



DEPARTMENT OF
HUMAN SERVICES

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

RICHARD J MITCHELL

Assessment Date: 03/03/2021

Plan Dates: 05/01/2021 to 04/30/2022

Developed by: Shalayne Houston (612) 430-3754

Address: 2675 Brookview Drive

Maplewood, MN 55119

County:

Home: (651) 731-1602

Work: (651) 216-3494

Other:

General Plan Notes:

Skills/Strengths/Abilities/Talents:

Rick is a 33 year-old man who enjoys swimming and goes every week with a swimming coach. He also enjoys bowling, musical toys, and going on outings with his group home housemates. Rick and his housemates enjoy being able to go on fun outings to the Mall of America, bowling, and other activities that have been planned. Rick and his housemate have similar interests and have been getting along really well. He likes to use tools in different activities and pound things. As a child Richard enjoyed listening to ABBA. It is important to Rick to be able to go swimming. It is important for Rick to wear his ear plugs when in the water to protect his ears. Those who know Rick like when he smiles as it is a primary way he communicates his enjoyment.

Hopes, Dreams, Aspirations:

Rick's mom and staff believe that his dream is to be able to move around more freely and participate in activities. Rick communicates non-verbally, and his family and staff can tell when he is enjoying an activity by his body language. By watching his non-verbal communication they believe that these are things that he would aspire to do. Rick also wants to be happy and participate in activities of his choosing.

Competitive, Integrated Employment:

Rick attends Phoenix Alternatives Day Program Monday through Friday. Contracted Case Manager (CCM) and team discussed this and feel that this is the most appropriate environment for Richard. CCM will support Rick in this goal by ensuring that services continue to be provided by Phoenix Alternatives.

Housing:

CCM and Rick's team discussed housing options. Richard currently lives at Living Well Inc. ICF home. Richard and his mother would like him to continue living there. CCM and team feel that this is the least restrictive environment at this time as Richard requires 24-hour care and supervision. CCM will support Richard in this goal by ensuring that he health and safety needs are met at Living Well. CCM and team will discuss housing options at least annually.

Routines/Rituals:

Rick attends his day program at Phoneix Alternatives (PAI), Monday through Friday. He participates in activities there and with his group home housemates. Rick also participates in music therapy at day program. Rick has a 24-hour plan of care and receives assistance and support in his ADL's when he is home. Rick used to go swimming once a week with a swim coach before the pandemic. Staff are working to see if he can return to swimming soon.

Assistive/Monitoring Technology:

CCM and Rick's team discussed assistive needs. Richard currently uses a wheelchair to support him in moving around. Nothing else is needed at this time. CCM and team will discuss assistive needs annually.

Natural Supports:

Rick's mother, Kathy, is his primary support. He also receives support from his co-guardians, Kimberly and Christine. They are all involved in making sure his health and safety needs are met both at home and at PAI.

Conflict:

There is no history of conflict within Rick's team. CCM will monitor this ongoing and resolve/mediate any issues that may arise. Rick has had good health and is eating well.

Person's Level of Involvement:

Rick communicates non-verbally and is able to let staff and others know what he does and does not like/prefer. Staff and family do

MnCHOICES Support Plan for: RICHARD J MITCHELL

PMI: 00244310

their best to ensure that Rick is able to participate in different activities of his choosing by paying attention to his non-verbal communication.

Services and Supports Recommended:

Rick receives 24-hour care through Living Well and attends PAI Day Services. No other services are needed at the present time.

*CSSP was sent to Richard's team and providers on 4/7/2021

Shalayne Houston, Contracted Case Manager

Mount Olivet Rolling Acres

shouston@mtolivet-mora.org

PERSON INFORMATION

Date of Birth: 04/05/1988 Age: 33 yrs

Emergency Contacts

Name	Relationship	Phone
Christine Nauer	Guardian/Legal Representative	(651) 216-3494
Kathy Johnson	Parent	(651) 319-3730

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
Kimberly Nauer	Private Guardian		(651) 428-9861
Christine Nauer	Private Guardian	1215 Ramsey Street Hastings, MN 55033	(651) 216-3494

Name	Type of Authority	Address	Phone
Kathy Johnson	Private Guardian	24095 Hogan Ave Hampton, MN 55033	(651) 319-3730

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

Medical Assistance	Type	Describe	Policy Number	Effective Date
	MA-DX		00244310	05/01/2009

Notes/Comments

Providers

Health Care Providers	Phone	Comments
Dentist	(800) 719-4040	Gillette Children's
Primary Physician	(651) 342-1039	Blue Stones Physician Service 270 Main St N Ste 300, Stillwater, MN 55082

Notes/Comments

WHAT'S IMPORTANT TO THE INDIVIDUAL

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Richard wishes to continue receiving case management services through Mount Olivet Rolling Acres to coordinate and manage his services, and support and advocate for him in reaching his goals.	04/30/2022	MOUNT OLIVET ROLLING ACRES - TCM -- A196482300	Semi-Annually
Richard wishes to continue to live at his 24 hr. care home- Living Well Inc. Brookview ICF because of the care he receives and the people he shares a home with.	04/30/2022		Semi-Annually
Richard would like to continue attending his day program through Phoenix Alternatives as it provides him the opportunity to socialize and learn new skills.	04/30/2022		Semi-Annually
Richard would like to continue being able to go swimming as it is one of his favorite activities to participate in and it makes him happy.			

Action Steps for Goals:

What will the person do? Richard will continue to participate in his home and community. Richard's staff will continue to update both formal and informal supports on any changes in health. He will meet with his case manager face to face, two times a year, to evaluate needs and services. Richard and his mother will continue to make choices about his life and goals.

What will the case manager do? Richard's contracted case manager will continue to provide support to Richard to reside with Living Well Disability Services. His CCM will meet with Richard at least twice a year to discuss services and needs. CCM will review the Coordinated Services and Supports Plan (CSSP) with Richard and his mother two times a year and update as appropriate. CCM will advocate for Richard to remain living in the community with his health and safety needs met. CCM will continue to have conversations with Rick, his mom, and co-guardians to ensure his ICF/DD and day program services are meeting his needs and providing for his health and safety.

What will others do? Richard's family and co-guardians will continue to provide informal support to Richard to reside with Living Well Disability Services. They will ensure that his health and safety needs are being met at his home and within his day services.

What will the provider do?

Living Well Disability Services will continue to provide 24 hr. care. Provider will advocate for Richard to ensure health and safety needs are met within the community. Provider will update CCM with any health changes that may occur. Provider will allow Richard to maintain as much independence as possible. Providers will contact case manager with any billing questions or concerns that may arise.

SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
DD Rule 185/Related Condition	08/01/2021	07/31/2022	\$0.00	\$0.00	\$0.00
Case Manager/Care Coordinator Shalayne Houston		Case Manager/Care Coordinator Provider ID A996187200		Responsible Party Name Kathy Johnson-Mother	
Program Notes					

Service						
Case Management/Service Coordination						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly Total Service
08/01/2021	07/31/2022		5-Flexible Use	6	\$0.00	\$0.00 \$0.00
NPI/UMPI A196482300	Status Pending	Provider Name MOUNT OLIVET ROLLING ACRES - TCM		Funding Source County/Tribe	County of Service Hennepin	
Areas of Need Quality of Life, Supportive Services						
Support Instructions Richard will have an assigned contracted case manager (CCM) through Mount Olivet Rolling Acres to assist in managing services through the county. The case manager is responsible for the annual reviews of services plans, assisting the person in the identification of potential providers, and assisting the person to access services. The case manager is responsible for the coordination of services, development, implementation of a service plan, evaluation, and monitoring of the services identified in the plan. If Richard's team desires to make changes to services or care plan, they will contact CCM to discuss needs and desires either through a phone call or a face to face meeting. Should conflicts arise they will be addressed by the team and resolved as Richard and the team see fit. Richard will be supported to have the utmost control and influence over his life. The CCM will be person centered and advocate for Richard as needed. Solutions and/or follow-up will be discussed as a team.						
Service Notes Rule 185 Case Management services to be used flexibly as needed.						

RISKS

How will Health and Safety Issues be Addressed?

It is uncertain how aware of his surroundings Richard is, but he does lack the necessary pedestrian and street safety skills while in the community. Richard is vulnerable to all forms of abuse or neglect including physical, sexual, verbal/emotional or financial exploitation. He requires 24 hours supervision to ensure his overall health and safety. Richard can not independently evacuate to an area of safety when fire alarm or severe weather warnings are sounded. He requires support from staff and others around him for self preservation. Safety and abuse prevention plans are in place at Richard's residential home through Living Well Inc. Brookview ICF, and day program through Phoenix Alternatives.

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
Richard has a 24-hour plan of care in place	Richard is a vulnerable adult and may be at risk for abuse and/or exploitation.	Richard will not be left unattended and will have staff around to monitor at all times

Summary plan/agreement reached to address the identified risks:

Richard receives Rule 185 county funding and has a 24-hour plan of care in place with Living Well Inc., as well as his Day Program with PAI. Staff will be available in the event of an emergency.
 Case Manager will monitor risks ongoing.

Emergency & Back Up Plans

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

In the event of a natural disaster or unforeseen event such as poor weather conditions, storms or power outages, Richard's staff and/or caregiver will follow professionally recommended protocols. Once Richard is in a safe location and able to access a phone, Richard's staff and/or caregiver will contact Richard's mother, Kathy. If they are unable to reach Kathy, they will contact his co-guardians, Christine or Kimberly Nauer and continue trying to reach Kathy to notify of the emergency situation.

Key Contact Name	Relationship	Phone Number
Kimberly Nauer	Co-guardian	(651) 428-9861
Kathy Johnson	Mother/Guardian	(651) 319-3730
Christine Nauer	Co-guardian	(651) 216-3494

Plan for emergency health events

In the event that Richard requires emergency medical or psychiatric care, the plan is to call 911. In the event that Richard needs to be hospitalized, he prefers Woodwinds Hospital. Contact Kathy to inform them of the emergency situation. If staff are unable to reach Kathy, contact Christine or Kimberly. Continue attempting to contact Kathy. If the condition requires that a physician be contacted, contact Dr. McFarlane at Bluestone Physician Clinic. In the event of hospitalizations, the case manager MUST be notified.

Key Contact Name	Relationship	Phone Number
Kathy Johnson	Mother	(651) 319-3730
Christine Nauer	Co-guardian	(651) 216-3494
Kimberly Nauer	Co-guardian	(651) 428-9861
Woodwinds Hospital	Preferred Hospital	(612) 430-3754
Dr. Kelsey McFarlane	Primary Physician	(651) 342-1039
Shalayne Houston	Case Manager	(612) 430-3754

Plan for unavailable staffing that puts the person at risk

In the event of an unforeseen event and staffing is unavailable, the plan is the primary emergency contact or provider will:

A. Attempt to secure immediate trained staff

B. Notify the following caregivers listed in the key contacts to provide care if no other trained staff is available.

Richard has a 24-hour plan of care and lives in a group home managed by Living Well Inc. in Maplewood, MN. Richard requires staff to be present at all times to ensure his safety and well-being. Richard also attends PAI during the day that also provides staffing at all times.

Key Contact Name	Relationship	Phone Number
Phoenix Alternatives	DT&H	(651) 748-5071
Living Well, Inc.-Brookview	ICF/DD Home-	(651) 300-8892

Coordinated Services and Supports Plan Signature Sheet

NAME Richard Mitchell	ASSESSMENT ID	DATE
CASE MANAGER, CERTIFIED ASSESSOR OR CARE COORDINATOR Shalayne Houston, Case Manager	TELEPHONE NUMBER 612-430-3754	EXT.

This document confirms I:

- Received required information
- Participated in the development of my plan
- Was given choices about the services I will receive from programs provided through the Minnesota Department of Human Services.

Materials shared

I received information about:

Data privacy practices, which explain my right to confidentiality (DHS-4839E [PDF] or agency's form)	X	Yes	No
Minnesota Health Care Programs, DHS-3182, (PDF)	X	Yes	No
My right to appeal (DHS-1941 [PDF] or agency's form)	X	Yes	No
Other information, such as	X	Yes	No

Creating my Coordinated Services and Supports Plan (CSSP)

I was given a choice between receiving services in the community or in an institution.	X	Yes	No
I was able to invite who I wanted to come to my planning meeting.	X	Yes	No
I participated in developing my plan for receiving services.	X	Yes	No
I was given choices of different types of services that could meet my assessed needs as indicated on the Community Support Plan Worksheet I received and through discussion with my case manager.	X	Yes	No
I was offered a choice of services, supports and providers.	X	Yes	No
I agree with the services, supports and providers indicated in my plan.	X	Yes	No
I understand if I do not agree with any part of my written support plan, I can call my case manager, assessor or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.	X	Yes	No
I understand my case manager, assessor or care coordinator will send this signature page to me with my written plan.	X	Yes	No
My Coordinated Services and Supports Plan will be shared with the following people/providers for planning and coordination: Living Well PAI	X	Yes	No

PCA and Alternative Care/waiver programs

If I am eligible for both personal care assistance (PCA) services and an Alternative Care/waiver program (such as the Developmental Disabilities (DD) Waiver, Community Access for Disability Inclusion (CADI) Waiver, etc.), I choose:

To use all of my PCA services in addition to other services/supports as written in my plan.	Yes	No
To use other services/supports as an alternative to _____ minutes of PCA services. I will use _____ minutes of PCA services.	Yes	No

NOTE: If I choose to change this decision, I will call my case manager or care coordinator.

Rule 185 DD/RC case management recipients

This section only is for Rule 185 developmental disabilities/related conditions (DD/RC) case management recipients who want to waive their annual MnCHOICES reassessment:

I only receive developmental disabilities case management or developmental disabilities case management with non-Medicaid funded services such as semi-independent living services (SILS).	Yes	No
I understand that MnCHOICES is an annual assessment for long-term services and supports.	Yes	No
I understand I have the right to request and receive a MnCHOICES assessment at any time.	Yes	No
My case manager has explained to me how MnCHOICES could help me evaluate my needs and learn about possible support options available to me.	Yes	No
I have been given a copy of the MnCHOICES brochure.	Yes	No
My needs have not changed since my last assessment and Coordinated Services & Supports Plan (CSSP).	Yes	No
I choose to waive this year's annual MnCHOICES reassessment.	Yes	No

Comments

My signature

My signature and responses on this form indicate:

- I received the information mentioned above.
- I know about the choices I have.
- I agree to the delivery of services as developed with my case manager and/or certified assessor.
- The provider(s) listed in this plan can share a written report about my care needs with my case manager and/or certified assessor if I give the provider(s) my permission.

MY SIGNATURE	DATE
--------------	------

My support team

LEGAL REPRESENTATIVE'S SIGNATURE <i>Kathy A. Johnson</i>	DATE 3-27-21
SIGNATURE OF CM/CA/CC WHO HELPED DEVELOP PLAN <i>Shalayne Houston</i>	DATE 3/11/2021
OTHER PERSON'S SIGNATURE <i>[Signature]</i>	DATE 3-11-21
OTHER PERSON'S SIGNATURE <i>[Signature]</i>	DATE 3/11/21
OTHER PERSON'S SIGNATURE	DATE

Provider(s) signature

Provider(s) signatures indicate the provider(s) who sign:

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the case manager or certified assessor about recommendations for the person's care needs for future assessments. (NOTE: The provider should submit the report at least 60 days before the end of the person's current service agreement so the information can be considered at the person's reassessment.)

PROVIDER'S SIGNATURE <i>Emily [Signature]</i>	DATE 4/7/2021
AGENCY PAI	
PROVIDER'S SIGNATURE	
AGENCY	DATE
PROVIDER'S SIGNATURE	
AGENCY	DATE

NOTE: Use another copy if there are more providers who need to sign.