

Assessment Summary

Date sent: 09/25/2024

Dear BRANDIE STINE,

This document contains information from the MnCHOICES Assessment interview you participated in on 9/11/2024.

The following people contributed information for your assessment:

■

This document provides you information about:

- What to expect next
- Your assessment summary
- Your assessment results
- Your right to request changes
- Your right to appeal decisions

Your interest in the assessment

Brandie is due for a reassessment for the continuation of his DD waiver. Brandie is interested in keeping his current services as they are important to him and provide him the necessary stability and safety that he desires. Currently, he is receiving waiver services for community residential services and attending the ODC at their day program.

What to expect next

Status of your assessment results:

The assessment will be completed and the eligibility/services will be determined after the assessment. Once completed, you will be notified of your eligibility and the continuation of the services you are currently receiving.

Information needed from you or others:

As of now, all information is secured

Additional follow-up:

None at this time

If you have questions about this document, your assessment or if you need any changes, call Nick Safranski with Marshall, at 2187455124

Summary of your assessment

What I learned about you

Introduction of the person

Brandie is a young man who lives in a group home in Warren, MN. The home has three residents and is owned/operated by Marshall County Group Homes. Brandie has been in this home for around 4 years and is enjoying it. He has stated multiple times that it's a really nice home and his roommates and staff work well together. Brandie is very happy with his current living situation. Brandie is attending the Warren ODC 4 days/week where he participates in the leisure/wellness program. Brandie also does some community cleaning where he is able to work and earn some of his own money. This is important to Brandie, and he enjoys the ability to work in the community and earn a paycheck.

Brandie enjoys reading fantasy books and cards. He also enjoys attending local comic con events and likes to purchase a souvenir when possible. Brandie stated that he enjoys playing his Nintendo Switch and that his fantasy girlfriend is the Princess from Legend of Zelda. It is important for Brandie to be able to pick out his own clothing each day and spending time in the community. Brandie likes to attend local high school events such as volleyball, football, and basketball games. Brandie enjoys feeling like he's a part of the community.

Brandie is very consistent with his routine. He is a creature of habit in a way, but this consistency is also a good thing for him. His routine consists of waking up, getting dressed, eating breakfast, and then going to the ODC. On days he does not go to the ODC, he spends time with staff doing crafts or going on outings. In the evenings, Brandie spends time with others in his home, eats dinner, watches TV, plays his Switch, and will try call a friend or family member. Brandie likes rock, metal, country, Christian, and pop music. He likes to go out to eat at the Farmer Dell in Argyle, or at a place like Taco Johns, Taco Bell, Arby's, or McDonald's. His favorite TV show is Impractical Jokers and also likes watching Outrageous Viral Videos on MTV. He enjoys comedy genre and sitcoms. Brandie prefers to sleep in as late as possible each morning. During the week, he likes to wake up around 7:50AM. He goes to work around 8:30AM and returns home around 2PM.

Planning considerations: Strengths, preferences, and personal priorities

Brandie is very creative and imaginative. He is a wonderful artist and very social. He is able to make conversations with just about everyone he comes in to contact with. Brandie is also very determined, when he sets mind to something, he usually sees it through to the end. Brandie is a very straight-forward, honest person. He is able to distinguish between right and wrong and is able to admit when he needs help or has made a mistake. He is willing to take advice and direction from staff members, and overall contributes a lot of good things to his home. Brandie works well with staff and is working with an ARMHS worker to continue making good choices and learning how to properly work through his frustrations. Brandie continues to work on compartmentalizing his emotions and dealing with them in an appropriate way.

Planning considerations: Assessed needs and support planning implications

Brandie will continue to receive the current services of group home setting and ODC workplace. Brandie is wanting these current services to continue and wants to make sure that his routine isn't disturbed. When discussing these services with Brandie, he is currently satisfied and wants to make sure that things remain the same.

During your MnCHOICES assessment interview, you expressed that you require some type of assistance in the following areas:

- Communication
- Eating and meal preparation
- Health Interventions
- Household management
- Learning
- Meaningful activities
- Memory and cognition
- Personal Cares
- Psychosocial health
- Self-preservation
- Work/school

Referrals important to you

Completed by assessor

All referrals have been made, services will remain the same

Recommended by assessor

Current services will remain the same

Your assessment results

Level of need

The assessment identified important information about your eligibility, including:

Your Home care rating is
You are eligible for a total of 0 min (0units)/day

Institutional level of care helps to identify your specialized needs including necessary services

Your institutional level of care is ICF/DD Level of
Care

Case mix can help inform levels of service based on your needs

Your case mix classification is A

Programs and service options available to you

As a result of your assessment, the following programs and services are available to you.

- Developmental Disabilities (DD) waiver
- Community Access for Disability Inclusion (CADI) waiver

Your informed choice about programs and services

Informed choice about programs and services

No change to your current programs or services

Action taken by Lead Agency and Your Right to Appeal

This is the action being taken. The following sections explain the changes or actions being taken as a result of the assessment/ reassessment. You have the right to appeal these decisions/ actions. Information about how to appeal is at the end of this document.

Denial: Programs and services not available to you

These programs are not available to you on or after:

10/01/2024

Programs and services, you are not eligible for:

- Alternative Care (AC)
- Elderly Waiver (EW)
- Essential Community Supports (ECS)
- Community First Services and Supports (CFSS)
- Brain Injury (BI) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Community Alternative Care (CAC) Waiver

Alternative Care (AC)

The reason this service or program is being denied is:

You are not 65 years or older

Legal Citation:

Minnesota Statute, Section 256B.0913 applies to this change (Alternative Care [AC] Program

Elderly Waiver (EW)

The reason this service or program is being denied is:

You are not 65 years or older

Legal Citation:

Minnesota Statute, Section 256S applies to this change (Elderly Waiver [EW] program)

Essential Community Supports (ECS)

The reason this service or program is being denied is:

You are not 65 years or older

Legal Citation:

Minnesota Statute, Section 256B.0922 applies to this change (Essential Community Supports [ECS])

Community First Services and Supports (CFSS)

The reason this service or program is being denied is:

You do not meet access criteria

Legal Citation:

Minnesota Statute, Section 256B.85 applies to this change (Community First Services and Supports [CFSS])

Brain Injury (BI) Waiver

The reason this service or program is being denied is:

You do not meet certification of disability criteria

Legal Citation:

Minnesota Statute, Section 256B.49 applies to this change (Disability waivers: Brain Injury [BI], Community Alternative Care [CAC] and Community Access for Disability Inclusion [CADI])

Community Access for Disability Inclusion (CADI) Waiver

The reason this service or program is being denied is:

You do not need the level of care a nursing facility provides

Legal Citation:

Minnesota Statute, Section 256B.49 applies to this change (Disability waivers: Brain Injury [BI], Community Alternative Care [CAC] and Community Access for Disability Inclusion [CADI])

Community Alternative Care (CAC) Waiver

The reason this service or program is being denied is:

You do not need the level of care a hospital provides

Legal Citation:

Minnesota Statute, Section 256B.49 applies to this change (Disability waivers: Brain Injury [BI], Community Alternative Care [CAC] and Community Access for Disability Inclusion [CADI])

Person's Information

First name: BRANDIE	Last name: STINE
Person's DOB: 5/19/1995	Age: 29
Address (street, city, state, zip code): 504 Robert Avenue, Warren, Minnesota, 56762	
Phone: 2187454557	
PMI: 04261099	

Decision making representative

First name: Theresa	Last name: Stine	Organization: --
Representative: Guardian		
Address (street, City, State, zip code): 39650 250th St NW, Warren, Minnesota, 56762		
Phone: 218-201-0409	Email address: --	

Health care providers

Assessment and Program Acknowledgement

This document gives you information regarding your rights and responsibilities. It also tells you about programs and services provided by the Minnesota Department of Human Services that can support people to live in a place of their choice.

Person's first name: **BRANDIE**

Person's last name: **STINE**

Date of birth: **05/19/1995**

Assessment date

09/11/2024

Your rights related to assessment and support planning

You have right to:

- Receive a long-term service and supports assessment
- Have friends and family present at your assessment
- Know the eligibility requirements for programs and services
- Receive an explanation of how your eligibility was determined
- Apply for help to pay for all or some of your services
- Ask for help to complete required paperwork used to determine your eligibility
- Choose, within certain limitations, who will provide services and how the services will be provided
- Accept or decline services
- Choose between receiving services in the community or in an institution

- Choose where you want to live and work
- Withdraw your consent to share information
- Contact an assessor or case manager with questions or if you do not agree with the results of your assessment
- Be free from discrimination.

I understand my rights as listed.

Yes

Your responsibilities for program participation

I have responsibility to:

- Apply for financial assistance and complete required forms if I request services that are funded through public programs
- Ask questions and participate in the assessment
- Share information about myself that is accurate
- Tell the assessor where I want to live and work
- Work in partnership when developing my support plan and selecting services and providers.

I understand my responsibilities for program participation as listed.

Yes

Assessment and program information

At my assessment, we discussed information about the services and supports that could meet my assessed needs.

Yes

I understand I will receive a written assessment summary, which will:

- Be based on my goals, preferences and choices
- Give options for services and supports that can meet my assessed needs and help me live and work where I choose
- Identify health and safety risks and ways to address those risks
- Include a summary of my assessed needs
- Provide information about programs and services I am eligible for based on my assessed needs
- Provide information about resources that can help me pay for services.

Yes

I understand if I receive help to pay for services, I will:

- Choose from available providers
- Choose services within program guidelines that meet my needs
- Participate in developing my support plan.

Yes

I understand who I can call if I have questions, disagree with the results of my assessment or would like more information.

Yes

I understand that I can request help with forms.

Yes

I understand the information I shared today will be kept private. The information only will be shared with those for whom I have signed a consent form regarding information in the long-term services and supports system.

Yes

I understand I have the right to appeal a decision that I disagree with, including a decision that results in a denial, termination or reduction in my services.

Yes

Information and resources

I received the following at the time of my assessment:

- Notice of Privacy Practices/Rights and Responsibilities, DHS-4839E**
- Your Appeal Rights, DHS-1941**
- Minnesota Abuse Reporting Center brochure, DHS-6778E**

Additional information provided and discussed as needed:

- I know me: Creating the best home for me DHS-6803A**
- I know me: What does person-centered mean for me? DHS-6803**

Signatures

My signature confirms that I received information as outlined in the Assessment and Program Acknowledgment and that I understand my rights and responsibilities.

Signer Type

Person

Sign here: _____

Date: _____

Signer Type

Legal Representative

Sign here: _____

Date: _____

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

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

ຂ້າງເທິງ: ຫາກທ່ານຕ້ອງການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສູນໂປທີໝາຍເລກຂ້າງເທິງນີ້.

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

သတိ: ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

ຄំណត់សំគាល់ ၁: ပြီးဆုံးပြုစုထားသော ဝန်ထမ်းများက အထက်ဖော်ပြပါအချက်အလက်များကို အတိအကျအောင် စစ်ဆေးပေးပါမည်။

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 nyeeem. 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.

ທົດລອງ: ຫາກທ່ານຕ້ອງການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສູນໂປທີໝາຍເລກຂ້າງເທິງນີ້.

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

ໂປຣດຊາຍ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສູນໂປທີໝາຍເລກຂ້າງເທິງນີ້.

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 (afcelinta) 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.

1-877-431-4300



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Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a social services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
 Minnesota Department of Human Services
 Equal Opportunity and Access Division
 P.O. Box 64997
 St. Paul, MN 55164-0997
 651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
 540 Fairview Avenue North, Suite 201
 St. Paul, MN 55104
 651-539-1100 (voice)
 800-657-3704 (toll free)
 711 or 800-627-3529 (MN Relay)
 651-296-9042 (fax)
 Info.MDHR@state.mn.us

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue, Suite 240
 Chicago, IL 60601
 Customer Response Center: Toll-Free: 800-368-1019
 TDD Toll-Free: 800-537-7697
 ocrmail@hhs.gov

