



# Coordinated Services and Supports Plan (CSSP)

## ABOUT ME

**Mary K Strutz**

**Preferred Name:** Mary or Mary Kay

**Assessment Date:** 04/27/2020

**Plan Dates:** 06/01/2020 to 05/31/2021

**Developed by:** Haylee Guarino (651) 207-4234

**Address:** 2146 Lydia Ave.

Maplewood, MN 55109-1431

**County:** Ramsey

**Home:** (651) 779-6855

**Work:**

**Other:** (651) 426-2484

### General Plan Notes:

Co-Guardians:

Tom Strutz

P.O.Box 266

Willernie, MN 55090

651-426-9309

Jim Strutz

4740 Golden Pond Lane

White Bear Lake, MN 55110

651-766-5843

Greg Strutz

406-226-5511

PO Box 122 E. Glacier Park, MT 59434

g-stru@3riversdbs.net

Residential

Phoenix Residence-Lydia  
2146 Lydia Ave.  
Maplewood, MN 55109  
651-779-6855  
DeMarcus Taylor house coordinator

Day Program:  
Phoenix Alternative Linden as of January 2020  
3595 Linden Ave.  
White Bear Lake, MN 55110  
651-771-5622  
(NOT CURRENTLY ATTENDING DUE TO COVID19)

MSHO care Coordinator  
Medica Keystone  
Siryka Hansen  
651-797-7707  
[Shanson@keystoneservices.org](mailto:Shanson@keystoneservices.org)

Note: Mary's Mom passed away on 10/21/2019

Mary's family is extremely important to her, Tom visits with her a couple times a week at her home, she really enjoys these visits. Mary is a great hockey fan, her favorite team is the Wild, this is obvious when you go into her bedroom. Mary enjoys staying up to date on current events, she can often be heard from her bedroom expressing her thoughts on how things in the government are going. Being able to express her wants/needs/choices is one of her strongest talents.

## PERSON INFORMATION

**Date of Birth:** 12/08/1949 **Age:** 70 yrs

### Emergency Contacts

Name	Relationship	Phone
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Name	Relationship	Phone
DeMarcus Taylor	Other Non-Relative	(651) 779-6855
Tom Strutz	Guardian/Legal Representative	(651) 426-9309
DeMarcus work cell	Other Non-Relative	(651) 802-0038
Greg Strutz	Guardian/Legal Representative	(406) 226-5511
James Strutz	Guardian/Legal Representative	(651) 766-5843

**Notes/Comments**

The Three Brothers are co-guardians.

**Decision Making Representatives**

Name	Type of Authority	Address	Phone
Thomas Strutz	Private Guardian	P.O.Box 266 Willernie, MN 55090	(651) 426-9309
Jim Strutz	Private Guardian	4740 Gloden Pond Lane White Bear Lake MN 55110	(651) 766-5843
Greg Strutz	Private Guardian	PO Box 122 E. Glacier Park, MT 59434	(406) 226-5511

**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
Medicare - Part A		476-72-1850	07/01/1989
Medical Assistance		00668852	
Medicare - Part B			07/01/1989
Medicare - Part D			01/01/2006

**Notes/Comments**

**Providers**

Health Care Providers	Phone	Comments
Primary Physician	(651) 487-2831	Dr. Rossmiller

**Notes/Comments**

**WHAT'S IMPORTANT TO THE INDIVIDUAL**

**Short and Long-Term Goals**

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
I would like to go out into the community for leisure activities on a regular basis, when it is safe and healthy to do so.	05/31/2021		

**Action Steps for Goals:**

**What will the person do?** Mary will continue to express her needs, wants and concerns as much as possible, getting involved in leisure options.

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

Mary's Case Manager will continue to work with Tom to assure all concerns at the house are addressed quickly. Case manager will assure that all services available to Mary K are being provided. Case Manager will assure open communication between all team members. Case Manager will work with Guardian on when it is safe for Mary to return to PAI-Linden.

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

Mary's guardian will continue to exercise his powers and responsibilities, within the guardianship order, establishing place of abode (residential); care, comfort and maintenance needs; personal property; medical care; contracts; exercise supervisory authority; and assure eligibility for government benefits. He will complete his annual filing responsibilities as mandated by the court. He will work with Mary to build and maintain all skills to meet her goals and ensure all her health and safety needs are met. He will continue to work closely with the house on the concerns that involve Mary's well being.

Representative Payee,(PRI)will continue to assist with money management; assist with completion of all documents to maintain eligibility for state and federal benefit programs.

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

Phoenix Residence Inc. will continue to work on improving the services offered to Mary, assuring staff are trained in her health and safety needs, drivers are available to assure she can get out into the community often for leisure and have good coordination with guardian. Phoenix Alternative Inc.will continue to work with Mary to maintain her leisure activities throughout the work day communicating to the house staff and guardian any concerns. PRI and PAI will work with Guardian on when it is safe for Mary to return to her day program.

## SUMMARY OF PROGRAMS AND SERVICES

<b>Program Type</b> Developmental Disability Waiver	<b>Start Date</b> 06/01/2020	<b>End Date</b> 05/31/2021	<b>Annual Amount</b> \$0.00	<b>Total Plan Cost</b> \$111,583.26	<b>Avg Monthly</b> \$9,298.60
<b>Case Manager/Care Coordinator</b> Haylee Guarino		<b>Case Manager/Care Coordinator Provider ID</b> A584495500		<b>Responsible Party Name</b>	
<b>Program Notes</b>					

<b>Service</b> Case Management - 15 Minutes							
<b>Start Date</b> 06/01/2020	<b>End Date</b> 05/31/2021	<b>Procedure Code</b> T1016 UC	<b>Frequency</b>	<b>Units</b> 150	<b>Rate</b> \$23.19	<b>Avg Monthly</b> \$289.88	<b>Total Service</b> \$3,478.50
<b>NPI/UMPI</b> 1487994539	<b>Status</b> Approved	<b>Provider Name</b> REDEEMER SERVICES INC-RSC-TCM		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b>							
Case Management Aide (Paraprofessional) - 15 Minutes							
<b>Start Date</b> 06/01/2020	<b>End Date</b> 05/31/2021	<b>Procedure Code</b> T1016 TF UC	<b>Frequency</b>	<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> 1487994539	<b>Status</b> Approved	<b>Provider Name</b> REDEEMER SERVICES INC-RSC-TCM		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
<b>Support Instructions</b>							
<b>Service Notes</b>							

<b>Service</b>							
Supported Living Services, Adult, Corporate - Daily							
<b>Start Date</b> 06/01/2020	<b>End Date</b> 05/31/2021	<b>Procedure Code</b> T2016 U9	<b>Frequency</b> 1-Daily	<b>Units</b> 365	<b>Rate</b> \$295.56	<b>Avg Monthly</b> \$8,989.95	<b>Total Service</b> \$107,879.40
<b>NPI/UMPI</b> A869655100	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX AT LYDIA HOUSE		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
<b>Support Instructions</b> Staff will provide Mary with 24-hour awake plan of care. Staff and family will work with Mary to build all skills necessary to be healthy, happy, and living the life she wants to.							
<b>Service Notes</b> Group home staff assist with home management, finances, socialization, transportation and community access.							

## RISKS

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

Mary is not physically capable of assuring her safety during an emergency. She requires a 24-hour awake plan of care to assure her health and safety needs are met. She has no alone time. For health reasons she should not go out into the community for leisure or to day program if the air temperature is going to be 90 degrees and or above at any time she is out or zero and or below.

Self-preservation: Mary is not physically capable of assuring her safety during an emergency. She requires a 24-hour awake plan of care to assure her health and safety needs are met with staff trained in how to get her out in an emergency. She has no alone time.

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

<b>Identified risk and choice regarding services</b>	<b>Negative outcome that may result</b>	<b>Alternative measure that may be implemented</b>
Mary is at risk of financial exploitation, verbal and Sexual & physical abuse, and neglect from others.	Mary may be taken advantage of Her property and money may be stolen. She may physically harmed that may even result in death.	Providers are mandated reporters and will follow necessary protocol if there is any know violations against Mary. Providers will follow all 245D licensing paperwork to ensure health and safety needs are met. Mary has a Representative Payee.
Lack community orientation skills. Dresses inappropriately. Unable to ask for help in community as she is non-verbal.	Be lost, hurt, become a victim of abuse.	Staff will provide Mary with 24-hour awake plan of care. Staff and family will work with Mary to build all skills necessary to be healthy, happy, and living the life she wants to.
Mary may be vulnerable in all aspects of her life, including self-neglect. Mary lacks self-preservation skills (ignores personal safety).	Lack of self-preservation skills could endanger her health and safety.	Staff will provide Mary with 24-hour awake plan of care. Staff and family will work with Mary to build all skills necessary to be healthy, happy, and living the life she wants to.
Due to Mary's diagnosis of Cerebral Palsy, she is very spastic and has minimal control over her body movements. Mary may inadvertently kick or hit people or objects due to her spasticity. Mary may also accidentally scratch herself or knock her arms or legs while going through doorways.	Injury to self and/or others.	Staff will support Mary by ensuring that there are no objects or people near her arms or legs. Staff may verbally ask Mary to bring her "arms to the armrest," gently to touch prompt her arm or leg, and also give Mary the time she needs to move her arms or legs when propelling her through doorways. If Mary were to scratch herself or accidentally hit or kick a person or object staff will check Mar

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

Mary's health and safety concerns/issues will be addressed by her medical professionals, Interdisciplinary Team (IDT). Mary will be provided a 24-hour awake plan of care, as well as her IAPP, SMA, and CSSP addendum from her residential provider.

**Emergency & Back Up Plans****Plan for unforeseen events (e.g, weather, storms, power outages)**

Emergency Back Up Plan is with Phoenix Residence-Lydia House. SLS Corp staff will ensure Mary's safety in the case of unforeseen events.

**Plan for emergency health events**

Emergency Back Up Plan is with Phoenix Residence-Lydia House. SLS Corp staff will ensure Mary's safety in the case of unforeseen events.

Key Contact Name	Relationship	Phone Number
Peg Olin	Site Nurse	(651) 270-7372
Jennifer Olson	CSD	(612) 803-6792
Tom Strutz	Guardian/Brother	(651) 426-9309
DeMarcus Taylor	Program Manager Lydia House	(651) 779-6855

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

Emergency Back Up Plan is with Phoenix Resident- Lydia House.

Key Contact Name	Relationship	Phone Number
Tom Strutz	Guardian/Brother	(651) 426-9309

<b>Key Contact Name</b>	<b>Relationship</b>	<b>Phone Number</b>
Main Office	Phoenix Residence Main Office	(651) 227-7655
DeMarcus Taylor	Program Manager Lydia House	(651) 779-6855