



Coordinated Services and Supports Plan (CSSP)

ABOUT ME

April Cooley

Assessment Date: 07/15/2020 **Plan Dates:** 09/01/2020 to 08/31/2021

Developed by: Melissa Kohs (000) 000-0000

Address: 1738 Hale Ave N

Oakdale, MN 55128

County: Washington

Home: **Work:** (612) 229-8947 **Other:** (952) 767-4648

General Plan Notes:

CASE MANAGER NAME AND PHONE NUMBER: *Melissa Kohn (Meridian Services) 952-767-4648*

PROGRAM(S): *CADI Waiver*

CASE MIX: *B*

DATE THIS DOCUMENT WAS MAILED: 08/04/2020

STRENGTHS, ROUTINES, & DREAMS: April is focusing on maintaining her physical and mental health. Most days vary for April but generally she is staying at the foster care home to stay safe. She enjoys doing cross-stich, crossword puzzles, playing computer games, and walking when she can. April talks on the phone regularly with her brother, Nick, whom she enjoys. Prior to Covid-19, she enjoyed going to church. April's hopes and dreams are to "Get my own apartment" and has been looking in Handy Help Apartments for availability. Due to Covid-19 April has limited time in the community to do activities that involve community contact.

SUPPORTS DISCUSSED: April requested some changes in her waived services including housing and employment assistance.

PERSON INFORMATION**Date of Birth:** 04/05/1974 **Age:** 46 yrs**Emergency Contacts**

Name	Relationship	Phone
Nick Cooley	Sibling	(651) 216-2628
Jolene Stenger (aunt)	Other Relative	(651) 484-1734

Notes/Comments**Decision Making Representatives**

Name	Type of Authority	Address	Phone
self			

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		00691483	
Medicare - Part A		2U93D72VG92	
Medicare - Part B		2U93D72VG92	
Medicare - Part D		2U93D72VG92	
Managed Care	Medica	A405713900	

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Primary Physician	(763) 581-0341	Dr. Sheila Flynn
Psychologist	(651) 389-4630	Patty Laurel Roberts
Psychiatrist	(651) 266-7890	Deb Pariso

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 will return to PAI to build my work skills	07/31/2021		
I will find new housing that fits my needs.	07/31/2021		
I will attend my church at least once a month	07/31/2021		
I will continue to attend DBT and use the skills	07/31/2021		
I will connect with my doctors reagrding health concerns	07/31/2021		

Action Steps for Goals:

What will the person do?

1. April will work with her CM to start services with PAI and complete an intake meeting
2. April will discuss with CM and MHCM about housing opportunities and offer her input on different settings.
3. April will work on settling her current housing dissatisfaction before regularly re-attending church services. Also, affected due to Covid-19.
4. April will continue going to DBT and use the skills learned at DBT to assist in dealing with mental health issues.
5. April will continue to see members of her medical team for regular check-ups and medication refills to maintain her health.

What will the case manager do?

1. CM will complete the application for PAI when April is ready to return after finding adequate and comfortable housing.
2. CM will work with MHCM to find adequate housing options for April to choose from and then will make the referral when one is decided upon.
3. CM will assist April in finding potential new churches, or talking with April or Staff to see if she is able to attend the church service she wants to.
4. CM will connect with April every six months to see how DBT is going and if it is beneficial to her.
5. CM will connect with April regarding any health issues to ensure that proper reporting is done by April to her medical team.

What will others do?

- 1- MHCM will coordinate with CM to ensure April is ready and able to return to work.
2. MHCM will make sure that the housing setting provides adequate support in making sure April receives the assistance needed when required.
3. MHCM will check on April to see if church services are to her liking
4. MHCM will help coordinate appointments when needed to address mental health concerns
5. MHCM will coordinate with foster care staff when needed about mental health.

What will the provider do?

1. PAI will review application and coordinate intake meeting with April and staff.
2. Foster Care will do their best to make the living situation as best as possible for April until she finds alternative housing.
3. Foster Care will assist April in planning and transportation to and from church services.
4. Providers will ensure all services are delivered and meet April's needs. Foster care Staff will check in with April each day to discuss questions and ask if she need as needed medication for hallucinations.
5. Foster care staff will assist client in making appointments with health providers as needed.

SUMMARY OF PROGRAMS AND SERVICES

Program Type Community Alternatives for Disability Inclusion	Start Date 09/01/2020	End Date 08/31/2021	Annual Amount \$0.00	Total Plan Cost \$97,072.10	Avg Monthly \$8,089.34
Case Manager/Care Coordinator melissa kohs	Case Manager/Care Coordinator Provider ID A857650700		Responsible Party Name		
Program Notes					

Service						
Case Management - 15 Minutes						
Start Date 09/01/2020	End Date 08/31/2021	Procedure Code T1016 UC	Frequency 3-Monthly	Units 145	Rate \$24.47	Avg Monthly \$295.68
NPI/UMPI A472013000	Status Pending	Provider Name MERIDIAN SERVICES INC	Funding Source CADI Waiver	County of Service Ramsey		
Areas of Need Supportive Services						
Support Instructions Cm will monitor waived services and offer referrals as needed for services and community resources.						
Service Notes						

Service						
Case Management Aide (Paraprofessional) - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
09/01/2020	08/31/2021	T1016 TF UC	5-Flexible Use	10		
NPI/UMPI	Status	Provider Name		Funding Source	County of Service	
1811055957	Pending	RAMSEY COUNTY HUMAN SERVICES		CADI Waiver	Ramsey	
Areas of Need						
Supportive Services						
Support Instructions						
Data entry for opening						
Service Notes						

Service						
Case Management Aide (Paraprofessional) - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly
09/01/2020	08/31/2021	T1016 TF UC	5-Flexible Use	22		
NPI/UMPI	Status	Provider Name		Funding Source	County of Service	
A472013000	Pending	MERIDIAN SERVICES INC		CADI Waiver	Ramsey	
Areas of Need						
Supportive Services						
Support Instructions						
Data entry and administrative tasks						
Service Notes						

Service						
Foster Care, Adult, Corporate - Daily						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly Service
09/01/2020	08/31/2021	S5140 U9	1-Daily	365	\$256.23	\$7,793.66
NPI/UMPI	Status	Provider Name		Funding Source	County of Service	
A913828500	Pending	MDM RUBICON INC		CADI Waiver	Ramsey	
Areas of Need						
Communications, Health Related/Medical, Personal Assistance, Personal Security, Home Management, Cognitive and Behavior Supports, Supportive Services						
Support Instructions						
Staff will monitor April for signs of increased mental health symptoms. Staff will assist April in connecting and organizing her medical and mental health supports. Staff will connect with her daily to discuss hallucinations and command hallucinations and other concerns.						
Service Notes						

RISKS
How will Health and Safety Issues be Addressed?

April will continue to seek her medical and mental health teams for regular monitoring, check-ups, and medication refills. She will contact her medical health team or 911 in the event of an emergency. MDM Rubicon and other waived service will provide safety and supports were needed.

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
<p>April has a history of self- injurious behaviors. She is able to identify if she is experiencing more mental health symptoms. She will continue to meet with her MHCM monthly to discuss any concerns and will talk with staff immediately if having command hallucinations</p>	<p>Self-injurious behaviors.</p>	<p>Additional therapy</p>
<p>April will continue to use the assistance of a rep payee to manage her finances</p>	<p>Unpaid bills and money management issues</p>	

Summary plan/agreement reached to address the identified risks:

Emergency & Back Up Plans

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

April will connect with staff in the building or her brother Nick in emergency situations.

Key Contact Name	Relationship	Phone Number
<p>Nick</p>	<p>Brother</p>	<p>(651) 216-2628</p>

Plan for emergency health events

April will call her medical team or 911 in the event of a health emergency. She will connect with her doctor for other health concerns.

Key Contact Name	Relationship	Phone Number
Dr. Sheila Flynn	PCP	(763) 581-0340

Plan for unavailable staffing that puts the person at risk

April will connect with Integrity staff or her case manager if she has any concerns with the staff she has

Key Contact Name	Relationship	Phone Number
Sheila	Foster care staff	