

**ABOUT ME****KRISTEN D MCQUINN****Assessment Date:** 03/11/2020**Plan Dates:** 05/01/2020 to 04/30/2021**Developed by:** Christina Blake (651) 430-6606**Address:** 1381 Pinewood Dr

Woodbury, MN 55125

**County:** Washington**Home:** (651) 734-0911**Work:****Other:****General Plan Notes:**

**CASE MANAGER NAME AND PHONE NUMBER:** Laura Baker, Country Services OBO Washington County Community Services, 651-315-1569

**PROGRAM(S):** Intellectual and Developmental Disability (IDD) Waiver

**DATE THIS DOCUMENT WAS MAILED:** 03/12/2020

**STRENGTHS, ROUTINES, & DREAMS:** Krissy's identified strengths include being very calm, kind, and generally content. She is described as a gentle soul with a smile that lights up a room. She also knows some single words in sign language. Krissy values her daily scheduled routine and changes to it can be very difficult for her. She attends a day program at PAI Mondays through Fridays and visits her parents at their home every other week for a few days. She will go with her residential provider to do activities in the community such as going out to eat and to the movie, but mostly she prefers to sit on her favorite spot on the loveseat at her home and play with her paper strips and watch those around her. Krissy's guardians identified goals and dreams for her to include continuing to live in her current home where she has caring staff and good leadership in place; having paper available daily to rip/tear and rub between her fingers; and having her days remain consistent, stable, familiar and calm with minimal change or disruption. Guardian identified that if Krissy could identify a dream for herself, it would be that there be no changes in her life and to always have opportunities to do things she enjoys.

**SUPPORTS DISCUSSED:** Continue with DD waiver supports and services including case management, supported living, and day programming.

Document ID: 571295

Print Date: 03/12/2020

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**PERSON INFORMATION**

Date of Birth: 08/21/1974 Age: 45 yrs

**Emergency Contacts**

Name	Relationship	Phone
Roy McQuinn cell phone	Parent	(651) 402-4950
Roy and Nancy McQuinn	Parent	(715) 246-7473
Nancy McQuinn cell phone	Parent	(651) 402-4282
Sarah Paquette/ SLS house director	Other Non-Relative	(763) 670-7706

**Notes/Comments**

**Decision Making Representatives**

Name	Type of Authority	Address	Phone
Roy and Nancy McQuinn	Private Guardian	1787 St. Andrew Pl, New Richmond, WI 54017	(715) 246-7473
Partnerships for Minnesota Futures/SLS	Representative Payee		(651) 734-0911

**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	DX, DQ-Disabled QMB only	00016585	05/01/2000

Type	Describe	Policy Number	Effective Date
Medicare - Part A			02/01/2012
Medicare - Part B			02/01/2012
Medicare - Part D			02/01/2012

**Notes/Comments**

**Providers**

Health Care Providers	Phone	Comments
Specialty Clinic	(651) 241-5290	Neurologist, Dr. James White, MN Epilepsy Group/Nasseff Specialty Center, 225 Smith Ave. N, Ste 201, St. Paul, MN
Dentist	(612) 873-3000	Dr. Mary Seieroe, Hennepin Healthcare/715 South 8th St., Minneapolis, MN 55404
Specialty Clinic	(763) 416-7600	Dr. Stanley Walker, Northwest Eye Clinic/8501 Golden Valley Rd, Ste 100, Golden Valley, MN 55427
Primary Physician	(651) 241-3000	Dr. Mai See Moua, Allina Health Woodbury Clinic/8675 Valley Creek Rd, Woodbury MN 55125

**Notes/Comments**

Orthotics: Winkley Orthotics  
 740 Douglas Drive N  
 Golden Valley MN 55422  
 Tel: 763-546-1177

Podiatrist: Dr Timothy Felton  
 Twin Cities Foot and Ankle Clinic  
 5851 Duluth Street, Ste 101

Golden Valley MN 55422  
Tel: 763-546-1718 Fax: 763-847-9508

Health Care Providers	Phone	Comments
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## WHAT'S IMPORTANT TO THE INDIVIDUAL

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

- Quality of Life:** To live in current home. To continue with current day program. To have newspapers available for tactile sensory input. To spend time with family.
- Activities of Daily Living:** To receive assistance to complete self care tasks.
- Instrumental Activities of Daily Living:** Receive assistance with home and community living tasks.
- Health:** To continue to have healthcare needs met.
- Psychosocial:** To continue to receive direct assistance and guidance to help regulate emotions in safe and appropriate manner.
- Memory & Cognition:** To continue with services and supports to meet daily and ongoing health, well-being and safety needs.
- Safety & Self-Preservation:** To be safe at all times.
- Sensory & Communication:** To effectively communicate wants, needs, and preferences to others.
- Employment, Volunteering & Training:** To continue with current day program through PAI.
- Housing & Environment:** To remain living in current home.
- Self-Direction:** To have Legal Guardians continue to direct her services and supports and Representative Payee continue to manage her finances and complete required documentation requirements for programs and services.
- Caregiver:** For parents to remain actively involved in her life.

### Short and Long-Term Goals

**Short and Long-Term Goals**

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Krissy wants to reside in her current home with supportive staff and good leadership.	04/30/2021		
Krissy wants to have paper available throughout the day that can be ripped/tore and used for tactile sensory input.	04/30/2021		
Krissy wants to have daily options to participate in activities of interest, whether at home, at PAL, or in the community.	04/30/2021		
Krissy wants to maintain regular contact with her parents and brother.	04/30/2021		
Krissy wants to participate in programming at Phoenix Alternatives, Inc. (PAL) where she enjoys doing a variety of activities and spends time with her peers.	04/30/2021		

**Action Steps for Goals:**

**What will the person do?**

Krissy will continue to do her best to communicate her wants and needs to others and be afforded the opportunity make choices in her daily life and participate in activities in that interest her, including the ripping of paper and playing with it.

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

Case Manager will meet with Krissy and her parents/legal guardians to identify and coordinate services and supports that will benefit her. Case manager will meet with Krissy and guardians to evaluate chosen services and supports and assess progress towards identified goals. Case manager will provide resource information to family as needed and/or requested. Case manager will provide general case management services under IDD waiver services.

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

Krissy's parents will continue to provide decision making assistance and financial oversight as outlined by Guardianship statute. Guardians will work with Krissy, case manager, and providers to identify and coordinate services and supports to meet Krissy's needs and help her achieve identified goals. Parents plan to continue to maintain frequent contact with Krissy and have her visit them at their home.

Partnerships for Minnesota Futures will continue to be the representative payee for Social Security benefits and will keep up with required documentation to maintain Krissy's eligibility for Medical Assistance and notify case manager of any change in eligibility status.

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

Chosen service providers will provide services as agreed upon and in accordance with any applicable licensing standards.

## **SUMMARY OF NEEDS**

**Quality of Life:** Kristen "Krissy" enjoys eating and loves cheese, dill pickle chips, and PEPSI soda. She likes to sit in a chair near the window and look outside. She also likes to sit on the couch, flip a piece of paper in her hands, and watch the people around her. She likes to rip newspapers into thin strips and then rub the strip between her fingers repetitively. Sometimes she enjoys listening to music or sitting on the outdoor swing. She likes to participate in music therapy activity at PAL. She enjoys rides in the car and going to McDonalds for chicken McNuggets. Krissy spends time with her housemates, peers at work program, staff, her parents, and her brother Gregory and his family. She spends the weekend with her parents twice per month, when weather allows. She has a special friend/housemate, Amber, that she will seek out at times. A good day for Krissy is described as when she is content and will giggle.

A bad day is described as when she doesn't want to move from the couch and is less willing to do things or participate in activities around her.

**Personal Assistance:** EATING: Krissy needs assistance cutting up food and intermittent supervision. She tends to shovel her food in, even when prompted to slow down. She is able to use utensils. BATHING: Krissy likes baths, but mostly takes showers and uses a shower chair for safety. She receives constant supervision and full assistance with washing her body and hair. DRESSING: Krissy receives direct assistance choosing outfits and putting her clothing on. She is able to put on pull on type clothing with some assistance getting started. She receives assistance with fasteners and putting on her shoes. PERSONAL HYGIENE/GROOMING: Krissy tries to participate with washing her hands and brushing her teeth. She receives full assistance with hair care and nail care. TOILETING: Krissy is incontinent of bowel and bladder and wears incontinence briefs at all times. She seems to recognize when she is wet/soiled; however, she does not seek out a caregiver to be changed. She wears both a brief and pad to minimize leakage, but frequent accidents occur that go through her clothing. MOBILITY: Krissy has one leg that is shorter than the other. She wears orthotic in her shoes to balance the difference, but she remains somewhat unsteady, especially on uneven terrain/surfaces. She receives physical assistance as needed. POSITIONING: Independent. TRANSFERS: Independent.

**Home Management:** MEDICATION MANAGEMENT: Staff provide full medication assistance with medication administration. Krissy is able to swallow pills and is cooperative with taking her medications. MEAL PREPARATION: Krissy is unable to prepare any meals or snacks independently and relies on caregivers. TRANSPORTATION: Caregivers provide for all transportation needs. Krissy likes to go for rides and keeps her seatbelt on. Parents note that they use child safety locks on the vehicle doors for added safety. HOUSEWORK: Krissy is able to pick up small items and do some laundry tasks with direct guidance and prompts. All other household tasks are completed by caregivers. TELEPHONE: Krissy does not use the phone. She does not communicate with words and is not interested in telephone use. SHOPPING: Krissy does not like shopping, though she will go with staff to the store at times. She needs assistance with all parts of shopping process. FINANCES: Krissy's parents are her legal guardians. Her residential provider, Partnerships for Minnesota Futures, is the Representative Payee for her Social Security benefits and handles her finances as well as documentation for Medical Assistance program. Her parents are provided regular financial statements.

**Health Related/Medical:** GENERAL HEALTH: Krissy's overall health is rated as "good" with no immediate health concerns. She does have some medication allergies which are on file. She sees her primary care provider for yearly exams and as needed. She has had one ER visit and hospitalization in the past year (January 2020) due to pneumonia. No 911 calls in the past year. Krissy has diagnoses of Cavemous Hemangioma (internal birthmark which caused damage to brain and vision), Seizure Disorder NOS, Autism Spectrum Disorder, Incontinence of bowel and bladder, gum disease, and dry skin during the winter months. Krissy had surgery to repair a broken femur when she was younger and was in a body cast for six months which resulted in her legs not growing at same pace. Every two years, Krissy has a thorough dental, gynecological, and breast exam under general sedation. TREATMENTS and MONITORING: Monitoring for seizures, which occur about once per month. THERAPIES: None at this time. BRAIN INJURY: No brain injury or trauma, but does have a diagnosed seizure disorder. FEET: Krissy's sees a podiatrist for foot care. She gets toenail fungus and her feet will turn blue at times due to poor circulation. When this happens, she needs to get up and walk around. She wears orthotic in her shoe due to one leg being shorter than the other. PAIN: Krissy seems to have a very

high pain tolerance. She expresses pain by crying. As she rarely cries, it is viewed as serious situation when she does cry. She relies on her caregivers to recognize behavior changes to indicate possible pain being present. SLEEP: Krissy does have some difficulty staying asleep; however, most of the time, she stays in bed all night. She will get up at times though and sit on the couch and tear newspapers. She does not take any sleep medications. DEPRESSION SCREEN: No concerns reported.

ALCOHOL/TOBACCO/SUBSTANCE USE/GAMBLING: No use.

**Cognitive and Behavior Supports:** BEHAVIOR/EMOTION/SYMTOMS: Krissy displays self-injurious behaviors of punching or hitting herself on her hip or head or banging her heel on the floor, causing bruises at times. Krissy may pound her fist on the table or grit her teeth and grunt when discontent or displeased. Krissy is very obsessed with paper as she likes to tear/rip it and will take paper from others or off the wall to meet her sensory need. If someone is holding paper, food, or a soda can, she will go up to them in attempt to obtain the wanted item. When in the community, Krissy needs constant supervision and hand/arm holding to make sure she doesn't wander off. Krissy is very vulnerable to exploitation due to her inability to protect herself or report any concerns. Krissy gets very anxious regarding any types of medical appointments and benefits from being prepared ahead of time as to what to expect and provided lots of reassurances during the appointments.; MEMORY and COGNITION: Krissy is diagnosed with Severe Intellectual Disability. She requires a 24 Hour Plan of Care and extra assistance daily to meet her health, well-being and safety needs. She relies on her caregivers for all her needs. Her level of orientation to person, place and time is uncertain. Krissy receives services and supports, including case management, with funding from an Intellectual and Developmental Disability (IDD) waiver through Washington County Community Services. Her parents are her legal guardians and she lives in supported living environment with 24 hour staffing.

**Personal Security:** SAFETY and SELF PRESERVATION: Krissy requires a 24 Hour Plan of Care with 24 hour awake supervision. She receives daily assistance to meet her health, well-being, and safety needs. She relies on her caregivers to handle all adverse and emergency situations. She is unable to self-preserve.

**Communications:** VISION: Due to effects of a Cavemous Hemangioma, Krissy has no vision in her right eye and limited vision in her left eye. She is considered legally blind. She also has cataracts forming. She will not wear glasses. She is able to see items and does not run into things. She has a vision appointment in April 2019 to further discuss possible cataract surgery. HEARING: No concerns reported. COMMUNICATION: Krissy does not speak with words. She does know some very basic sign language (6-10 single signs) and gestures. She is able to understand simple verbal directions with prompts and modeling. She will grab caregiver's arm to guide them to where/what she wants. She will make repetitive groans and engage in self-injurious behaviors when she does not feel well or when she wants to gain the attention of caregiver and to indicate she is wanting something different. It is important for caregivers to be able to interpret and predict what Krissy may want or need based on circumstances and known likes/dislikes. Krissy will only do what she wants to do and will refuse to complete a task she doesn't want to do. SENSORY: Krissy has very strong tactile sensory need to rip/tear paper and rub the resulting paper strip between her fingers. She will seek out any paper source available. Transitions can be difficult for Krissy, she will make repetitive noises, she likes to swing, she prefers quieter environments, and has a high pain tolerance. SAFETY SUPPORTS NEEDED: Krissy needs full caregiver assistance to respond to adverse situations and evacuate an emergency situation.

**Employment/Training/Skill Building:** EMPLOYMENT: Krissy attends a day program at Phoenix Alternatives, Incorporated (PAI) in Oakdale, MN 5 days per week where she participates in leisure activities at the center and in the community. Krissy used to do some hand over hand piece rate work, but she became less and less interested in doing it until it was only for a few minutes before she would stop doing it. Her team then switched her to a leisure and recreation focus. She seems content with her current program and her parents/legal guardians indicate they want her to continue to participate and state she is "retired." She is provided visual choices of activities to choose from. She will either make a choice or simply start walking towards the activity she has chosen. She has her favorite recliners to sit in and has paper available to rip and hold. She has really started to enjoy the music therapy activities that are offered. VOLUNTEER WORK: NAEDUCATION: Father noted that Krissy received public education until the of age 21 in western area of Twin Cities, but he could not remember the specific school. He stated the family attended her graduation ceremony upon her completion of the transition program.

**Supportive Services:** HOUSING: Krissy lives with three housemates in a home in Woodbury, MN operated by Partnerships for Minnesota Futures. She moved into the home in December 2015. She previously lived in a home in Brooklyn Park, MN. Her parents indicate they are satisfied with the care Krissy receives and feels the home has a good owner, leadership, and staff. They feel it is a safe community, she has her own room, there is a fenced backyard, and it is a nice home that is well kept. They state it is located much closer to their home too, which enables them to visit more easily. Krissy is comfortable in the home, it is familiar to her and she is happy. The plan is for her to continue to reside there indefinitely.

**Self-Direction:** SELF-DIRECTION: Krissy's parents, Roy and Nancy McQuinn, are her legal guardians and direct all her services and supports. Her residential provider, Partnerships for Minnesota Futures is the Representative Payee for her Social Security benefits and handle her finances as well as Medical Assistance documentation. Roy and Nancy are provided financial reports regularly to provide general oversight.

**Caregiver/Parent Support:** CAREGIVER: Kristen's parents are her legal guardians and are actively involved in her life. Kristen visits them at their home for a few days every two weeks, weather permitting. When she is at home, they provide for her daily care needs. They are close with her and a source of emotional support and encouragement for her. Kristen has a brother, Gregory, who lives in Wisconsin near her parents and she sees him and his family when she visits her parents as well.

## RECOMMENDED REFERRALS

**Activities of Daily Living:** Referrals Needed: Other - None needed. Services and supports in place.

**Instrumental Activities of Daily Living:** Referrals Needed: Other - None needed. Services and supports in place.

**Health:** Referrals Needed: Other - None needed. Services accessed as needed.

**Psychosocial:** Referrals Needed: Other - None needed. Services and supports in place

**Memory & Cognition:** Referrals Needed: Other - None needed. SERVICES and supports in place.

**Safety & Self Preservation:** Referrals Needed: Other - None needed. Services and supports in place

**Sensory & Communication:** Referrals Needed: Other - None needed.  
**Employment/Volunteering/Training:** Referrals Needed: Other - None needed. Services in place.  
**Housing & Environment:** Referrals Needed: Other - None needed. Services in place.  
**Self-Direction:** Referrals Needed: Other - None needed. Supports in place.  
**Caregiver:** Referrals Needed: Other - None needed. Supports in place.

**INFORMAL CAREGIVERS**

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

**Notes/Comments**

Kristen's parents are her legal guardians and are actively involved in her life. Kristen visits them at their home for a few days every two weeks, weather permitting. When she is at home, they provide for her daily care needs. They are close with her and a source of emotional support and encouragement for her. Kristen has a brother, Gregory, who lives in Wisconsin near her parents and she sees him and his family when she visits her parents as well.

**RISKS**

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

Krissy requires a 24 Hour Plan of Care with 24 hour awake supervision. She receives daily assistance to meet her health, well-being, and safety needs. She relies on her caregivers to handle all adverse and emergency situations. She is unable to self-preserve.

**NEXT STEPS:**

You will work with an assessor or case manager to develop a Coordinated Services and Supports Plan for the public program you have chosen.

We are waiting for:

For help locating services and supports options in this Community Support Plan, these are resources you can contact:

- [www.Minnesotahelp.info](http://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/hsrver/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.

651-431-2400 or 800-747-5484

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

ملاحظة: إذا كنت بحاجة إلى مساعدة في تفسير هذا المستند، يرجى الاتصال بالرقم أعلاه مجاناً.

Клиентів уважливо допоможуть інтерпретувати цей документ безкоштовно за телефоном 651-431-2400.

Телефон на русском языке. Услуга бесплатна. Услуга доступна по телефону 651-431-2400. Если вы не понимаете русский язык, вы можете позвонить по телефону 651-431-2400 на английском языке.

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Нубахчииса. Документин кун билиса акка сиф тиканму гургаарса хоо гечле, лажкообса гудбалн кепамле бидли.

Выпканнеч: есгл вам нужна бесплатная помощь в русском переводе данного документа, позвоните по указанному выше телефону.

Digniti. Haddii aad u baahantahay caawimaad laeeg'ia' aad ah ee la'jumaadda qoraalka, la'ba'ka kore waac.

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

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

1003-0008 (3-13)

## 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).

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)**

**RECEIVED**  
5/15/2020  
KZ

**ABOUT ME**

**KRISTEN D MCCAUNN**

**Assessment Date:** 03/11/2020

**Plan Dates:** 05/01/2020 to 04/30/2021

**Developed by:** Laura Baker (651) 315-1569

**Address:** 1381 Pinewood Dr

Woodbury, MN 55125

**County:** Washington

**Home:** (651) 734-0911

**Work:**

**Other:**

**General Plan Notes:**

MnCHOICES Support Plan for: KRISTEN D MCQUINN

PMI: 00016585

CASE MANAGER NAME AND PHONE NUMBER: Laura Baker, Country Services OBO Washington County Community Services, 651-315-1569

PROGRAM(S): Intellectual and Developmental Disability (IDD) Waiver

DATE THIS DOCUMENT WAS MAILED: 03/12/2020

**STRENGTHS, ROUTINES, & DREAMS:** Krissy's identified strengths include being very calm, kind, and generally content. She is described as a gentle soul with a smile that lights up a room. She also knows some single words in sign language. Krissy values her daily scheduled routine and changes to it can be very difficult for her. She attends a day program at PAI Mondays through Fridays and visits her parents at their home every other week for a few days. She will go with her residential provider to do activities in the community such as going out to eat and to the movie, but mostly she prefers to sit on her favorite spot on the loveseat at her home and play with her paper strips and watch those around her. Krissy's guardians identified goals and dreams for her to include continuing to live in her current home where she has caring staff and good leadership in place; having paper available daily to rip/tear and rub between her fingers; and having her days remain consistent, stable, familiar and calm with minimal change or disruption. Guardian identified that if Krissy could identify a dream for herself, it would be that there be no changes in her life and to always have opportunities to do things she enjoys.

**SUPPORTS DISCUSSED:** Continue with DD waiver supports and services including case management, supported living, and day programming.

4/23/20: Annual meeting held with team members over phone conference. This annual meeting replaces face to face visit due to COVID-19. Krissy and her parents are pleased with services and the wonderful staff who assist in caring for Krissy. In February 2020, Krissy was hospitalized with pneumonia. She has recovered well and is no longer on a blood pressure medication. Krissy has lost 17 pounds this past year while choosing healthier food options. Discussed exploring a walk in tub for Krissy and a magazine subscription. Krissy enjoys beauty magazines.

5/15/20: CSSP sent to team members.

## PERSON INFORMATION

Date of Birth: 08/21/1974 Age: 45 yrs

### Emergency Contacts

Document ID: 591927

Print Date: 05/15/2020

Page 2 of 16

Name	Relationship	Phone
Roy McQuinn cell phone	Parent	(651) 402-4950
Roy and Nancy McQuinn	Parent	(715) 246-7473
Nancy McQuinn cell phone	Parent	(651) 402-4282
Sarah Paquette/ SLS house director	Other Non-Relative	(763) 670-7706

**Notes/Comments**

**Decision Making Representatives**

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Roy and Nancy McQuinn	Private Guardian	1787 St. Andrew Pl, New Richmond, WI 54017	(715) 246-7473
Partnerships for Minnesota Futures/SLS	Representative Payee		(651) 734-0911

**Notes/Comments**

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**Notes/Comments**

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Health Care Providers	Phone	Comments
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Podiatrist: Dr Timothy Felton  
 Twin Cities Foot and Ankle Clinic  
 5851 Duluth Street, Ste 101  
 Golden Valley MN 55422  
 Tel: 763-546-1718 Fax: 763-847-9508

**WHAT'S IMPORTANT TO THE INDIVIDUAL****Short and Long-Term Goals**

<b>Goal Statement</b>	<b>Target Date</b>	<b>Provider &amp; NPI (if applicable)</b>	<b>Frequency of Reporting</b>
Krissy wants to reside in her current home with supportive staff and good leadership.	04/30/2021		
Krissy wants to have paper available throughout the day that can be ripped/tore and used for tactile sensory input.	04/30/2021		
Krissy wants to have daily options to participate in activities of interest, whether at home, at PAL, or in the community.	04/30/2021		
Krissy wants to maintain regular contact with her parents and brother.	04/30/2021		
Krissy wants to participate in programming at Phoenix Alternatives, Inc. (PAL) where she enjoys doing a variety of activities and spends time with her peers.	04/30/2021		
Krissy pick up items she has thrown on the floor.	04/30/2021	PARTNERSHIPS FOR MINNESOTA FUTURES -- A768223900	
Krissy will choose and attend a group activity 2 times a week at PAL.	04/30/2021	PHOENIX ALTERNATIVES INC -- M784481600	
Krissy will make a choice when in the community with PAL 2 times per month.	04/30/2021	PHOENIX ALTERNATIVES INC -- M784481600	
Krissy would like to use her ipad to tell support staff what she would like to eat.	04/30/2021	PARTNERSHIPS FOR MINNESOTA FUTURES -- A768223900	

**Short and Long-Term Goals**

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Krissy wants to maintain her strength and endurance exercising 15 minutes each day.	04/30/2021	PARTNERSHIPS FOR MINNESOTA FUTURES -- A768223900	

**Action Steps for Goals:**

**What will the person do?**

Krissy will continue to do her best to communicate her wants and needs to others and be afforded the opportunity make choices in her daily life and participate in activities in that interest her, including the ripping of paper and playing with it.

**What will the case manager do?**

Case Manager will meet with Krissy and her parents/legal guardians to identify and coordinate services and supports that will benefit her. Case manager will meet with Krissy and guardians to evaluate chosen services and supports and assess progress towards identified goals. Case manager will provide resource information to family as needed and/or requested. Case manager will provide general case management services under IDD waiver services.

**What will others do?**

Krissy's parents will continue to provide decision making assistance and financial oversight as outlined by Guardianship statute. Guardians will work with Krissy, case manager, and providers to identify and coordinate services and supports to meet Krissy's needs and help her achieve identified goals. Parents plan to continue to maintain frequent contact with Krissy and have her visit them at their home.

Partnerships for Minnesota Futures will continue to be the representative payee for Social Security benefits and will keep up with required documentation to maintain Krissy's eligibility for Medical Assistance and notify case manager of any change in eligibility status.

**What will the provider do?**

Chosen service providers will provide services as agreed upon and in accordance with any applicable licensing standards. Providers will work with Krissy to meet her needs as identified in the Community Support Plan.

### SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Developmental Disability Waiver	05/01/2020	04/30/2021	\$0.00	\$152,650.35	\$12,720.86
<b>Case Manager/Care Coordinator</b> Laura Baker		<b>Case Manager/Care Coordinator Provider ID</b> A418613600			<b>Responsible Party Name</b>
<b>Program Notes</b>					

<b>Service</b>							
Case Management - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2020	04/30/2021	T1016 UC		120	\$23.19	\$231.90	\$2,782.80
NPI/UMPI	Status	Provider Name	Funding Source	County of Service			
1700969334	Approved	WASHINGTON COUNTY COMMUNITY SERVICE	DD Waiver	Washington			
<b>Areas of Need</b>							
Supportive Services							
<b>Support Instructions</b>							
Kristen and family need assistance from case management to assist with access to supports and services through the DD waiver. Kristen needs help to monitor the provision of services to ensure there is progress being made towards her goals. Case manager will provide Kristen and family with the information necessary for her to make informed choices about services and supports meeting health and safety needs. Case manager will meet with Kristen a minimum of two times per year. Case manager is point of contact for any changes, updates or revisions to the Coordinated Services and Supports Plan.							
<b>Service Notes</b>							
Kristen receives case management provided by Washington County, contracted with Country Services. 120 units of case management are authorized per year to assist with coordination and monitoring of services based on Kristen's values, strengths, goals and needs.							

<b>Service</b>							
Case Management Aide (Paraprofessional) - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2020	04/30/2021	T1016 TF UC		60	\$9.39	\$46.95	\$563.40
<b>NP/JUMPI</b> 1700969334	<b>Status</b> Approved	<b>Provider Name</b> WASHINGTON COUNTY COMMUNITY SERVICE		<b>Funding Source</b> DD Waiver	<b>County of Service</b> Washington		
<b>Areas of Need</b>							
Supportive Services							
<b>Support Instructions</b>							
Approximately 1.25 hours per month of paraprofessional support to assist with administrative tasks related to waiver services and service authorizations.							
<b>Service Notes</b>							
Authorizing 60 units per year of Washington County paraprofessional support.							

<b>Service</b>							
DT&H (Does not include transportation time to/from) - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2020	04/30/2021	T2021		240	\$4.17	\$83.40	\$1,000.80
<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> Washington	
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b> Kristen will continue to receive up to 240- 15 minute units or 10 days per year of Day Training and Habilitation through PAL in order to work on teaching, training and skill building. PAL will participate in annual meetings and submit progress reports to the team. All services will be funded through the DD waiver.							
<b>Service Notes</b> Authorizing 240 units of DT&H 15 minute units to assist Kristen with teaching, training, and skill building.							

<b>Service</b>							
DT&H (Includes transportation time to/from) - Daily							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2020	04/30/2021	T2020		242	\$112.50	\$2,268.75	\$27,225.00
<b>NP/JUMPI</b>	<b>Status</b>	<b>Provider Name</b>		<b>Funding Source</b>		<b>County of Service</b>	
M784481600	Approved	PHOENIX ALTERNATIVES INC		DD Waiver		Washington	
<b>Areas of Need</b>							
Employment/Training/Skill Building							
<b>Support Instructions</b>							
Kristen will continue to receive DT&H services through PAI 5 days per week up to 242 days per year including transportation. She will continue to work on the skills outlined in her program. PAI will participate in annual meetings and submit written progress reports to the team. All vocational services will be funded through the DD Waiver.							
<b>Service Notes</b>							
Authorizing 242 units of DT& Daily.							

<b>Service</b>							
DT&H Transportation							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2020	04/30/2021	T2002		10	\$34.00	\$28.33	\$340.00
<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> Washington		
<b>Areas of Need</b> Employment/Training/Skill Building							
<b>Support Instructions</b> Kristen will continue to receive up to 10 days per year of transportation to be used with 15 minute DT&H units. PAI will provide transportation to and from work on these days. All drivers will have a current driver's license and insurance.							
<b>Service Notes</b> Authorizing 10 units of round trip transportation. PAI will provide transportation to and from work.							

<b>Service</b>							
Supported Living Services, Adult, Corporate - Daily							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2020	04/30/2021	T2016 U9		365	\$330.79	\$10,061.53	\$120,738.35
<b>NPI/UMPI</b> A768223900	<b>Status</b> Approved	<b>Provider Name</b> PARTNERSHIPS FOR MINNESOTA FUTURES		<b>Funding Source</b> DD Waiver	<b>County of Service</b> Washington		
<b>Areas of Need</b> Home Management, Health Related/Medical, Personal Security, Supportive Services, Cognitive and Behavior Supports, Personal Assistance, Quality of Life, Communications, Self-Direction							
<b>Support Instructions</b> Kristen lives in a Partnerships for Minnesota Futures SLS. She will receive 24 hour supervision up to 365 days per year funded by the DD waiver. She will continue to work on the skills outlined in her programs with support staff assistance in the areas of activities of daily living, self cares, meal preparation, home living skills, behavior improvement, choice making, access to the community and skill development. Partnerships is responsible for communicating and coordinating medical care and appointments and will inform case manager and Guardians of all assessments and significant changes in care of programming.							
<b>Service Notes</b> Authorizing 365 units of Supported Living Services at a daily rate.							

**RISKS**

How will Health and Safety Issues be Addressed?

Krissy requires a 24 Hour Plan of Care with 24 hour awake supervision. She receives daily assistance to meet her health, well-being, and safety needs. She relies on her caregivers to handle all adverse and emergency situations. She is unable to self-preserve.

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
Vulnerable adult	Potential abuse and neglect	

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

Staff will continue to monitor and report any susceptible abuse.

**Emergency & Back Up Plans**

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

Partnerships staff ensure Kristen's safety during an unforeseen event. If the event effects Kristen or her services, the team will meet to discuss next plan of action.

**Plan for emergency health events**

Partnerships staff are responsible to ensure Kristen would receive emergency medical care if necessary. Call 911 and Guardian will need to consent to any medical decision necessary.

Key Contact Name	Relationship	Phone Number
Roy and Nancy McQuinn	Parents / Guardians	(715) 246-7473

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

Providers are responsible to ensure Kristen's staffing needs are met. She has a 24 hour plan of care. If there is a staffing crisis call Sarah/ Partnerships, 763-670-7706. If there is suspicion of abuse or neglect, report to MN Adult Abuse Reporting Center at 844-800-1574.

Key Contact Name	Relationship	Phone Number
Sarah Paquette	Partnerships of MN Futures	(763) 670-7706