



**DEPARTMENT OF
HUMAN SERVICES**

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

KAY M JESKE

Assessment Date: 08/11/2020 **Plan Dates:** 10/01/2020 to 09/30/2021

Developed by: Maggie Miller (000) 000-0000

Address: 1362 Cope Avenue

Maplewood, MN 55109

County: Ramsey

Home: (651) 483-9596

Other: (651) 483-4139

Work:

General Plan Notes:

Kay is a kind and caring woman who enjoys helping others. Kay likes to stay busy and get out in the community as often as she can. It is important to Kay to be able to spend time with her family and friends. Kay is extremely social and loves being around others and animals. She has stated that she would like to help elderly individuals sometime.

Kay is diagnosed with Mild to Moderate Intellectual Disability. Communication with Kay can be difficult, partially because she has a very soft/wispy voice. Kay also has significant hearing loss and requires the use of 2 hearing aids, however, Kay does not like to wear both of them. Caregivers frequently need to remind Kay to wear her hearing aids. Even with them in though, it is important to sit close to Kay, use a louder voice and look directly at her when you are talking to her. It is also helpful to ask Kay to repeat what you just said, to ensure that she really heard you. She will often say "yes" or that she heard you, when she really has not.

Physical touch is very important to Kay. She likes to give and receive hugs and even in meetings, she may be seen holding someone's hand for "comfort". Kay does require frequent verbal prompts about appropriate boundaries and how people can have different boundaries but that it is important to respect those. Being able to spend time with her family and friends is very important to Kay. She likes to plan special trips to the casino with her friends. Kay's independence is also very important to her, and it is hard for her to copy with her increasing need for support and help as she gets older. When asked what her future dream is, Kay said that she would like to help others. And to go and visit her brother down in Missouri again.

MnCHOICES Support Plan for: KAY M JESKE

PMI: 00538548

KAY'S STRENGTHS: Self-sufficient; self-confident; giving; caring; loving. people person; and has a motherly presence

WHAT IS IMPORTANT TO KAY: Socializing with friends, family, and favorite caregivers. She likes to tend to her garden, shop, and play games on her iPad.

PMI #: 00538548

F2F Date: 8/21/2019

Current Case Mix: E

Homecare Rating: T

Program Approved: ICF placement

Strengths and Preferences: Kay is a kind and friendly woman who enjoys joking around with her staff and roommates. She loves to be out and about in the community and shopping at the MOA.

Services Requested: ICF placement and DTH services

Hopes and Dreams/Aspirations: Kay would like to maybe get another cat and she would like to continue living in her current home.

Employment / DTH: Kay wants to continue attending PAI Oakdale and participating in their daily activities and visiting her friends and staff.

Assistive Technology: Kay has bi-lateral hearing loss and is supposed to wear hearing aids in both ears. She will often only wear the right one.

PERSON INFORMATION

Date of Birth: 01/07/1958 **Age:** 62 yrs

Emergency Contacts

Name	Relationship	Phone
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Print Date: 10/05/2020

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Name	Relationship	Phone
Don Jeske	Guardian/Legal Representative	(651) 621-0066
Josie Jeffrey	Other Non-Relative	(612) 419-1846

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
Don Jeske	Private Guardian	8996 15th Street, Lake Elmo, MN 55042	(651) 621-0066
Living Well Disability Service	Representative Payee	1168 Northland Dr, Mendota Heights, MN 55120	(651) 688-8808

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			02/01/1987
Medicare - Part B			04/01/1993
Medical Assistance		PMI 00538548	01/01/2019
Medicare - Part D			01/01/2006

Notes/Comments

Providers

Health Care Providers	Phone	Comments
Psychiatrist	(507) 663-9000	Miranda Dulek-Allina Northfield

Health Care Providers	Phone	Comments
Primary Physician	(952) 428-0200	Robbin Ghere-Allina Lakeville
Primary Physician		Kelsy McFarlane / Bluestone Physicians
Notes/Comments		

WHAT'S IMPORTANT TO THE INDIVIDUAL

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Kay would like to continue engaging in activities that are important to her	09/30/2021		
Kay will maintain her health to the best of her ability.	09/30/2021		
Kay would like to continue living at Cope ICF/DD and have staff manage her medical care.	09/30/2021		
Kay wants to attend PAI for Day Training and Habilitation services	09/30/2021		

Action Steps for Goals:

What will the person do? Kay will continue to live at Cope ICF/DD and attend PAI for Day Training and Habilitation Services. Kay will accomplish her goal of continuing to engage in activities that are important to her by either initiating these activities herself or by communicating her wishes/desire to family and caregivers. Kay will advocate for herself. Kay will accomplish her goal of maintaining her health to the best of her ability by participating in exercise through taking walks and riding her tricycle, along with making healthy food choices and portion control sizes.

What will the case manager do?

Kay's case manager will monitor Kay's services provided by Cope ICF/DD and PAI DTH by visiting Kay in those settings and reading provider reports. Kay's case manager will see Kay a minimum of 2 times per year for face to face interactions and will participate in Kay's annual team planning meeting. Kay's case manager will be available for consultation with Kay, her guardians, family and service providers to address any issues, conflicts or concerns which arise during the year.

Strategies for resolving conflict: If the person and/or legal representative disagrees or are uncomfortable with any aspect of the person's plan or services the person and/or guardian shall inform the case manager and team will convene to seek resolution and agreement to ensure person centered programming is being implemented

Method to request updates to the plan: If the person and/or legal representative would like revisions and/or updates to their support plan, they can do so by contacting their case manager via phone or in writing to address the request.

What will others do?

Family will assist Kay in accomplishing her goal of continuing to engage in activities that are important to her by assisting her in selecting activities and offering her verbal and/or physical supports for her to be successful in the activities that she has selected to do. Family will assist Kay in accomplishing her goal of maintaining her health by encouraging her to go on walks, encouraging her to ride her tricycle, encourage her to make healthy food choices and portion control sizes.

FAMILY:

Kay's family will provide supports to assure all of her health and safety needs are met, as well as help her build and maintain all skills to meet her goals. Kay's family are reliable and strong advocates and supports to Kay and her team. It is important to Kay to stay very involved with her family and friends.

GUARDIAN:

Kay's legal guardian will continue to exercise their powers and responsibilities, unless stated differently in the guardianship order, of: establishing place of abode (residential), care, comfort and maintenance needs; personal property, medical care, contracts, exercise supervisory authority, and assure eligibility for all government benefits. They will complete their annual filing responsibilities as mandated by the court. They will work with Kay to build and maintain all skills to meet her goals and ensure all her health and safety needs are met. Kay's guardian/caregivers will communicate any changes in Kay's needs to her case manager so they can best support her changing needs.

REPRESENTATIVE PAYEE:

The representative payee will continue to assist with money management and assist with completion of all documents to maintain eligibility for all state and federal benefit programs.

What will the provider do? Providers will assist Kay in accomplishing her goal of continuing to engage in activities that are important to her by assisting her in selecting activities and offering her verbal and/or physical supports for her to be successful in the activities that she has selected to do. Providers will assist Kay in accomplishing her goal of maintaining her health by going on walks with her, encouraging her to ride her tricycle, encourage her to make healthy food choices and portion control sizes. They will do this by offering very and physical assistance as necessary. Cope ICF/DD staff will provide daily ICF/DD residential services as outlined in Kay's CSSP addendum for their licensed ICF/DD facility. PAI staff will provide DTH services to Kay as outlined in their CSSP addendum for their licensed program. All providers will communicate with Kay and her team regarding the progress on her goals and any concerns they may have regarding Kay.

SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
DD Rule 185/Related Condition	10/01/2020	09/30/2021	\$0:00	\$0:00	\$0:00
Case Manager/Care Coordinator Christina Manis	Case Manager/Care Coordinator Provider ID A748907100		Responsible Party Name Don Jeske		
Program Notes					

Service Case Management/Service Coordination						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
10/01/2020	09/30/2021		5-Flexible Use	2	\$0.00	\$0.00
NPI/UMPI 1427127620	Status Approved	Provider Name DAKOTA COUNTY SOCIAL SERVICES		Funding Source County/Tribe		County of Service Ramsey
Areas of Need Supportive Services						
Support Instructions Kay has been assessed and is eligible for Rule 185 Case Management services provided by Dakota County. Kay's case manager will have at minimum to face visits per year to assess her needs, progress towards her goals and if the current supports are meeting her needs. Kay's case manager will have at minimum of 2 face to face visits with her per year to assess her needs, progress towards goals and if her current supports are meeting her needs. Kay's case manager will be available for consultation with team members to address any issues as they arise throughout the year. Kay's case manager will assist Kay in connecting with services/supports that are agreed upon. Case manager will meet with providers to ensure that Kay's goals are understood and implemented in a way that supports her. Kay's case manager will help provide resources/referrals to Kay and her team and will help develop a person centered service plan that will meet Kay's needs. Kay's team agreed to meet at least annually to discuss Kay's service plan and progress towards her goals.						

Service Notes

Rule 185 DD Case Management - Kay has been assessed and determined to meet the eligibility requirements for Rule 185 Case Management. Rule 185 Case Management includes assessment of ongoing needs, review of needs for service and support, service plan development, identification of service options and providers, assisting Kay with access to services, coordination of service delivery, and monitoring and evaluation activities. Case manager will be available for consultation with team members to address any issues or concerns as they arise during the year. Case manager will see Kay a minimum of two times per year and participate in the team annual planning meeting.

Service						
DTH (county paid)						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
10/01/2020	09/30/2021			240	\$0.00	\$0.00
NPI/UMPI	Status	Provider Name	Funding Source	County of Service		
M784481600	Approved	PHOENIX ALTERNATIVES INC	Medicaid State Plan	Dakota		
Areas of Need						
Employment/Training/Skill Building						
Support Instructions						
Day Training and Habilitation(DTH): DTH are licensed supports to provide persons with help to develop and maintain life skills, participate in community life and engage in proactive and satisfying activities of their own choosing. Kay requires an individual program plan which will be assessed in Pai's current CSSP Addendum for Kay. PAI staff will provide semi-annual reports to Kay and her team and participate in Kay's annual team planning meeting.						
Service Notes						

Service ICF-DD						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
10/01/2020	09/30/2021		1-Daily	365	\$0.00	\$0.00
NPI/UMPI 1336203165	Status Approved	Provider Name LIVING WELL DISABILITY SERV COPE		Funding Source Not Yet Determined	County of Service Ramsey	
Areas of Need Health Related/Medical						

Support Instructions

Kay has been determined to be eligible for services in an Intermediate Care Facility for Individuals with Developmental Disabilities. Kay has chosen to receive ICF/DD services at Living Well's Cope Site. Kay requires a 24 hour plan of care. Kay requires an individual program plan which will be address in Living Well's C SSP-A. Living Well will provide quarterly reports to the IDT and will coordinate semi-annual team meeting to review Kay's progress and plan for the coming year. Kay requires verbal cues and increasingly more physical assistance to complete her personal cares. Living Well staff will provide verbal cues and physical assistance to Kay as needed to complete her personal hygiene and activities of daily living. Staff will assist Kay with her peri care as needed. Kay currently wears depends at all times due to incontinence. Kay's mobility has decreased some over the years and she currently walks using a walker. This has helped provide the stability she needs to lessen the likelihood of continued falls that she has had in the past. Kay was able to ride public transportation independently in the past, however, it began to become a safety concern. Currently, Kay's caregivers arrange and/or provide for all of her transportation needs. Similarly, Kay likes to be helpful and to participate in a variety of activities, tasks, and chores. She likes to feel like she is helping out. Kay can be "bossy" with peers and may interject into other's personal business; she has difficulty understanding personal and appropriate boundaries. She may also become easily agitated or emotional (would cry regularly in the past). Kay's caregivers will provide her with verbal prompts about how her behaviors can affect others and about appropriate boundaries. Kay's caregivers will allow her to talk about what she is feeling and will try to help her problem-solve situations that are causing her difficulty. Living Well will assist Kay by scheduling medical appointments and will provide support to Kay during those appointments to ensure that necessary medical and health information is relayed to Kay's medical providers. Living Well staff will assist Kay in making sure her medications are ordered appropriately and that doctor's orders are followed through on. Kay has a prescription for glasses as well as hearing aides. Kay often requires verbal prompts to wear them. Kay's caregivers will provide prompts to wear these items and will assist her in proper maintenance of these items. Kay was recently diagnosed with diabetes, which is managed by a healthy diet, exercise and metformin. Kay's caregivers will help encourage Kay to make healthy lifestyle choices.

Service Notes

ICF-DD Services: An Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) is a residential facility that is licensed as a health care institution and certified by the Minnesota Department of Health (MDH) and provides health or rehabilitative services for people who require active treatment for developmental disabilities.

RISKS

How will Health and Safety Issues be Addressed?

Kay is a vulnerable adult and relies on caregivers to meet her health and safety needs. Kay requires a 24 hour plan of care and supervision. Kay's caregivers and guardian are responsible to ensure she is healthy and safe. Kay will do her best in letting others know if she is sick/ill or injured while guardian/caregivers will watch her for possible signs. Kay is always accompanied by caregivers while out in the community. Kay does not have any home or community time alone.

Kay has a Representative Payee (Residential Provider) who ensures her financial needs are met and that she is not being financial exploited.

The Interdisciplinary Team will ensure that Kay's needs and wants are being tended to.

Current Case Manager will continue to coordinate supports with Kay's guardian and Team to ensure all of her health and safety needs are met.

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
No risks were identified.		

Summary plan/agreement reached to address the identified risks:

No plan is needed.

Emergency & Back Up Plans

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

Kay requires verbal prompting to know how to respond appropriately in an emergency situation. Kay likes to "take charge" and "be in charge", however, she may not know the appropriate response and would not necessarily be aware of upcoming risks. Kay's caregivers at the time will provide her with verbal prompting about how best to respond to emergency events ensure her safety. In an emergency, Kay's brother, Don Jeske, has been able to provide supports to Kay at times, including taking her for overnights after surgeries in the past. Kay resides at Cope ICF/DD and has staff assistance available 24 hours per day, 7 days per week.

Key Contact Name	Relationship	Phone Number
Alyssa Gaus, program manager, or other Cope staff	ICF/DD Residential Provider	(651) 483-9596

Plan for emergency health events

Due to Kay's disability, she is unable to respond appropriately in an emergency medical situation. Kay's support staff or caregiver at the time will be responsible for ensuring that he receives the appropriate medical attention, should she have an emergency health event. Kay should be taken to the nearest hospital to seek emergency treatment should it be needed. Kay's

brother/guardian, Don Jeske, should be notified immediately of any medical emergency. Kay resides at Cope ICF/DD and has staff assistance available 24 hours per day, 7 days per week.

Key Contact Name	Relationship	Phone Number
Alyssa Gaus, program manager, or other Cope staff	ICF/DD Residential Provider	(651) 483-9596

Plan for unavailable staffing that puts the person at risk

Kay resides at Cope, a licensed ICF/DD home, and has staff assistance available 24 hours per day, 7 days per week. There is a formal plan in place to provide staff coverage if a staff does not report for their shift.

Key Contact Name	Relationship	Phone Number
Alyssa Gaus, program manager, or other Cope staff	ICF/DD Residential Provider	(651) 483-9596