

## ABOUT ME

**James Thomas Shaw**

**Assessment Date:** 01/25/2021

**Plan Dates:** 02/01/2021 to 01/31/2022

**Developed by:** Kayley Berkness (763) 445-4724

**Address:** 2110 English Street  
Maplewood, MN 55432

**County:** Ramsey

**Home:** (651) 278-1514

**Work:**

**Other:**

### General Plan Notes:

Name: James Shaw

Case Manager: Kayley Berkness

Case Manager Phone: 763-445-4724

Waiver Program: CADI

Waiver Span Dates: 2/01/2021 -1/31/2022

CSSP Home Visit Date: 1/29/2021

**Summary of person:** James is a 44- year-old Male who currently resides in Maple wood, MN. James will soon be transferred to Ramsey with a transfer date still pending. James has recently moved out of Rescare AFC, and is now living independently renting out a basement in his family member's home. James will soon be starting employment services at PAI which is very close to his home. James enjoys spending time with his girlfriend and family.

**Strengths, Skills, Abilities, and Talents:** James is very kind to others and always has a very calm attitude.

**Hopes, Dreams, and Aspirations:** James hopes to marry his current girlfriend. James also hopes to move out with her in their own apartment within the next two years.

**Rituals and Routines:** James wakes up every morning will eat breakfast, shower. Depending on the day meet with his IHS worker.

**Competitive Employment/School Discussion:** James is hoping that he will start employment services with PAI shortly.

**Housing:** James is happy with his current housing, and has no plans on moving yet.

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James poked calmly stating he would like to maintain a positive attitude and healthy relationship with his support network he adds that family is very important to him and that he would like to have a healthy relationship with his family. He enjoys being around his brothers and is very interested in engaging activities that will help him maintain a healthy life. He values his independence and wants to do things for himself. He describes himself as a strong person who is highly motivated to overcome his physical and mental health challenges. He shares being in a regular routine of getting up early, making his bed, taking medication, and going about his daily business. He is interested in exploring work options through vocation rehab services.

**Aspiration:** James aspires by his siblings and enjoys being around them. He would like to have a positive relationship with his family members and his girlfriend.

**Strength:** James is an organized and intelligent person who likes to plan things get them done. He has a very good social skills and is very personable. He is determined to learn skills that helps him accomplish his daily goals and ultimately become more independent.

**Rituals & routines:** James's daily routine consist of waking up early, eating breakfast, scheduling and attending appointments as needed, going for a walk and he enjoys watching news.

**Social, Leisure, Religious:** James likes to be around his girlfriend and wants to marry her. He likes to maintain as much independence as possible and he says it sometimes difficult for him to ask for help.

**Preferred living setting:** It is important to James to be in an environment where he feels he can trust those around him. He says when he feels trust in someone, he can be engaging, funny and pleasant.

## PERSON INFORMATION

**Date of Birth:** 09/09/1976 **Age:** 44 yrs

### Emergency Contacts

Name	Relationship	Phone
Candice Remmers	Parent	(612) 201-6001

### Notes/Comments

**Decision Making Representatives**

Name	Type of Authority	Address	Phone
Julie	Representative Payee	EMI - PO Box 240 Maple Grove, MN 55369	(763) 420-6000

**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		6CU4QN0TU79	03/01/2004
Medicare - Part B		6CU4QN0TU79	03/01/2004
Medicare - Part D		6CU4QN0TU79	01/01/2006
Managed Care	SNBC - UCare		03/01/2012
Medical Assistance		PMI: 01609512 - Case	01/01/2007

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

Health Care Providers	Phone	Comments
Psychiatrist	(763) 786-1620	Dr. Patricia Steffen - Unity Hospital
Primary Physician	(763) 780-9155	Dr. Mindy Tschann - Allina Coon Rapids

**Notes/Comments**

## WHAT'S IMPORTANT TO THE INDIVIDUAL

### Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Goal #1 James will utilize IHS to receive support with going through mail, and accessing the grocery store.	01/31/2022		Quarterly
Goal #2 James will utilize PAI employment services, to have a stable income and a consistent weekly schedule.	01/31/2022		Quarterly
Goal # 3 James will utilize transportation services to safely integrate in the community on monthly basis.	01/31/2022		Quarterly
Goal # 4 James will work on taking necessary steps to marry his girl-friend such as obtaining a marriage certificate, and finding a place to get married within the next year.	01/31/2022		Quarterly
Goal # 5 James will utilize ARMHS services to receive assistance with problem solving related issues while living on his own, on a weekly basis.	01/31/2022		Quarterly

### Action Steps for Goals:

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

# 1 James will meet with his IHS worker weekly; and utilize time to receive support with; going through mail and accessing the grocery store.

# 2 James will utilize PAI employment services to have a stable income and increase financial independence. James will also utilize employment services to create a consistent weekly schedule.

# 3 James will utilize transportation services to safely access the community if and when needed on a monthly basis.

# 4 Over the course of the year, James will take necessary steps to marry his girlfriend such as; obtaining a marriage certificate and finding a place to get married.

# 5 James will utilize ARMHS services to receive mental health support while living independently , with problem solving and working through issues.

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

All goals: Case manager will meet with James at minimum two times a year, James will address any service related concerns with CCM.

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

James will utilize informal supports ; his girlfriend, sister and mother. James will utilize his formal supports such as empowering health and PAI.

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

# 1 Empowering health will work with James on a weekly basis to assist James with; going through his mail and accessing his grocery store. Empowering health will address all services related concerns with CCM or James.

# 2 PAI will supply James with employment services on a weekly basis. PAI will address any service related concerns with CCM or James.

# 3 Anoka County Human services will continue to authorize monthly amount to ensure that James can access transportation and get safely to and from locations safely. Anoka county human services will address any services related concerns as needed.

# 4 N/A

# 5 Nystrom and Associates will work with James weekly; to provide mental health support and assist him with problem solving and working through issues while living independently. Nystrom and Associates will address any service related concerns with CCM or James as needed.

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**SUMMARY OF PROGRAMS AND SERVICES**

<b>Program Type</b> Community Alternatives for Disability Inclusion	<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<b>Annual Amount</b> \$0.00	<b>Total Plan Cost</b> \$9,372.92	<b>Avg Monthly</b> \$781.08
<b>Case Manager/Care Coordinator</b> Kayley Berkness		<b>Case Manager/Care Coordinator Provider ID</b> A138663100		<b>Responsible Party Name</b>	
<b>Program Notes</b>					

<b>Service</b> Case Management - 15 Minutes							
<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<b>Procedure Code</b> T1016 UC	<b>Frequency</b>	<b>Units</b> 144	<b>Rate</b> \$24.47	<b>Avg Monthly</b> \$293.64	<b>Total Service</b> \$3,523.68
<b>NPI/UMPI</b> 1609923853	<b>Status</b> Pending	<b>Provider Name</b> ACCORD		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> Case Manager will coordinate, manage, and monitor CADI services. Case manager will address any service related concerns with providers and James as needed. (12 units per month).							
<b>Service Notes</b>							

<b>Service</b>							
Case Management Aide (Paraprofessional) - 15 Minutes							
<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<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> 1609923853	<b>Status</b> Pending	<b>Provider Name</b> ACCORD		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> Ongoing as needed; Case aides will assist with scanning and screening documents.							
<b>Service Notes</b>							

<b>Service</b>							
Case Management Aide (Paraprofessional) - 15 Minutes							
<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<b>Procedure Code</b> T1016 TF UC	<b>Frequency</b>	<b>Units</b> 12	<b>Rate</b> \$9.39	<b>Avg Monthly</b> \$9.39	<b>Total Service</b> \$112.68
<b>NPI/UMPI</b> 1023250115	<b>Status</b> Pending	<b>Provider Name</b> ANOKA COUNTY HUMAN SERVICES		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> Ongoing as needed; Case aides will assist with MMIS and SSIS entry. 1 unit per month.							
<b>Service Notes</b>							

<b>Service</b>							
Individualized Home Supports with Training 1:1 - 15 Minutes							
<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<b>Procedure Code</b> H2014 UC U3	<b>Frequency</b> 5-Flexible Use	<b>Units</b> 424	<b>Rate</b> \$11.30	<b>Avg Monthly</b> \$399.27	<b>Total Service</b> \$4,791.20
<b>NPI/UMPI</b> 1477101988	<b>Status</b> Pending	<b>Provider Name</b> EMPOWERING HEALTH LLC		<b>Funding Source</b> CADI Waiver	<b>County of Service</b> Ramsey		
<b>Areas of Need</b>							
<b>Support Instructions</b> 2 hours a week (8 units); James will utilize IHS services to assist with; scheduling , community participation, household management, community resources etc. IHS worker will assist with scheduling appointments and coordinating rides with Metro Mobility.							
<b>Service Notes</b>							

<b>Service</b>							
MSHO/MSC+ Home Care Services / SNBC Services/ Families and Children PMAP							
<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<b>Procedure Code</b> X5609	<b>Frequency</b>	<b>Units</b> 16	<b>Rate</b>	<b>Avg Monthly</b>	<b>Total Service</b>
<b>NPI/UMPI</b> 1023250115	<b>Status</b> Pending	<b>Provider Name</b> ANOKA COUNTY HUMAN SERVICES		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Health Related/Medical							
<b>Support Instructions</b> Nurse will visit James once every 3 weeks to deliver injection.							
<b>Service Notes</b>							

<b>Service</b>							
Transportation - Per One Way Trip							
<b>Start Date</b> 02/01/2021	<b>End Date</b> 01/31/2022	<b>Procedure Code</b> T2003 UC	<b>Frequency</b> 3-Monthly	<b>Units</b> 720	<b>Rate</b> \$1.00	<b>Avg Monthly</b> \$60.00	<b>Total Service</b> \$720.00
<b>NPI/UMPI</b> 1023250115	<b>Status</b> Pending	<b>Provider Name</b> ANOKA COUNTY HUMAN SERVICES		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Anoka	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> \$ 60 a month ; James will utilize Transportation to assist James in accessing the community on a regular basis.							
<b>Service Notes</b>							

## RISKS

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

**Health & Medical:** James current diagnosis are ; COPD, Alcohol dependence, hyperthyroid, hypertension, chronic respiratory failure. James requires oxygen 24 hours a day. James addresses all his health concerns with his primary care providers with whom he sees regularly. James is a wonderful advocate for himself, and is able to contact 911 in the event of a health emergency. James has expressed to CCM that he does have paranoia when it comes too food. James has shared that on some occasions he will skip meals. CCM shared that it may be beneficial if James addressed mental health concerns with an ARMHS worker as well as counseling. James agreed to utilize mental health supports.

**Cognitive & Behavioral:** James current diagnosis are; Paranoid Schizophrenia, Anxiety, Depression,. James struggles with

occasional verbal aggression, resistance to care, difficulty to regulating emotions, susceptibility to victimization, withdraw, agitation, impulsive, psychotic behaviors. James reports no issues when having unwanted mental health symptoms increase. James is now living independently and could use assistance with working through problems and providing additional assistance while living independently. CCM has made a referral for Nystrom & Associates for counseling and ARMHS services.

**Personal Security:** James is able to access to community independently. James has expressed that when unwanted mental health symptoms James has reported feeling unwanted safe. James has shared that he is able to manage his symptoms. James has shared he is not at risk for self-neglect. James utilizes support from his family members and also speaks with mental health professional to address his mental health concerns.

**Mobility:** James has no issues with mobility at this time.

**Assist technology:** James has no need for assistive technology needs at this time.

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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
James will sometimes run out of breath and get dizzy and may fall .	James will make sure he has enough breath before standing and will hold onto things around him to steady himself as needed. James will continue to use his oxygen tank daily to assist in catching his breath.	James was offered a PERS unit but declined the service. James will make sure he enough breath before standing.

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

No current risks identified as James will continue to participate in all services that will assist him in living an independent, safe and health life

## Emergency & Back Up Plans

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

James is able to go to safe place in his home in the event of an emergency.

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Key Contact Name	Relationship	Phone Number
Candice Remmers	Parent	(763) 434-1247

### Plan for emergency health events

James is able to identify when he is in an emergency situation. James is able to contact 911 in the event of an emergency, James is also supported around family who would be able to contact 911 if needed.

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Key Contact Name	Relationship	Phone Number
Unity Hospital	HOC	(763) 236-6000
Canvas Health	Crisis line	(651) 777-5222
Nystrom & Associates	ARMHS & counseling	(651) 346-0671

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

James is not in need of 24 hour staffing. James is also able to utilize family members if unavailable staffing issues arise.

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<b>Key Contact Name</b>	<b>Relationship</b>	<b>Phone Number</b>
Candice Remmers	Parent	(763) 434-1247