and case manager. It is important to Greg that he have a trusting relationship with these people.

Memory & Cognition: It is important to Greg that he can make choices and decisions in areas in which he is able to. It is important to Greg that he have a trusting relationship with others so that he feels comfortable with others assisting him with decision-making. It is not easy for Greg to voice his opinion or what he needs to those he does not know well.

Safety & Self-Preservation: It is important to Greg to have a cell phone so that he can reach out to others if he has a need or concern. Greg is able to call 911 if he remembers the phone number though he may have difficulty with what to say. Greg is able to independently evacuate in the event of an emergency.

Sensory & Communication: It is important to Greg that he wear his eyeglasses during the day and that the individualized home support staff assists him with scheduling his vision exams.

Employment, Volunteering & Training: Greg is satisfied with his employment at Digi-Key but the ODC has decided to not continue any enclave work and Digi-Key will not hire Greg directly and therefore his Digi-Key work is done as of 6/30/24. Greg has expressed that he does want to continue to find employment. Greg enjoys sweeping the stairs at Digi-Key and taking the garbage out. Greg has also separated cardboard and ran the cardboard machine at Digi-Key. Greg also enjoys being able to see his friends at work.

Housing & Environment: It is important to Greg for him to live in his own place or his own apartment. Greg takes pride in having his own place and keeps it very neat and clean.

Self-Direction: It is important to Greg that he be able to voice what his preferences and choices are.

Caregiver: Greg does not have a caregiver.

Short and Long-Term Goals

| Goal Statement | Target Date | Provider & NPI (if applicable) | Frequency of Reporting |
|---|-------------|--------------------------------|------------------------|
| I will go shopping out of town as needed. | 05/31/2025 | | |
| I will keep riding my bike when the weather permits. | 05/31/2025 | | |
| I will keep living in my own apartment. | 05/31/2025 | | |
| I will find new employment. | 11/01/2024 | | |
| I will visit my brother's gravesite on a regular basis. | 05/31/2025 | | |

Action Steps for Goals:

What will the person do?

Greg will ride his bike in the summer and ride it in his leisure time, keep his apartment clean, work at his place of employment, and let the in-home staff or case manager know when he wants to go to the cemetery or go shopping out of town.

Greg participated in the development of this plan and he has a choice in goals, services, providers, meeting location, meeting time, meeting participants, meeting agenda, living arrangements, and employment options.

What will the case manager do?

The case manager will implement, coordinate, and monitor Greg's services and support plan. The case manager will monitor Greg's health and safety needs. The case manager will authorize the services that will assist Greg in being successful in meeting his goals.

The case manager will generally see Greg on a monthly basis to see if he needs anything and to visit with him about how he is feeling. At a minimum, the case manager will have face to face visits with Greg on a semiannual basis. The case manager will communicate with the money manager at social services about Greg's financial needs.

Any disagreements or conflicts regarding the support planning process or regarding Greg's needs or services can be communicated to the case manager and a team meeting can be held if needed. If any changes or updates need to be made to Greg's support plan, the case manager can be contacted.

What will others do?

The money manager from Marshall County Social Services will pay Greg's bills and manage his Social Security income and work earnings. The money manager will have a personal needs check ready for Greg to pick up on a weekly basis. Any additional spending money for shopping can be requested of the money manager.

What will the provider do?

The ODC will provide day services, employment services, and provide transportation to Greg to and from the ODC. Hawk's Taxi will provide transportation to Greg home from Digi-Key through 6/30/24. The ODC will provide employment services to help seek new employment after his Digi-Key job is done.

Marshall County Group Homes, Inc. will provide in-home services to Greg which include taking him to his brother's gravesite as requested by Greg and taking him shopping as requested by Greg. The in-home program will assist him setting up his medications, taking him grocery shopping, cooking, accompanying to doctor appointments, reminding him to wash his bedding, assisting with home organization, and socialization, which will help him remain living in his apartment and meeting his goals.

SUMMARY OF NEEDS

Quality of Life: Greg will continue to live in his own apartment and continue riding his bike independently. The individualized home program will take Greg to the cemetery on a regular basis throughout the year and will take him shopping out of town as needed and requested. The Warren ODC will be assisting Greg to seek alternative employment within the city of Warren and the team will explore transportation options for getting Greg to his place of employment.

Personal Assistance: Greg is primarily independent in completing his self-cares, but it is important for Greg's hygiene, that the ODC will remind him to brush his teeth (to preserve the 3 teeth that he has), and to apply deoderant. Greg will talk with his case manager or the Marshall County Group Home staff that he would like a haircut in order to arrange payment for the haircut and to schedule it. Greg usually gets his hair washed when he gets his haircut as his hair can become greasy or have dandruff. It is important for Greg that he also receive reminders from his caregivers to bathe, shampoo his hair, and comb his hair as needed. Greg eats a normal diet for the most part, but sometimes chooses to eat softer foods. Greg has been known to nap after work and be up late at night. Greg is encouraged by his staff to maintain a regular sleep schedule. Usually it is a sign that Greg is more manic when he is not sleeping during the night.

Home Management: It is important for Greg that he receive supportive services to remain living independently. Greg receives individualized home support services or IHS from Marshall County Group Homes, Inc. who assist Greg with shopping and setting up his medications in a Dose Health machine and ordering them, and with teaching him how to cook. On occassion, the IHS program will take him out of town shopping if need be for items such as clothing. Greg also receives home delivered meals which includes 7 meals per week which are delivered to the ODC M-TH. Greg receives money management services from Marshall County Social Services. Greg is transported to his medical appointments either by the IHS worker or by his case manager who

assists him with the Zoom psychiatry appointments. The IHS worker assists Greg to come to social services to pick up his weekly spending money check and then takes him to the bank to cash the check. Greg is able to make small purchases on his own and Greg will call his case manager if he has other money requests. Greg is able to independently use his cell phone after someone programs the phone numbers into it. Greg is able to prepare some simple meals on his own and he is able to use the stove, oven, microwave, and toaster independently. Greg prefers to cook with the IHS staff the same meals such as tacos, meatballs, hamburger patties, and spaghetti. The IHS program assists him with choosing healthy groceries. Greg is able to complete his own laundry though he receives a verbal prompt from the IHS staff to wash his bedding twice a month. Greg will also receive prompts from IHS staff to thoroughly wash his dishes as sometimes food can still be stuck to the dishes and to clean his freezer and fridge. It is also important for Greg to receive occasional assistance from the IHS staff to organize his clothing, closet, and dresser. Community Access: Greg is able to be alone in the local community. He demonstrates street safety skills for the most part and recognizes/accesses businesses. Sometimes Greg has been seen to ride his bike too late at night, not paying attention where he is riding his bike, talking on his cell phone on the bike, or riding too fast. However, when he is manic, instruction and monitoring should be provided to assure that he is safe. Greg carries a picture identification with him while out in the community. Greg is able to ride his bike in town, but is not able to drive a vehicle and therefore the ODC and IHS program provide transportation to him. Shawn Hawkinson has been providing transportation to Greg to bring him back home from work at Digi-Key. On rare occasions, a social services volunteer driver has drove Greg to meet his Mom in Grand Forks.

Health Related/Medical: It is important for Greg that he receive assistance with scheduling medical appointments and with monitoring his medical needs. Greg's case manager schedules and accompanies Greg to his telehealth psychiatry appointments to see Kay Saleh from Alluma in Crookston, MN. The IHS staff schedules Greg's other appointments and transports him to those appointments. Greg has been in good health over the past year. Greg has a yearly physical and his cholesterol and triglycerides were elevated so his medications were switched from Simvastatin to Atorvastatin or Lipitor and he was started on Fenofibrate or Tricor. It is recommended that he follow a healthy diet low in saturated fats and cholesterol. In 2021, Jeremy ordered Greg to decrease soda to 1 can a day and drink 2-3 quarts of water per day. Greg is currently choosing to drink diet soda and juice. Greg received his tetanus vaccine last on 1/5/21 and has received the COVID vaccines. Greg is no longer prescribed blood pressure medication. He saw Jeremy Houser at North Valley Health Center on 1/16/17 to establish him as a provider. After Greg had labs taken on 1/26/17, Jeremy discontinued his Omega 3, Fenofibrate, and Metoprolol at this time. He last saw a dietitian on 2/3/14. It was recommended that he drink diet pop and eat hot dogs and vienna sausages once a week. In 2022, Greg has chosen to quit eating vienna sausages! It was also recommended that Greg exercise more and lose 10 lbs. Greg currently weighs 211 lbs and weighed 202 lbs last year. Greg used to weigh 176 lbs at one point. Greg does ride his bike frequently during the nice weather and has been encouraged to use the stationary bike in the winter at the Landmark. Greg has a goal at the ODC to exercise for 15 minutes on the days that he is not busy with jobs. Greg receives the flu vaccine yearly. Greg goes through periods of smoking cigarettes and not smoking. Greg is currently not smoking. Past medical history: Greg had a rash on his arms and back in 08/10 and was treated with medicated cream. Greg saw Marion Bratvold at NVHC on 8/6/09 and was prescribed Zyrtec as he had fluid behind his left eardrum and he was dizzy. After a fall at Special Olympics on 4/30/10, Greg went to the NVHC ER and he has a

hairline fracture of his left wrist which he received a hard cast on at Valley Bone and Joint. Greg received the Hepatitis B (2010) vaccines at public health. Greg was diagnosed with diverticulitis in the traverse and right colon on 7/28/08 after a colonoscopy was performed due to Greg having abdominal pain. Greg is to avoid eating seeds, popcorn and nuts and to have a high fiber diet. During Greg's 2019 physical, Jeremy Houser said that Greg does not need another colonoscopy until he is 50 years old. Greg was hospitalized at Altru Psychiatric Unit from 5/8/07 to 5/14/07 after becoming physically aggressive with a male staff at the ODC on 5/8/07 and due to suicidal ideation. Greg made suicidal statements on 5/7/07 and 5/8/07. The ODC had to implement an emergency four point hold on Greg in order to prevent him from hurting others or himself. He was brought to NVHC emergency room by the sheriff's department and then was transferred to Altru. Greg's medications were changed at this time by Dr. Kerbashian and he diagnosed Greg with Depressive Disorder NOS. Greg also had a urine drug screen completed at Altru. Greg tested negative for all classes of illegal drugs. Greg was hospitalized psychiatrically from 9/19/08-9/29/09 at Meritcare in TRF. Greg was hospitalized psychiatrically from 11/2/08-11/5/08 at Meritcare in TRF. Respite stay at River Place foster care home 11/5/08-11/29/08. Greg was hospitalized psychiatrically from 1/19/09-2/12/09 at the Stadter Center. Respite stay at River Place foster care home from 2/12/09-7/16/09. Greg was hospitalized psychiatrically from 6/9/09-6/15/09 at Meritcare in TRF after Greg's dad called law enforcement after Greg made suicidal statements to his female cousin. Greg received respite from River Place foster care home until 7/15/09 at which time he returned to his apartment full-time. In the future, law enforcement has been requested to contact social services or Greg's case manager after hours if Greg is exhibiting suicidal ideation. Greg has his case manager's home and cell phone number to call in case of an emergency. Greg has a visual crisis plan in place that he has posted in his apartment. Provider history: Greg had been receiving psychotropic medication management from Amber Deere at Northwestern Mental Health Center up until June 2021, prior to Amber he received medication management from Mary McEnelly from Sanford, and prior to that he was previously seeing Nikki Anvinson from the Center for Psychiatric Care and prior to Nikki, was seeing Mary Pat Holler at Center for Psychiatric Care. Mary Pat Holler also referred him to Angie Muhs, clinical social worker at Altru for individual therapy. Greg saw her on 5/23/07 and forward on a regular basis. Greg last saw Angie on 4/24/08 and then later started seeing David Bialik from Center for Psychiatric Care. Greg started seeing Dr. Jordan at Sanford at the beginning in Jan. 2012 for counseling but then she left Sanford. It was decided in November 2013 by Greg's team that Greg's case manager would meet with Greg on a monthly basis. Medications: Multivitamin one tab daily, Lamotrigine (Lamictal) 250 mg (2.5 tabs of 100 mg), Citalopram (Celexa) 40 mg, Quetiapine (Seroquel) ER 800 mg (2 tabs of 400 mg), Atorvastatin 40 mg (Lipitor) daily (Cholesterol), Fenofibrate 145 mg (Tricor) daily (Cholesterol). Fiber-Lax (Calcium Polycarbophil) 625 mg two tabs daily FluoriMax 5000 1.1% toothpaste The individualized home support staff set up Greg's medications in a Dose Health medication dispensing machine that reminds him to take his medications. The pill bottles are locked up at the River Place group home in Warren. Greg is supposed to eat something with his medications to avoid nausea. Dental: Greg goes to Lone Oak Dentistry yearly. Greg has a toothbrushing goal to brush his teeth and rinse with mouthwash at the ODC with supervision to preserve his remaining three teeth. He has a prescription toothpaste.

Cognitive and Behavior Supports: It is important for Greg that he receive psychiatry services on a regular basis and that he receive staff support for when he is upset or something is bothering him. The staff who work with Greg are able to gauge his mood

and if he needs additional supports. Greg needs more prompts, redirection and check-ins when he is manic from the caregivers who work with him. Greg's case manager meets with Greg monthly to see if there is anything that Greg needs or to talk with him about how he is feeling. The case manager also assists Greg with the Zoom psychiatry appointments. Greg had a cat, Zoey, for several years and sadly Zoey died in April 2018. Greg did later want to get another cat, which he named Zoey the II and that cat had to be put down in July 2019. Greg states this year that he does not want another cat. Behavior: Greg gets along well with staff and his co-workers. Greg is usually shy out in public and around people he does not know well. When Greg is in a low mood, he is especially shy and rarely speaks. When Greg is in an elevated mood, he can be very talkative, loud, outgoing, and distracted. He can also be mischievous and thinks highly of himself and can be impulsive, which has led to difficult situations. Occasionally and depending on his mood, Greg will invade the personal space of others by standing closely and touching people. Greg's ability to share his feelings and to be assertive depends on his mood. Greg has improved in his ability to use polite manners when asking staff for help rather than assuming or demanding that others will help him, but at times still needs reminders to use manners. Greg at times needs to work on being respectful of all people. Greg is at risk of maltreatment and being taken advantage of. Greg's mood has been more stable with a consistent routine and schedule. Greg is encouraged at the ODC to ask to take a break when he is getting upset. Greg has not made suicidal statements or exhibited suicidal ideation but he did have a period of anger and outbursts this past year around the anniversary of his brother's death, but when Greg has exhibited suicidal ideation or has just become upset, he has left the ODC building without notifying staff of where he is going, he has thrown items at the wall or across the street, and has become physically aggressive with staff, though this has not happened for quite some time. Greg has admitted quite awhile ago to his case manager, that he attempted to hang himself as his brother and friend did, with a rope from his shower curtain. When Greg has made suicidal statements in the past, he stated that he is going to do what his brother did. The case manager checks in with Greg frequently to see if he is having any suicidal thoughts. When Greg is experiencing either depressed or manic symptoms, he often says that he is thinking of his brother and the staff who work with Greg need to process these thoughts and his feelings with him in a way that Greg can understand. It should be noted that during the month of December 2007, Greg's mother, Dominga Ruiz, and significant other, Isaac Reyes, of many years separated. Greg viewed Isaac as a father figure. On February 5, 2007, Greg's younger brother, Christopher, committed suicide by hanging himself at his home in Oslo. Greg usually exhibits a low mood around the anniversary date of his brother's death and sometimes the low mood extends for a long period of time due to Greg not having an understanding of time and dates. Greg's emotional coping mechanism when is feeling down is to say "I miss my brother." During these times, it is helpful for the case manager to help Greg process his feelings and to visit the cemetery with in-home staff. In September 2008, his friend Chris committed suicide in the same way as his brother committed suicide. Greg also has three brothers, Eric, Brian, and Isaac. Greg has chose not to see his father Isaac (not his biological father), but does see his mother in Grand Forks. All of the above changes in Greg's life have been difficult for Greg to understand and to cope with.; It is important for Greg that he receive assistance with decision-making and cognitive tasks. Greg is under public guardianship to assist him with decision-making and receives money management services from Marshall County Social Services. Marshall County Social Services is Greg's Social Security Representative Payee. Cognitive: Greg has minimal reading and writing skills. He can some read words, but is unable to comprehend most their meaning. He can print his own name and read a few words. He recognizes some numbers.

Greg requests that his case manager review his mail with him. Psychological Evaluation: Greg had a psychological evaluation completed on 2/3/09 with Dr. Thomas Schwartz, a clinical neuropsychologist at the Center for Psychiatric Care. Diagnostic Impressions: Mood Disorder NOS, Anxiety Disorder, and Mild Mental Retardation. On WAIS-III, Full Scale IQ of 56, Verbal Compression score of 52, Perceptual Organization Index of 68

Personal Security: Greg is at risk of self-neglect and of maltreatment by others and therefore needs supportive services as directed by his guardian. It is important for Greg that he have the ability to call his Mom, Marshall County Group Home staff, ODC staff, or case manager when he needs something and therefore he will have a cell phone. Greg has a 911 sign hanging on his fridge as a visual to remind him what number to call. Greg may need instructions as to what do in an emergency situation.

Communications: Vision: Greg wears glasses and it is important for him that the individualized home support program assist him with scheduling eye exams as Greg would not be able to do so. Greg last had an eye exam at the Warren Eye Clinic on 10/12/2023. Hearing: Greg had a hearing exam on 1/7/15 with normal results. Greg exhibits no hearing difficulties. Communication: Greg is able to verbally communicate, though at times he chooses not to speak due to him being shy and uncomfortable with people he does not know well. The mood Greg is in also influences his communications as he rarely speaks when his mood is low and will be very talkative and loud when his mood is high. He is able to answer questions asked of him, though he will not answer people he does not know well or when he is in unfamiliar situations. At times, it is difficult to know if Greg understands what others are explaining or asking of him when he does not respond. Sometimes Greg may tell others what they want to hear or just repeat the last thing he hears. Sometimes it helps to use simple gestures to help him understand what you are explaining or wanting to know or to use yes and no questions. Greg can follow simple directions. Greg needs to work on asking for clarification when he does not understand what others are communicating. Greg will ask for staff assistance (with those he knows well) when he needs community assistance. Greg can state his preferences and needs. Greg can make decisions involving two simple choices, but has difficulty making major decisions on his own. Greg can initiate conversation with people he knows well. Greg's verbal communication is easily understood by others.

Employment/Training/Skill Building: It is important for Greg that he receive employment services through the ODC to support him in finding employment. Greg will receive employment and day support services from the ODC. Greg does need the assistance of a job coach to stay on task and to do a thorough job. Once Greg is shown a task, he can complete it if he is concentrating on what he is doing. Greg has a goal at the ODC to exercise for 15 minutes which is important for his health. There have been times in the past, in which Greg has abruptly left work or refused to go to work because he was upset, usually around the anniversary of his brother's death in February. It is also important for Greg that he receive transportation to work if it is out of town or during the winter. Greg can ride his bike in town. Currently, the ODC is transporting Greg to Digi-Key and Shawn Hawkinson is transporting him back.

Supportive Services: Greg lives in his own apartment and takes good care of his apartment. Greg requires supportive services such as the individualized home support program to assist Greg in living on his own.

Self-Direction: It is important for Greg that he have someone else direct his services as he is minimally able to do so. Greg is under public guardianship and therefore Marshall County Social Service assists Greg in directing his services while also valuing

Greg's input.

Caregiver/Parent Support: Greg does not have a caregiver.

RECOMMENDED REFERRALS

Employment/Volunteering/Training: Referrals Needed: Other - ODC to assist with finding employment

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?

Greg needs a 24-hour plan of care but does not need 24-hour supervision. Greg is under public guardianship. Greg will have services in place to meet all of his needs. Greg has the means to respond in an emergency by using his cell phone. Greg's health and safety needs will be monitored by his case manager.

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:

MnCHOICES Support Plan for: GREGORIO RUIZ

PMI: 00522066

- 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/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.

* 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.

අනුමැතියක්: ඔබට මෙම ලේඛනයේ අර්ථ දැක්වීමක් සඳහා නොමිලේ ආහ්වනයක් ලබා දෙනු ඇත.

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

Taov ua twb zoo nyecm. Yog hais iias koj xav tau kev pab txhais lus rau tsab ntawv ntauw no pub dawb, ces hu rau tus neejpawb xev tooj saum toj no.

විවේචනය. ඔබට මෙම ලේඛනයේ අර්ථ දැක්වීමක් සඳහා නොමිලේ ආහ්වනයක් ලබා දෙනු ඇත.

Hutachitsa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo fee'e. Iakkoobsa gubbatti kenname bi'iji.

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

Dignin. Haddii aad u beahantahay caawimaad lacag-la aan ah ee tarjumaadda qoraalka, 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.

LB3-0008 (3-13)

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.



**DEPARTMENT OF
HUMAN SERVICES**

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

GREGORIO RUIZ

Preferred Name: Greg

Assessment Date: 05/29/2024

Plan Dates: 06/01/2024 to 05/31/2025

Developed by: Katie Benson (218) 745-5124

Address: 411 N., 4th St. Apt. 116

Warren, MN 56762

County: Marshall

Home: (218) 745-4092

Other: (218) 201-2088

General Plan Notes:

Gregorio, who likes to be called Greg, is a 46 year old male who lives in his own apartment at the Landmark in Warren, MN. Greg can be admired for his laid-back personality, work ethic, and ability to keep his apartment so neat and clean.

Greg enjoys working at the Occupational Development Center or ODC and at Digi-Key in Thief River Falls on Wednesdays and Fridays. Unfortunately, his job at Digi-Key will be ending as of 6/30/24 and so the ODC will be assisting Greg to seek additional employment. He also enjoys working through the ODC because he can see his friends, it is part of his routine, and is a place he is comfortable with. Greg enjoys riding his bike by himself or with friends, going to the car races in Grand Forks on Fridays in the summer with friends, playing video games daily, watching movies, and spending time with his friends. Greg visits his mother, Dominga, who lives in Grand Forks, ND occasionally and speaks with her on the phone on a regular basis. Greg also enjoys talking to his friend, Ashley, on the phone daily and buying her a Christmas present. It is important to Greg to be able to visit his brother, Isaac's grave at the cemetery in Oslo on a regular basis. The Marshall County Group Homes, in-home program, takes him to the cemetery on a regular basis, takes him grocery shopping, assists him with cooking once a week, sets up his medications, and takes him to doctor appointments. Greg is on the developmental disabilities waiver and Greg's case manager visits with Greg once a month and assists him with his telehealth psychiatry appointments. Greg is often quiet around others.

PERSON INFORMATION

Date of Birth: 11/21/1976 Age: 47 yrs

Emergency Contacts

| Name | Relationship | Phone |
|---|-------------------------------|----------------|
| Marshall County Social Services | Guardian/Legal Representative | (218) 745-5124 |
| Dominga Ruiz (Landmark Estates, 3624 Landeco Lane, Grand Forks, ND 58201) | Parent | (701) 330-0357 |

Notes/Comments

Decision Making Representatives

| Name | Type of Authority | Address | Phone |
|---|----------------------|--|----------------|
| Marshall County Social Services | Representative Payee | 208 E Colvin, Ste 14, Warren, MN 56762 | (218) 745-5124 |
| State of MN/Marshall County Social Services | Public Guardian | 208 E Colvin, Ste 14, Warren, MN 56762 | (218) 745-5124 |

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 | | 00522066 | |
| Managed Care | SNBC through UCare | 00156551800 | |

Notes/Comments

Providers

| Health Care Providers | Phone | Comments |
|-----------------------|----------------|---|
| Pharmacy | (218) 745-5481 | Warren Pharmacy in Warren, MN |
| Primary Physician | (218) 745-4211 | Jeremy Houser at North Valley Health Center in Warren, MN |
| Dentist | (218) 745-4601 | Lone Oak Dentistry in Warren, MN |
| Other | (218) 745-5151 | Warren Eye Care in Warren, MN |
| Other | (218) 745-5124 | Katie Benson at Marshall County Social Services |
| Psychiatrist | (218) 281-3940 | Kay Saleh at at Alluma, Crookston, MN |
| Notes/Comments | | |

ODC, 1008 N. 2nd St., Warren, MN 56762, 218-745-4401

Cindy Gratzek, Marshall County Group Homes In-home program, Box D, Argyle, MN 56713, 218-437-6695

WHAT'S IMPORTANT TO THE INDIVIDUAL

Short and Long-Term Goals

| Goal Statement | Target Date | Provider & NPI (if applicable) | Frequency of Reporting |
|----------------|-------------|--------------------------------|------------------------|
| | | | |

Short and Long-Term Goals

| Goal Statement | Target Date | Provider & NPI (if applicable) | Frequency of Reporting |
|---|-------------|--------------------------------|------------------------|
| I will go shopping out of town as needed. | 05/31/2025 | | |
| I will keep riding my bike when the weather permits. | 05/31/2025 | | |
| I will keep living in my own apartment. | 05/31/2025 | | |
| I will find new employment. | 11/01/2024 | | |
| I will visit my brother's gravesite on a regular basis. | 05/31/2025 | | |

Action Steps for Goals:

What will the person do?

Greg will ride his bike to work in the summer and ride it in his leisure time, keep his apartment clean, work at his place of employment, and let the in-home staff or case manager know when he wants to go to the cemetery or go shopping out of town.

Greg participated in the development of this plan and he has a choice in goals, services, providers, meeting location, meeting time, meeting participants, meeting agenda, living arrangements, and employment options.

What will the case manager do?

The case manager will implement, coordinate, and monitor Greg's services and support plan. The case manager will monitor Greg's health and safety needs. The case manager will authorize the services that will assist Greg in being successful in meeting his goals.

The case manager will generally see Greg on a monthly basis to see if he needs anything and to visit with him about how he is feeling. At a minimum, the case manager will have face to face visits with Greg on a semiannual basis. The case manager will communicate with the money manager at social services about Greg's financial needs.

Any disagreements or conflicts regarding the support planning process or regarding Greg's needs or services can be communicated to the case manager and a team meeting can be held if needed. If any changes or updates need to be made to Greg's support plan, the case manager can be contacted.

What will others do?

The money manager from Marshall County Social Services will pay Greg's bills and manage his Social Security income and work earnings. The money manager will have a personal needs check ready for Greg to pick up on a weekly basis. Any additional spending money for shopping can be requested of the money manager.

What will the provider do?

The ODC will provide day services, employment services, and provide transportation to Greg to and from the ODC. Hawk's Taxi will provide transportation to Greg home from Digi-Key through 6/30/24. The ODC will provide employment services to help seek new employment after his Digi-Key job is done.

Marshall County Group Homes, Inc. will provide in-home services to Greg which include taking him to his brother's gravesite as requested by Greg and taking him shopping as requested by Greg. The in-home program will assist him setting up his medications, taking him grocery shopping, cooking, accompanying to doctor appointments, reminding him to wash his bedding, assisting with home organization, and socialization, which will help him remain living in his apartment and meeting his goals.

SUMMARY OF PROGRAMS AND SERVICES

| | | | | | |
|--|---------------------------------|--|--------------------------------|---------------------------------------|----------------------------------|
| Program Type Developmental Disability Waiver | Start Date 06/01/2024 | End Date 05/31/2025 | Annual Amount \$0.00 | Total Plan Cost \$29,151.83 | Avg Monthly \$2,429.32 |
| Case Manager/Care Coordinator Katie Benson | | Case Manager/Care Coordinator Provider ID M163443700 | | Responsible Party Name | |
| Program Notes | | | | | |

| | | | | | | |
|--|-------------------------------|-------------------------------------|-------------------------------|------------------------------------|--------------------------------------|----------------------------------|
| Service Assistive Technology/Equipment - Per Waiver Year | | | | | | |
| Start Date 06/01/2024 | End Date 05/31/2025 | Procedure Code T2029 UB | Frequency 3-Monthly | Units 12 | Rate \$60.00 | Total Service \$720.00 |
| NPI/UMPI 1891155909 | Status Approved | Provider Name DOSE HEALTH | | Funding Source DD Waiver | County of Service Marshall | |
| Areas of Need Health Related/Medical | | | | | | |
| Support Instructions medication dispensing machine, billed monthly | | | | | | |
| Service Notes | | | | | | |

| | | | | | | |
|--|-----------------|---------------------------------|------------------|-----------------------|-------------|--------------------------|
| Service | | | | | | |
| Case Management - 15 Minutes | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | T1016 UC | 5-Flexible Use | 120 | \$23.19 | \$2,782.80 |
| NPI/UMPI | Status | Provider Name | | Funding Source | | County of Service |
| A00045100 | Approved | MARSHALL COUNTY SOCIAL SERVICES | | DD Waiver | | Marshall |
| Areas of Need | | | | | | |
| Supportive Services | | | | | | |
| Support Instructions | | | | | | |
| monthly visits, make referrals as needed, monitor health and safety needs, implement, coordinate and monitor the services & plan, 2.5 hours per month authorized | | | | | | |
| Service Notes | | | | | | |
| | | | | | | |

| Service | | | | | | |
|---|---------------------------|---|----------------|------------------------------------|--------------------------------------|---------------|
| Case Management Aide (Paraprofessional) - 15 Minutes | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | T1016 TF UC | 5-Flexible Use | 96 | \$9.39 | \$901.44 |
| NPI/UMPI A000045100 | Status Approved | Provider Name MARSHALL COUNTY SOCIAL SERVICES | | Funding Source DD Waiver | County of Service Marshall | |
| Areas of Need Home Management | | | | | | |
| Support Instructions money management, two hours per month authorized | | | | | | |
| Service Notes | | | | | | |

| Service | | | | | | |
|--|---------------------------|---|------------------------------------|--------------------------------------|--------|---------------|
| Day Support Services - 15 Minutes | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | T2021 UC | 1-Daily | 4848 | \$2.68 | \$12,992.64 |
| NPI/UMPI A647622800 | Status Approved | Provider Name OCCUPATIONAL DEVELOPMENT CENTER INC | Funding Source DD Waiver | County of Service Marshall | | |
| Areas of Need Employment/Training/Skill Building | | | | | | |
| Support Instructions day support services at the ODC two days a week | | | | | | |
| Service Notes | | | | | | |

| Service | | | | | | |
|--|---------------------------|---|------------------------------------|--------------------------------------|---------|---------------|
| Employment Development Services, Find - 15 Minutes | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | T2019 U8 | 5-Flexible Use | 96 | \$14.89 | \$1,429.44 |
| NPI/UMPI A647622800 | Status Approved | Provider Name OCCUPATIONAL DEVELOPMENT CENTER INC | Funding Source DD Waiver | County of Service Marshall | | |
| Areas of Need | | | | | | |
| Employment/Training/Skill Building | | | | | | |
| Support Instructions | | | | | | |
| employment development services | | | | | | |
| Service Notes | | | | | | |
| | | | | | | |

| Service | | | | | | |
|--|---------------------------|---|-----------|------------------------------------|--------------------------------------|---------------|
| Employment Support Services, Group Ratio | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 06/30/2024 | T2019 HQ | 1-Daily | 192 | \$4.48 | \$860.16 |
| NPI/UMPI A647622800 | Status Approved | Provider Name OCCUPATIONAL DEVELOPMENT CENTER INC | | Funding Source DD Waiver | County of Service Marshall | |
| Areas of Need Employment/Training/Skill Building | | | | | | |
| Support Instructions Digi-Key envelope two days a week, ends 6/30/24 | | | | | | |
| Service Notes | | | | | | |

| | | | | | | |
|---|-----------------|-------------------------------|------------------|-----------------------|--------------------------|----------------------|
| Service | | | | | | |
| Home Delivered Meals - One Meal per Day | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | S5170 | 1-Daily | 365 | \$7.51 | \$2,741.15 |
| NP/UMPI | Status | Provider Name | | Funding Source | County of Service | |
| A953725200 | Approved | LUTHERAN SOCIAL SERVICE OF MN | | DD Waiver | Marshall | |
| Areas of Need | | | | | | |
| Home Management | | | | | | |
| Support Instructions | | | | | | |
| 7 meals a week | | | | | | |
| Service Notes | | | | | | |

| | | | | | | |
|---|-----------------|------------------------------------|------------------|-----------------------|--------------------------|--------------------|
| Service | | | | | | |
| Individualized Home Supports with Training 1:1 - 15 Minutes | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Avg Monthly |
| 06/01/2024 | 05/31/2025 | H2014 UC U3 | 2-Weekly | 456 | \$12.23 | \$464.74 |
| NPI/UMPI | Status | Provider Name | | Funding Source | County of Service | |
| A895217500 | Approved | MARSHALL COUNTY GROUP HOMES INC | | DD Waiver | Marshall | |
| Areas of Need | | | | | | |
| Home Management, Quality of Life, Health Related/Medical | | | | | | |
| Support Instructions | | | | | | |
| grocery shopping, set up medications, take to doctor appointments, teach cooking skills, reminder to wash bedding, socialization as time allows, 9.5 hours per month authorized | | | | | | |
| Service Notes | | | | | | |
| | | | | | | |

| Service | | | | | | | |
|---|---------------------------|---|----------------|------------------------------------|---------|--------------------------------------|---------------|
| Transportation - Per One Way Trip | | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Avg Monthly | Total Service |
| 06/01/2024 | 06/30/2024 | T2003 UC | 5-Flexible Use | 8 | \$25.00 | \$200.00 | \$200.00 |
| NPI/UMPI A000045100 | Status Approved | Provider Name MARSHALL COUNTY SOCIAL SERVICES | | Funding Source DD Waiver | | County of Service Marshall | |
| Areas of Need Supportive Services | | | | | | | |
| Support Instructions transportation back from Digi-Key by Hawk's Taxi as a pass through, \$25.00 per trip, twice a week | | | | | | | |
| Service Notes | | | | | | | |

| Service | | | | | | |
|---|-------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----------------------------------|
| Transportation - Per One Way Trip | | | | | | |
| Start Date 06/01/2024 | End Date 06/30/2024 | Procedure Code T2003 UC | Frequency 2-Weekly | Units 8 | Rate \$25.00 | Total Service \$200.00 |
| NPI/UMPI A647622800 | Status Approved | Provider Name OCCUPATIONAL DEVELOPMENT CENTER INC | | Funding Source DD Waiver | County of Service Marshall | |
| Areas of Need Supportive Services | | | | | | |
| Support Instructions ODC transportation | | | | | | |
| Service Notes | | | | | | |

| Service | | | | | | |
|---|---------------------------|--|-----------|------------------------------------|--------|--------------------------------------|
| Transportation - Per One Way Trip | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | T2003 UC | 2-Weekly | 416 | \$1.00 | \$416.00 |
| NPI/UMPI A582467100 | Status Approved | Provider Name TRI VALLEY TRANSPORTATION PROGRAMS | | Funding Source DD Waiver | | County of Service Marshall |
| Areas of Need Supportive Services | | | | | | |
| Support Instructions transportation to and from the ODC by Tri-Valley bus, four days a week | | | | | | |
| Service Notes | | | | | | |

| Service | | | | | | |
|---|---------------------------|---|----------------|------------------------------------|--------------------------------------|---------------|
| Transportation, Mileage (Commercial Vehicle) Per Mile | | | | | | |
| Start Date | End Date | Procedure Code | Frequency | Units | Rate | Total Service |
| 06/01/2024 | 05/31/2025 | S0215 UC | 5-Flexible Use | 502 | \$0.66 | \$331.32 |
| NPI/UMPI A00045100 | Status Approved | Provider Name MARSHALL COUNTY SOCIAL SERVICES | | Funding Source DD Waiver | County of Service Marshall | |
| Areas of Need | | | | | | |
| Support Instructions pass through mileage for Marshall County Group Homes, three shopping trips to Grand Forks, 80 miles round trip each, three visits to the Oslo Cemetery, 34 miles round trip each, two group outings to Grand Forks per year, 80 miles each | | | | | | |
| Service Notes | | | | | | |

RISKS

How will Health and Safety Issues be Addressed?

Greg needs a 24-hour plan of care but does not need 24-hour supervision. Greg is under public guardianship. Greg will have services in place to meet all of his needs. Greg has the means to respond in an emergency by using his cell phone. Greg's health and safety needs will be monitored by his case manager.

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 |
|--|--|--|
| Greg may not know how to dial "911" during an emergency. | Greg may become injured, ill, or not receive attention in an emergency | Greg will have a "911" sign on his fridge. Greg also has multiple phone numbers programmed into his cell phone, including his case manager, of people he can call. |

Summary plan/agreement reached to address the identified risks:

NA

Emergency & Back Up Plans

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

Greg could possibly go to his mother's home in Grand Forks or he would have to access local community resources if he was not able to stay in his own apartment. Either Greg or Marshall County Social Services would contact Greg's mother in the event of an unforeseen event.

| Key Contact Name | Relationship | Phone Number |
|---------------------------------|---------------|----------------|
| Katie Benson | Social Worker | (701) 238-4718 |
| Marshall County Social Services | Guardian | (218) 745-5124 |
| Dominga Ruiz | Mother | (701) 330-0357 |

Plan for emergency health events

Greg would call 911 or he may call staff first who will in turn call 911. Marshall County Social Services would then contact his mother in the event of a health emergency.

Greg should receive medical attention at North Valley Health Center.

| Key Contact Name | Relationship | Phone Number |
|---------------------------------|---------------|----------------|
| Katie Benson | Social worker | (701) 238-4718 |
| Marshall County Social Services | Guardian | (218) 745-5124 |
| Dominga Ruiz | Mother | (701) 330-0357 |

Plan for unavailable staffing that puts the person at risk

NA

| Key Contact Name | Relationship | Phone Number |
|------------------|--------------|--------------|
| NA | | |

Coordinated Services and Supports Plan Signature Sheet

| | | |
|---|---|------------------------|
| NAME <i>Gregorio Ruiz</i> | ASSESSMENT ID <i>1487454</i> | DATE <i>5-29-24</i> |
| CASE MANAGER, CERTIFIED ASSESSOR OR CARE COORDINATOR <i>Katie Benson</i> | TELEPHONE NUMBER <i>218-745-5124</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 [PDF] or agency's form) | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Minnesota Health Care Programs, DHS-3182, (PDF) | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| My right to appeal (DHS-1941 [PDF] or agency's form) | <input type="radio"/> Yes <input type="radio"/> No |
| Other information, such as | <input 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 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>ODC + MCBH, Declined to send to other providers</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 (CADI) 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.

Rule 185 DD/RC case management recipients

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

| | |
|--|--|
| I only receive developmental disabilities case management or developmental disabilities case management with non-Medicaid funded services such as semi-independent living services (SILS). | <input type="radio"/> Yes <input type="radio"/> No |
| I understand that MnCHOICES is an 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 & Supports 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>K. [Signature]</i> | DATE 5/29/24 |
|---------------------------------------|-----------------|

My support team

| | |
|--|-----------------|
| LEGAL REPRESENTATIVE'S SIGNATURE <i>Stacy [Signature]</i> | DATE 5-29-24 |
| SIGNATURE OF CM/CA/CC WHO HELPED DEVELOP PLAN <i>Katil Benson</i> | DATE 5-29-24 |
| 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 5/29/24 |
| AGENCY MCOA/RPS | |
| PROVIDER'S SIGNATURE <i>[Signature]</i> | DATE 5/29/24 |
| AGENCY ODC | |
| 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.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሉ አስተርጓሚ ክፍሉን ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

कमunicate: यदि आपको इस दस्तावेज़ को मुफ्त में समझाने की आवश्यकता है, तो ऊपर दिए गए फ़ोन नंबर पर कॉल करें।

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.

ဟ်သုတ်ဟ်သးဘတ်တကု်. ဝဲနမု်လိာ်ဘတ်တကု်မၤစၢကလိလၢတၢ်ကကျိးထံဝဲနု်လိာ် တီလိာ်စိတခါအံၤန့ၣ်,ကိးဘတ်လိာ်ဝဲနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တကု်.

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

ໄປຮວດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສູ່ໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu 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 tarjumaadda qoraalkan, 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.

LB2 (8-16)



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

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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 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

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/lfserver/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).