



**DEPARTMENT OF
HUMAN SERVICES**

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

KATHRYN L SAUTER

Preferred Name: Katie

Assessment Date: 09/25/2020

Plan Dates: 11/01/2020 to 10/31/2021

Developed by: Paula Maxson (651) 789-5177

Address: 201 BOUTWELL PI

STILLWATER, MN 55082-4520

County: Washington

Home: (612) 567-1201

Other: (651) 454-7754

Work:

General Plan Notes:

CASE MANAGER NAME AND PHONE NUMBER: Paula Maxson (Thomas Allen Inc.) - 651-789 5177

PROGRAM(S): Developmental Disabilities (DD) Waiver

DATE THIS DOCUMENT WAS MAILED: September 30th 2020

STRENGTHS, ROUTINES, & DREAMS: Kathryn is a happy 35 year old who lives in ACR corporate foster home in Stillwater. Kathryn's strength is that she is happy and enjoys listening to music. Another strength is that she is non-verbal but able to communicate her wants and needs. Kathryn will let her opinion be known and will stick with it. She likes to sit in her recliner and spend time with staff. Kathryn loves taking bubble baths and going out for brunch. Spending time with her family and getting to see them is really important to Kathryn. Having time to rest is also important to her. Due to Covid 19, Kathryn no longer goes to her day program PAI full days. Instead Kathryn goes to PAI five a days a week half days. She leaves the home around 12 pm and gets home around 4pm. Kathryn enjoys spending more time at home. Kathryn hopes to attend more concerts.

SUPPORTS DISCUSSED: Kathryn's Mnchoice reassessment was completed through phone due to Covid 19 health emergency. Kathryn is currently working on pressing the play button on her Ipad to listen to music. Kathryn's guardians and team request no change at this time.

PERSON INFORMATION

Date of Birth: 06/29/1985 **Age:** 35 yrs

Emergency Contacts

Name	Relationship	Phone
Gerald and Betty Sauter, Parents	Guardian/Legal Representative	(651) 454-7754

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
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Name	Type of Authority	Address	Phone
Gerald and Betty Sauter, Parents	Private Guardian	750 Hackmore Drive, Eagan MN 55123	(651) 454-7754

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	DX Disabled/No Sub Type	01118714	07/01/2006

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Specialty Clinic	(651) 221-9051	Dr. Callaghan, Neurologist
Psychiatrist	(651) 289-7300	Dr. Schwieters, Psychiatrist
Primary Physician	(651) 342-1039	Heather Pett-Taylor, 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
Dreams and Aspirations: Kathryn would like to attend concerts and other music events.	10/31/2021	ACR HOMES INC -- 1134200942	Quarterly
Kathryn loves music. She is working on pressing the play button on her Ipod to listen to music.	10/31/2021	ACR HOMES INC -- 1134200942	Quarterly
Employment: Kathryn will participate in choice making throughout her day to choose what activities to participate.	10/31/2021	PHOENIX ALTERNATIVES INC -- M784481600	Semi Annually
Kathryn will participate using her gate trainer daily.	10/31/2021		Semi Annually

Action Steps for Goals:

What will the person do?

Kathryn will do her best to express interests in goals or services with their team that would be most beneficial. She will also participate in her goals and let caregivers know when they need extra assistance to the best of her ability.

What will the case manager do?

Case manager will assure that Kathryn is included in the choice of her goals and that they were explained in a way that she could understand. Case manager will continue to coordinate and monitor services and providers to help Kathryn achieve her goals. They will also review goals regarding walking daily, attending concerts or other music events and choice making to plan her day. Case manager will also monitor progress every six months. Case manager will be available to schedule meetings with Kathryn and her team as needed to review progress and goals, make adjustments to the plan or services, or resolve any conflicts and disagreements.

What will others do?

Betty and Gerald will encourage Kathryn to participate and achieve her goals. Kathryn's parents will keep in close contact with Kathryn and help her to maintain relationships with other family members. They will also have open communication with Kathryn's team to advocate on her behalf.

What will the provider do?

ACR will set up opportunities and provide supports for Kathryn to achieve her goals regarding walking daily, attending concerts or other music events and choice making by pressing play for music. They will monitor progress and update team as specified.

PAI will set up opportunities and provide supports for Kathryn to achieve her goals regarding walking daily and choice making to plan her day. They will monitor progress and update team as specified.

ACR and PAI will have open communication with Kathryn's team to advocate on her behalf.

MnCHOICES Support Plan for: KATHRYN L SAUTER

PMI: 01118714

SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Developmental Disability Waiver	11/01/2020	10/31/2021	\$152,589.40	\$152,589.38	\$12,715.78
Case Manager/Care Coordinator Paula Maxson		Case Manager/Care Coordinator Provider ID A527465300		Responsible Party Name	
<p>Program Notes</p> <p>Waiver vs. CDCS: Case manager informed Kathryn and guardians regarding the DD waiver and formal and CDCS services. They want to remain using DD Waiver Formal Services at this time.</p> <p>Kathryn and her guardians agree that Complete Employment is not a goal. She does not show any interest in employment and would require 1:1 intensive hand over hand to be successful. This would not be an enjoyable experience for Kathryn.</p> <p>Other Employment/ Rec and Leisure: Kathryn attends PAI for Day Programming Service. She is attending in center for 3 hours a day 5 days a week. When full time is available she will go back to her original schedule of four full time days a week.</p> <p>Additional Services: LSW discussed with the team and no additional services are needed at this time.</p> <p>Psychological on file: Psychological on file from Family Psychological Services in 2005. Kathryn was unable to participate in the IQ testing and scored low in adaptive functioning. Her guardian stated that she would score similar today as she did in 2005 as she has not changed much since childhood. Additional testing was not requested as current test is still accurate.</p> <p>Guardianship/Conservator: Kathryn has private guardianship and it is still appropriate at this time, Betty and Gerald Sauter. The family is in the process of adding Kathryn's siblings as guardians as he parents are getting older.</p> <p>Rep Payee Status: ACR.</p> <p>Assistive Technology: Case manager informed Kathryn and guardian of assistive technology. Non is needed at this time.</p> <p>Person Centered Plan: Guardians are not interested due to Kathryn would not participate in Person Centered Planning. The family agrees that Kathryn is very happy and her current services are helping her to meet her goals.</p>					

Service						
Case Management - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
11/01/2020	10/31/2021	T1016 UC	3-Monthly	144	\$23.19	\$3,339.36
NPI/UMPI	Status	Provider Name	Funding Source	County of Service		
A026672900	Approved	THOMAS ALLEN INC-WAIVER-CM	DD Waiver	Dakota		
Areas of Need						
Self-Direction, Quality of Life, Supportive Services						
Support Instructions						
<p>Case manager will inform and educate Kathryn and caregivers on available services and also offer multiple providers for each service so Kathryn and caregivers can determine what is best for them. Case manager will continue to assist Kathryn and caregivers to access services on the DD waiver as well as needed medical, social, educational, and other services regardless of the funding source. Case manager will review current services and monitor that providers are providing services according to the CSP and CSSP. Case manager will request any additional services from Dakota County and communicate to the team on their decisions. The appeal process will be explained to any denied requests and referrals will be made as appropriate. Waiver: Case manager will meet with Kathryn at least twice a year face to face. During the Covid 19 health crisis implemented by Governor Walz, Case managers will conduct required face to face visits via phone or by electronic visits. Case manager will address any concerns, disagreements or conflicts with services and providers that are brought to their attention. Kathryn and team members can reach Paula Maxson at 651-789-5177, paulam@thomasalleninc.com or 33 E Wentworth Ave, Suite 220, West Saint Paul, MN 55118 to address any concerns or updates needed for the plan. Case manager will send out copies of the plan and request additional signatures as appropriate.</p>						

Service Notes
 Kathryn is eligible for 3 hours a month of contracted Case Management.

Service						
Case Management Aide (Paraprofessional) - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
11/01/2020	10/31/2021	T1016 TF UC	5-Flexible Use	24	\$9.39	\$225.36
NPI/UMPI A026672900	Status Approved	Provider Name THOMAS ALLEN INC- WAIVER-CM		Funding Source DD Waiver	County of Service Dakota	
Areas of Need Supportive Services						
Support Instructions Assist case manager with administrative duties such as filing, data entry and phone contacts.						
Service Notes Half an hour a month						

Service						
Case Management Aide (Paraprofessional) - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
11/01/2020	10/31/2021	T1016 TF UC	5-Flexible Use	16	\$9.39	\$150.24
NPI/UMPI	Status	Provider Name		Funding Source		County of Service
1427127620	Approved	DAKOTA COUNTY SOCIAL SERVICES		DD Waiver		Dakota
Areas of Need						
Supportive Services						
Support Instructions						
Assist case manager with administrative duties such as filing, data entry and phone contacts.						
Service Notes						
4 hours a year						

Service						
DT&H (Does not include transportation time to/from) - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly
11/01/2020	10/31/2021	T2021	2-Weekly	3129	\$5.68	\$1,481.06
NPI/UMPI	Status	Provider Name		Funding Source	County of Service	
M784481600	Approved	PHOENIX ALTERNATIVES INC		DD Waiver	Dakota	
Areas of Need						
Personal Assistance, Health Related/Medical, Personal Security, Employment/Training/Skill Building, Self-Direction, Quality of Life, Cognitive and Behavior Supports, Communications, Supportive Services						

Support Instructions

Purpose: PAI will provide services that develop and maintain life skills for people with developmental disabilities or related conditions so they can fully participate in community life. Preferences: Kathryn and her guardians said she would like to keep attending DT&H at PAI Oakdale. Kathryn would like to receive services 3 hours a day five days a week PAI Oakdale Site. Once DT&H is able to reopen for full days Kathryn will return to her scheduled prior to Covid-19 of four full time days per week. Details: RMS/Staffing Pattern Details They will be supported at a ratio of 1:2. Kathryn requires a van with a lift. Other: Transportation will be provided throughout the day to attend any community activities. Due to Covid-19 Kathryn is not attending outing while at PAI. Quality of Life: A good day for Katie is when she's going out for coffee and doing fun activities such as church, concerts, musicals and Twins games. Katie loves listening to music and dancing. She likes to keep her hand busy by holding beaded necklaces. She enjoys going on Target runs and being out in the community. Katie likes to go out for hot chocolate and chocolate chip cookies. While at PAI she enjoys when the therapy dog visits. She likes to be the first one there and the last to leave when visiting with the dog. A bad day for Kathryn (Katie) is when she's not feeling well or when an illness causes an increase in seizures. Staff will be familiar with behavioral plan, Seizure Protocol, Medication Management and will be trained to help Kathryn with her walker. Staff will be familiar with Kathryn's needs in the areas of: personal assistance, quality of life, health related/medical, cognitive and behavioral supports, personal security, communications, employment/training/skill building, supportive services and self-directed. Additionally, PAI will deliver cares to Kathryn in a person-centered manner. PAI will send out an updated Coordinated Support and Services Plan Addendum (CSSP-A), Individual Abuse Prevention Plan (IAPP) and Self-Management Assessment (SMA) along with attached signatures. For all incident/accidents the PAI will phone the case manager within 24 hours of the incident/accident and will send a written report to the case manager within 7 days. Staff will notify case manager of any major or chronic health concerns or hospitalization. They will also notify the guardians and ACR residential provider. PAI staff are mandated reporters: Adults - To report suspected abuse or neglect, call Minnesota Adult Abuse Reporting Center 844-880-1574.

Service Notes

15 hours a week for quarter hour DT&H programming for 3 hours per day, five days a week (Monday-Friday). Once DT&H is able to reopen for full days Kathryn will return to her scheduled prior to Covid-19 of 4 days per week.

Service						
DT&H Transportation						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
11/01/2020	10/31/2021	T2002	2-Weekly	261	\$40.00	\$10,440.00
NPI/UMPI	Status	Provider Name		Funding Source		County of Service
A787495200	Approved	SUPPORTED LIVING SOLUTIONS LLC		DD Waiver		Dakota
Areas of Need						
Supportive Services						
Support Instructions						
Purpose: Transportation necessary to gain access to community services, resources and activities. PAI staff are mandated reporters: Adults - To report suspected abuse or neglect, call Minnesota Adult Abuse Reporting Center 844-880-1574.						
Service Notes						
Transportation to DT&H when using quarter hour rate.						

Service						
Supported Living Services, Adult, Corporate - Daily						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly
11/01/2020	10/31/2021	T2016 U9	5-Flexible Use	365	\$330.58	\$10,055.14
NPI/UMPI	Status	Provider Name	Funding Source		County of Service	
1134200942	Approved	ACR HOMES INC	DD Waiver		Dakota	
Areas of Need						
Personal Assistance, Home Management, Quality of Life, Health Related/Medical, Cognitive and Behavior Supports, Personal Security, Communications, Employment/Training/Skill Building, Supportive Services, Self-Direction						

Support Instructions

Preferences: Kathryn said she would like to keep working with her same staff and her guardian confirmed they would like to keep the same ACR as well. Details: RMS/Staffing Pattern Details 1:1 hours: 1.09 hours a day. Customization: adaptive vehicle with lift Awake Overnight: 8 hours asleep and 5.71 hours awake overnight Due to Covid -19 Kathryn is attending PAI five days a week for 3 hours a day (4 hours total with transportation).Quality of Life: A good day for Katie is when she's going out for coffee and doing fun activities such as church, concerts, musicals and Twins games. Katie loves listening to music and dancing. She likes to keep her hands busy by holding beaded necklaces. Katie likes to go on trips & had a great time at Disney. She enjoys going on Target runs and being out in the community. Katie likes to go swimming. Katie loves music and enjoys going to concerts and church. She likes going to Twins games. Katie spends most of her time with her staff at the group home and with her roommates. She loves to sit in the recliner in the living room with a blanket to keep warm. Kathryn also visits with her parents regularly. Due to Covid-19 they have been meeting outside. Starting November 1st they will be able to meet with Kathryn in her bedroom. A bad day for Kathryn (Katie) is when she's not feeling well or when an illness causes an increase in seizures. Staff will be familiar with Behavioral Plan, Seizure Protocol, and Medication Management they will be trained to assist Kathryn with her walker. Staff will be familiar with Kathryn's needs in the areas of: personal assistance, home management, quality of life, health related/medical, cognitive and behavioral supports, personal security, communications, employment/training/skill building, supportive services and self-direction. Additionally, ACR will deliver cares to Kathryn in a person-centered manner. ACR will send out an updated Coordinated Support and Services Plan Addendum (CSSP-A), Individual Abuse Prevention Plan (IAPP) and Self-Management Assessment (SMA) along with attached signatures. For all incident/accidents the ACR will phone the case manager within 24 hours of the incident/accident and will send a written report to the case manager within 7 days. Staff will notify case manager of any major or chronic health concerns or hospitalization. They will also notify the guardians. ACR staff is mandated reporters: Adults - To report suspected abuse or neglect, call Minnesota Adult Abuse Reporting Center 844-880-1574.

Service Notes

Daily Rate. Kathryn is attending DT&H for three hours a day (total of four with transportation 5 days a week due to Covid-19 restrictions. Once DTH is able to reopen at full compasity Kathryn will return to attending full days for four days a week.)

RISKS

How will Health and Safety Issues be Addressed?

Katie has a 24 hour plan of care to address health & safety risks with her functioning at home, at work and in the community. Katie needs services designed to assist her with acquiring, retaining and improving the self-help, socialization and adaptation skills necessary to successfully reside in her home and community.

Katie is not capable of self preservation. It is not safe for her to be alone at home, at work, and in the community. She requires total assistance and supervision to remain safe in her home and in the community.

Katie's parents are her legal guardians. They are strong advocates for Katie's health and safety needs.

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
Unable to identify additional risks at this time.		

Summary plan/agreement reached to address the identified risks:

Emergency & Back Up Plans

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

Kathryn's caregivers will assist her should any of these events occur.

Key Contact Name	Relationship	Phone Number
Boutwell Home	Residence	(651) 439-5219
PAI	DT&H	(651) 748-0373

Plan for emergency health events

Kathryn's caregivers will monitor her emergency health care needs. They are responsible for ensuring appropriate actions are taken should an emergency health event occur. If emergency medical is needed, the plan is to call 911 and admit to Lakeview Hospital as needed. If emergency requires that a physician be contacted, Dr. Logan.

Health Care Directive or POSLT:

Prepaid Burial Account:

Key Contact Name	Relationship	Phone Number
Gerald and Betty Sauter	Parents/Guardians	(651) 454-7754

Plan for unavailable staffing that puts the person at risk

ACR is responsible for unavailable staffing.

Kathryn has no alone time.

Key Contact Name	Relationship	Phone Number
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MnCHOICES Support Plan for: KATHRYN L SAUTER

PMI: 01118714

Key Contact Name	Relationship	Phone Number
Boutwell	Residence	(651) 439-5219