

## ABOUT ME

### KIMBERLY VARNES

**Preferred Name:** Kim

**Assessment Date:** 08/07/2020

**Plan Dates:** 10/01/2020 to 09/30/2021

**Developed by:** Jayme Branstner (000) 000-0000

**Address:** 1616 Currie St N

Maplewood, MN 55109

**County:** Ramsey

**Home:** (651) 486-6452

**Work:**

**Other:** (651) 253-6874

### General Plan Notes:

**Strengths and Talents:** Kim is smiley and is good at engaging in sensory activities

**Interests:** Sensory activities, outings in community and at PAI day program

**Preferences:** Kim prefers to work with familiar staff

**Ambitions and Hopes:** Kim hopes to find new housing where there is consistent staffing that takes her on outings

**What is important to the person:** It is important to Kim to work with people that she knows, to go to her day program

**What is important for the person:** It is important for Kim to be kept safe, be healthy, and have her needs met

**What people like and admire about the person:** Kim is smiley and caring

**Any pertinent social history:** Kim lives at NER home. Her guardian is not satisfied with the staffing levels and turnover and is working on finding Kim new housing

**What the person wants others to know about how to best work with her:** Follow routine, keep staffing consistent

*Case Manager: Jayme Branstner, 763-324-1893; [jayme.branstner@co.anoka.mn.us](mailto:jayme.branstner@co.anoka.mn.us)*

*Guardian: Yvonne Kutzer, 651-253-6874;*

**PERSON INFORMATION**

Date of Birth: 03/03/1971 Age: 49 yrs

**Emergency Contacts**

Name	Relationship	Phone
Yvonne Kutzer	Guardian/Legal Representative	(651) 253-6874

**Notes/Comments****Decision Making Representatives**

Name	Type of Authority	Address	Phone
Yvonne Kutzer	Private Guardian	24033 Rutgers Street NE, Stacy MN 55079	(651) 253-6874

**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

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

Health Care Providers	Phone	Comments

**Notes/Comments**

## WHAT'S IMPORTANT TO THE INDIVIDUAL

### Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Kim would like to be able to communicate her desires by responding to yes and/or no questions.			
Kim would like to choose the staff she walks with when at PAI			
Kim will go on frequent outings into the community.			
Kim will resume her swimming and exercise program and will do more walking daily with staff members			
Kim will find new housing and have adequate staffing at her current home while she waits to find new housing.	09/30/2021		
Kim will be taken to all her annual medical appointments to ensure she is up to date on all of her medical needs.	09/30/2021		

### Action Steps for Goals:

## **What will the person do?**

Kim will continue to work, cooperate, and participate in community and in-home supports to build and maintain all skills necessary to achieve her goals as recommended by her team and/or health care providers. Kim will work with her family/provider(s) to achieve her global goals/dreams including finding new housing and have adequate staffing at her current home, attend her daily program at PAI, and go with staff to her annual medical appointments.

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

Current case manager/supervisor will continue to coordinate supports with Kimberly and ensure all her health and safety needs are met. Case Manager/Supervisor will contact the provider(s) on a regular basis to review progress towards goals/dreams and assist with any needed referrals and advocate on Kimberly's behalf. Case Manager/Supervisor will follow up to see if Kimberly is/has been working to achieve her global goals/dreams of

Case manager will complete annual reviews of service plans, assist Kimberly in identifying potential providers, assist in accessing services, coordinate services, develop service plans, evaluate and monitor services that are in the service plan, and will provide options, resources, answer questions, authorize services, and discuss the service plan with Kimberly and her team at least annually. The Case Manager will meet with Kimberly at minimum every six months to discuss services, will coordinate with Kimberly's team members, and communicate as needed throughout the service year.

## **What will others do?**

GUARDIAN(S): Guardian(s) will continue to exercise their powers and responsibilities, unless stated differently in the guardianship order of: establishing place of abode (residential); care, comfort and maintenance needs; personal property; medical care; contracts; exercise supervisory authority; and assure eligibility for government benefits. They will complete their annual filing responsibilities as mandated by the court. They will work with Kimberly to build and maintain all skills to meet her goals and ensure all her health and safety needs are met. They will continue to provide ongoing encouragement and support to Kimberly on working to achieve her global goals/dreams. They will work with the Case Manager/Supervisor and the provider(s) to ensure they are working with Kimberly on her global goals/dreams.

REPRESENTATIVE PAYEE: Representative Payee will continue to assist with money management; assist with completion of all documents to maintain eligibility for state and federal benefit programs. They will work with Kimberly with ongoing support/encouragement, the guardians, Case Manager/Supervisor and the provider(s) to ensure they are working with Kimberly on her global goals/dreams.

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

RESIDENTIAL PROVIDER: Residential Provider, NER, will continue to work with Kimberly to build and maintain all skills to meet her goals and to ensure all her health and safety needs are met. Provider will work with Kimberly to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Staff will work with Kimberly to help her work on her daily living skills to help her maintain her independence and will bathe her every day to prevent UTIs.

VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES): Vocational Provider, PAI, will continue to work with Kimberly to build and maintain employment and vocational skills to meet her goals, and to ensure her health and safety needs are met during their scheduled time. Provider will work with Kimberly to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Staff will work with Kimberly to her to work on her daily living skills and take her on outings that she enjoys in the community.

## SUMMARY OF PROGRAMS AND SERVICES

<b>Program Type</b> Developmental Disability Waiver	<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Annual Amount</b> \$0.00	<b>Total Plan Cost</b> \$121,393.31	<b>Avg Monthly</b> \$10,116.11
<b>Case Manager/Care Coordinator</b> Jayme Branstner		<b>Case Manager/Care Coordinator Provider ID</b> A148120200		<b>Responsible Party Name</b>	
<b>Program Notes</b>					

<b>Service</b> Case Management - 15 Minutes							
<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Procedure Code</b> T1016 UC	<b>Frequency</b> 5-Flexible Use	<b>Units</b> 120	<b>Rate</b> \$23.19	<b>Avg Monthly</b> \$231.90	<b>Total Service</b> \$2,782.80
<b>NPI/UMPI</b> 1023250115	<b>Status</b> Approved	<b>Provider Name</b> ANOKA COUNTY HUMAN SERVICES		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> Case Manager will review case at least semi-annually and make new referrals as needed.							
<b>Service Notes</b> 10 units/month							

<b>Service</b> Case Management Aide (Paraprofessional) - 15 Minutes							
<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Procedure Code</b> T1016 TF UC	<b>Frequency</b> 5-Flexible Use	<b>Units</b> 24	<b>Rate</b> \$9.39	<b>Avg Monthly</b> \$18.78	<b>Total Service</b> \$225.36
<b>NPI/UMPI</b> 1023250115	<b>Status</b> Approved	<b>Provider Name</b> ANOKA COUNTY HUMAN SERVICES		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b>							
<b>Service Notes</b> 2 units/month							

<b>Service</b>							
DT&H (Does not include transportation time to/from) - 15 Minutes							
<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Procedure Code</b> T2021	<b>Frequency</b> 2-Weekly	<b>Units</b> 2940	<b>Rate</b> \$5.68	<b>Avg Monthly</b> \$1,391.60	<b>Total Service</b> \$16,699.20
<b>NPI/UMPI</b> M784481600	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b>							
<b>Service Notes</b>  60 units/week							

<b>Service</b>							
DT&H (Includes transportation time to/from) - Daily							
<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Procedure Code</b> T2020	<b>Frequency</b> 2-Weekly	<b>Units</b> 240	<b>Rate</b>	<b>Avg Monthly</b>	<b>Total Service</b>
<b>NPI/UMPI</b> M784481600	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b> PAI will provide supervision and programming as agreed in IDT meetings. They will participate in annual meetings and provide Kim transportation from her home to the day program.							
<b>Service Notes</b>  5 Partial Day Units @ \$79.07  5 Transportation Units @\$22.75							

<b>Service</b>							
Supported Living Services, Adult, Corporate - Daily							
<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Procedure Code</b> T2016 U9	<b>Frequency</b> 1-Daily	<b>Units</b> 365	<b>Rate</b> \$245.03	<b>Avg Monthly</b> \$7,453.00	<b>Total Service</b> \$89,435.95
<b>NPI/UMPI</b> A528316700	<b>Status</b> Approved	<b>Provider Name</b> NORTHEAST RESIDENCE INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> NER will provide 24 hour staffing and supervision as agreed in IDT meetings. This includes programming, community integration and any appointments. NER will communicate with the ID team as needed. They will participate in annual meetings or more frequently if requested by the team.							
<b>Service Notes</b> Daily							

<b>Service</b>							
Transportation - Per One Way Trip							
<b>Start Date</b> 10/01/2020	<b>End Date</b> 09/30/2021	<b>Procedure Code</b> T2003 UC	<b>Frequency</b> 2-Weekly	<b>Units</b> 490	<b>Rate</b> \$25.00	<b>Avg Monthly</b> \$1,020.83	<b>Total Service</b> \$12,250.00
<b>NPI/UMPI</b> M784481600	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b> PAI will provide Kim with transportation to and from her home and her day program.							
<b>Service Notes</b> 10 rides/week							

## RISKS

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

Kimberly requires a 24 hour plan of care and supervision; guardian/caregivers are responsible to ensure she is healthy and safe. Kim will do her best in letting others know if she is sick/ill or injured while guardian/caregivers will watch her for possible signs. Kim is always accompanied by guardian/caregivers while out in the community. Kim has a guardian, Yvonne Kutzer, who will advocate and make informed decisions on her behalf with respecting her wants/needs and goals/dreams. Kim has a representative payee, Anoka County, who ensures her financial needs are met and that she is not being financial exploited. The Interdisciplinary Team will ensure that Kim's needs and wants are being tended to. Kim has a detailed paperwork from the county and provider(s) that documents all the needs required to assist Kim in supporting her in every area of her life. Current Case Manager will continue to coordinate supports with Kim and her team to ensure all of her health and safety needs are met.

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
None identified		

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

NA

**Emergency & Back Up Plans**

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

Kim will rely on caregivers at home and in the community to ensure her safety in the event of inclement weather or other emergency situation. Her primary caregivers will physically assist her with evacuation in the case of emergencies.

Key Contact Name	Relationship	Phone Number
Kristen Bernard	Program Manager	(651) 210-5659

**Plan for emergency health events**

Kim will rely on primary caregivers in the home and in the community to ensure access to appropriate healthcare in the event of an emergency situation.

Key Contact Name	Relationship	Phone Number
Kristen Bernard	Program Manager	(651) 210-5659
Yvonne Kutzer	guardian	(651) 253-6874

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

Due to her developmental disabilities, Kim is always with a caregiver, who will ensure her safety and well-being in all environments.

Key Contact Name	Relationship	Phone Number
Kristen Bernard	Program Manager	(651) 210-5659