



Coordinated Services and Supports Plan (CSSP)

ABOUT ME

OLIVIA MOORE

Assessment Date: 03/10/2021

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

Developed by: Thao Debra (651) 370-2372

Address: 645 Viking Dr

Little Canada, MN 55117

County: Ramsey

Home: (651) 787-9729

Work:

Other: (651) 294-2076

General Plan Notes:

Housing: Olivia wants to continue her residence at Vikings.

Important to/for: Olivia values consistency with staff on a daily basis. Her safety is her priority.

Strengths: Olivia is very good at cooperating with staff and to be able to go with the flow. She participates in getting the syringe when needed.

Health: A G-tube is utilize for Olivia's nutrition since she does not physically swallow solids due to oral aversion.

Rituals: Olivia typically receives her breakfast at 7 in the morning. She communicates well with staff by either having her blanket over her head which means she is not ready to go out of her room to interact with her roommates yet. If Olivia has her blanket off, this translates to her being ready to interact with her roommate and staff. Around 9am-10am, Olivia would typically be ready to allow staff to assist her with her self-routine.

Leisure/Social: Olivia enjoys listening to her music, playing piano, read/tear magazines (usually at PAI), attend church with her father, bowling, shopping and spending time with her housemates.

Natural Supports: Cheryl (mother) and Steeve Moore (father) are her natural supports.

Case Manager Information:

Debra Thao
Waiver Case Manager / A579117400

Handy Help LLC
2365 McKnight Road N
St. Paul, MN 55109
Office: 651-760-3236 ext 107
Fax: 651-222-6025
debra.thao@handyhelpllc.com

PERSON INFORMATION

Date of Birth: 06/05/1992 **Age:** 28 yrs

Emergency Contacts

Name	Relationship	Phone
Steve & Cheryl Moore	Guardian/Legal Representative	(651) 787-9729

Notes/Comments

Cell 651-402-8632

Decision Making Representatives

Name	Type of Authority	Address	Phone
Steve & Cheryl Moore	Private Guardian	29 North Deep Lake Road, North Oaks, MN 55127	(651) 787-9729

Notes/Comments

Cell 651-402-8632

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	MA / DX	03525352	04/01/2015

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Specialty Clinic	(612) 813-3300	Dr. Linda Funk - Allina Health United Lung & Sleep Clinic. Nasseff Specialty Center, 225 Smith Avenue N, Suite 501, St Paul, MN 55102

Health Care Providers	Phone	Comments
Primary Physician	(651) 342-4215	Kelsey McFarlane, PA / Bluestone Physician Services. 200 East University Avenue, St. Paul, MN
Specialty Clinic	(612) 879-1000	Dr. Tacjana Friday - Noran Neurological Clinic. 11091 Ulysses Street NE, #100, Blaine, MN 55434
Dentist	(651) 229-3919	Dr. Renee Kinney. 200 East University Avenue, St. Paul, MN.

Notes/Comments

Hospital of Preference: United Hospital. 333 Smith Ave N, St. Paul, MN 55102. Phone: 651-241-8000.

WHAT'S IMPORTANT TO THE INDIVIDUAL

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting

Action Steps for Goals:

What will the person do?

Olivia will continue to work with formal and informal supports to build and maintain the skills necessary for her to reach her goal to bring her laundry to the laundry at the appropriate times every week.

What will the case manager do?

The case manager will facilitate the new Community Service Plan and Support Plan for continued County Funded Services with Olivia's needs and input at the center of the plan. The Case Manager will also monitor, evaluate and modify as needed, her goal to bring her laundry to the laundry at the appropriate times every week.

What will others do?

Olivia's FAMILY will provide informal supports to ensure her health and safety needs are met, as well as help her build and maintain all skills for her goal to bring her laundry to the laundry at the appropriate times every week.

Cheryl Moore, Olivia's mother, is her guardian, and will continue to exercise her 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 government benefits; She will complete her annual filing responsibilities as mandated by the court. She will work with Olivia to build and maintain all skills to meet her goal to bring her laundry to the laundry at the appropriate times every week.

Phoenix at Viking, is her REPRESENTATIVE PAYEE, will continue to assist with money management; assist with completion of all documents to maintain eligibility for state and federal benefit programs.

What will the provider do?

Staff at her home (Phoenix) and her vocational placement (PAI) will provide appropriate support to Olivia. Staff will assist Olivia with accomplishing her goal to bring her laundry to the laundry at the appropriate times every week. The provider is responsible for health and safety needs are being met 24/7/365. They are mandated reporters and will follow all mandated reporting guidelines.

SUMMARY OF PROGRAMS AND SERVICES

Program Type DD Rule 185/Related Condition	Start Date 05/01/2021	End Date 04/30/2022	Annual Amount \$0.00	Total Plan Cost \$0.00	Avg Monthly \$0.00
Case Manager/Care Coordinator Debra Thao		Case Manager/Care Coordinator Provider ID A579117400		Responsible Party Name	
Program Notes					

Service							
DTH (county paid)							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2021	04/30/2022		1-Daily	244	\$0.00	\$0.00	\$0.00
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A887860900	Approved	PHOENIX ALTERNATIVES INC		County/Tribe		Ramsey	
Areas of Need							
Employment/Training/Skill Building							
Support Instructions							
Phoenix Alternative Initiatives will provide Olivia with opportunities to participate in social and leisure activities. Vocational provider will ensure Olivia's health and safety needs are being met onsite or out in the community.							
Service Notes							
Day training and habilitation services needed for skill building.							
Due to Covid-19, Olivia is on the waitlist to attend in person for PAI. She recently received her vaccine and is ready to start participating in person.							

RISKS

How will Health and Safety Issues be Addressed?

She needs support to complete the tasks thoroughly, to help integrate these daily self-care skills appropriately into her daily routine, and to build her independence. She requires 24hrs staffing to ensure her health & safety needs are being met. Olivia

would require complete caregiver assistance in responding to any emergency situations. It was reported that she would come willingly with the staff. It was reported that if she were yelled at or mistreated, she might cry but would probably not react (she may not react at all). She would be unable to accurately report the incident. Her caregivers would have to monitor for changes in affect and behavior. She is at risk of self-neglect in the above checked areas. Olivia's mother, Cheryl Moore, is her guardian.

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
Olivia is a vulnerable adult and at risk for verbal, physical, and financial exploitation.	Verbal, physical, financial exploitation.	Olivia has a 24 hour plan of care to ensure all of her health and safety needs are met. Olivia has a Rep Payee for financial concerns. She is never alone when out in the community.

Summary plan/agreement reached to address the identified risks:

Olivia lives in a 6 person ICF/DD facility funded by MA. They provide daily behavioral supports & supervision. Olivia needs services to assist with following her routine, and helping her calm down when upset. The residential provider is responsible for the 24 hour back up plan. Her parents are her legal guardians.

Emergency & Back Up Plans

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

In case of severe weather, staff will follow protocol for the location & notify Steve & Cheryl Moore & Pam Owen

Key Contact Name	Relationship	Phone Number
Pam Owen	Viking House Manager	(651) 237-4976

Plan for emergency health events

In case of a health emergency, support staff will contact 911 for emergency care. Olivia would like to be taken to United Hospital in St Paul if deemed necessary by a medical professional.

Key Contact Name	Relationship	Phone Number
Steve & Cheryl Moore	Parents/Guardians	(651) 787-9729
Pam Owen	Viking House Manager	(651) 237-4976

Plan for unavailable staffing that puts the person at risk

Support staff would contact Cheryl Moore &/or Pam Owen in the event of a change in staffing availability.