DEPARTMENT OF HUMAN SERVICES

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

HANNA M JOHNSON
Assessment Date: 10/19/2020 **Plan Dates:** 01/01/2021 to 12/31/2021
Developed by: Fonatee Zahnee (651) 430-4184
Address: 1708 Oak St W
Stillwater, MN 55082 **County:** Washington
Home: (651) 210-5540 **Work:** **Other:**
General Plan Notes:
REMOTE ASSESSMENT DUE TO COVID RESTRICTIONS

CASE MANAGER NAME AND PHONE NUMBER: Fonatee Zahnee 651-430-4184

PROGRAM(S):Developmental Disabilities (DD) Waiver - Case management, Personal Supports, Respite, DT&H/employment services

DATE THIS DOCUMENT WAS MAILED: 4/28/2021 to Lori and Hanna Johnson

STRENGTHS, ROUTINES, & DREAMS: Hanna is an engaging young lady. Her strengths are she is smart, nice, friendly and a social person who is a good friend, outgoing and hardworking. She likes to stay busy. Hanna's social routine has changed dramatically with the onset of COVID and the restrictions. She has been unable to participate in the activities she loves and misses seeing her friends. Her current routine includes going to PAI three hours a day M-F (since June/17/20), going to the gym with her dad and walking on the treadmill. She is proud that she has lost 15 pounds and loves to buy new clothes! Hanna hopes to get a job at TJ Maxx and her dream would be to get married someday!

SUPPORTS DISCUSSED: DD waiver with Personal Supports, Respite, and DT&H.

PERSON INFORMATION

Date of Birth: 11/24/1997 **Age:** 23 yrs

Emergency Contacts

Name	Relationship	Phone
Lori Johnson	Parent	(651) 210-5540

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone

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

Notes/Comments

Providers

Health Care Providers	Phone	Comments
Primary Physician	(651) 439-1234	Stillwater Medical Group 1500 Curve Crest Blvd W, 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
Hanna loves to gamble and enjoys doing scratch offs!			
Hanna has a boyfriend and said she would like to be married someday.			
Hanna liked working at TJ Maxx and would love to be able to work there again.	11/30/2021		
Hanna would like to be able to cook more.			
Hanna likes to travel and would like to take some trips with COVID restrictions.			

Action Steps for Goals:

What will the person do?

Hanna will continue to identify and advocate for her own preferences, desires, wishes, dreams and identified outcomes. She will continue to explore employment options with her vocational provider and if possible, complete application/interview process for TJ MAXX

What will the case manager do?

Hanna is eligible for Rule 185 case management services. Her Washington County case manager will provide ongoing support, encouragement, advocacy and coordination of services to help support preferences, needs, desires and identified outcomes. Her Case Manager will continue to coordinate formal and informal supports to help ensure that Hanna's health and safety needs are being met. Given COVID protocols, her Case Manager will attend team meetings and will review with Hanna her goals, progress, supports, needs and concerns semi annually or more often as needed and requested.

What will others do?

Hanna's parents and family will ensure that she is able to make choices when she can and enjoy preferred activities. Her family will provide informal supports to ensure her health and safety needs are met, as well as help her build and maintain skills to meet her goals.

What will the provider do?

Hanna's provider will work with her parents, according to her DD waivered services plan, to build and maintain skills to meet her goals and ensure her health and safety needs are met. They will continue to work with Hanna to help her with day-to-day activities in her home and community to help her maximize her independence. The Personal Supports and Respite provider will manage her caregiver hours, pay her caregivers and provide supervision for the caregivers. PAI will provide Bridget's Daily Treatment & Habilitation (DT&H) services for Hanna to attend a day program that meets her dream of working somewhere like TJ Maxx and supports Hanna in building skills related to increasing employment and vocational skills.

SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Developmental Disability Waiver	01/01/2021	12/31/2021	$0.00	$85,663.28	$7,138.61

Case Manager/Care Coordinator	Case Manager/Care Coordinator Provider ID	Responsible Party Name
Fonatee Zahnee		Lori Johnson

Program Notes

Service							
Case Management - 15 Minutes							
Start Date	**End Date**	**Procedure Code**	**Frequency**	**Units**	**Rate**	**Avg Monthly**	**Total Service**
01/01/2021	12/31/2021	T1016 UC		120	$23.19	$231.90	$2,782.80
NPI/UMPI	**Status**	**Provider Name**		**Funding Source**		**County of Service**	
1700969334	Approved	WASHINGTON COUNTY COMMUNITY SERVICE		DD Waiver		Washington	

Areas of Need

Supportive Services

Support Instructions

Hanna and her parents require support to navigate programs and services. Case management services to provide support with accessing programs and provides an oversight of services accessed. Case management support provides general coordination of services and advocates for Hanna¿s goals achievement as well as promote for Hanna's optimal health and safety. Case manager service used to provide monitoring of county administered services.

Service Notes

Authorizing total of 120 units with minimum of two times face-to-face meeting with person served per year with additional visits as needed.

Service							
Day Support Services - 15 Minutes							
Start Date	**End Date**	**Procedure Code**	**Frequency**	**Units**	**Rate**	**Avg Monthly**	**Total Service**
01/01/2021	12/31/2021	T2021 UC	5-Flexible Use	2520	$3.42	$718.20	$8,618.40
NPI/UMPI	**Status**	**Provider Name**		**Funding Source**		**County of Service**	
A984668900	Pending	PHOENIX ALTERNATIVES INC-COMMERCE		DD Waiver		Washington	

Areas of Need

Support Instructions

Hanna requires daily assistance with home management and daily routine. Hanna¿s parents provide personal support and assist Hanna with meal preparation, general assistance with accessing the community, coordinate medical appointments and ensure she is able to manage her schedule. Provider manages hours of support provided and manage service.

Service Notes

Authorizing total of 6218 units annually of personal support

Service Individualized Home Supports without Training 1:1 - 15 Minutes							
Start Date 01/01/2021	**End Date** 12/31/2021	**Procedure Code** S5135 UC	**Frequency**	**Units** 6832	**Rate** $7.16	**Avg Monthly** $4,076.43	**Total Service** $48,917.12
NPI/UMPI A814695100	**Status** Approved	**Provider Name** ORION ISO INC		**Funding Source** DD Waiver		**County of Service**	
Areas of Need							
Support Instructions							
Service Notes							

Service Prevocational Services - 15 Minutes							
Start Date 01/01/2021	**End Date** 12/31/2021	**Procedure Code** T2047	**Frequency**	**Units** 2520	**Rate** $3.42	**Avg Monthly** $718.20	**Total Service** $8,618.40
NPI/UMPI A984668900	**Status** Pending	**Provider Name** PHOENIX ALTERNATIVES INC-COMMERCE		**Funding Source** DD Waiver		**County of Service** Washington	
Areas of Need							
Support Instructions							
Service Notes							

Service							
Respite Care Services, In Home - 15 Minutes							
Start Date	**End Date**	**Procedure Code**	**Frequency**	**Units**	**Rate**	**Avg Monthly**	**Total Service**
01/01/2021	12/31/2021	S5150	5-Flexible Use	184	$6.54	$100.28	$1,203.36
NPI/UMPI	**Status**	**Provider Name**		**Funding Source**		**County of Service**	
A814695100	Approved	ORION ISO INC		DD Waiver		Washington	

Areas of Need

Supportive Services

Support Instructions

Hanna receives respite care to relieve primary caregiver. Hanna currently lives with her parents who are her primary caregivers. Provider coordinates with service staff to ensure Hanna has support including scheduling arrangement and hours available for care.

Service Notes

Authorizing total of 184 units annually; Hanna receives Respite care on weekends (not all weekends; as needed)

Service							
Transportation - Per One Way Trip							
Start Date	**End Date**	**Procedure Code**	**Frequency**	**Units**	**Rate**	**Avg Monthly**	**Total Service**
01/01/2021	12/31/2021	T2003 UC	5-Flexible Use	504	$30.80	$1,293.60	$15,523.20
NPI/UMPI	**Status**	**Provider Name**		**Funding Source**		**County of Service**	
A984668900	Approved	PHOENIX ALTERNATIVES INC-COMMERCE		DD Waiver		Washington	
Areas of Need							
Support Instructions Hanna requires transportation to and from DT&H from home. Provider coordinates and ensure transportation is available. Transportation service used when attending half day DT&H at PAI							
Service Notes Transportation service used when attending DT&H at PAI. 504 units							

RISKS

How will Health and Safety Issues be Addressed?

Hanna lives at home with her parents. They ensure that all her health and safety issues 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
Hanna would agree to continue to accept DD waiver services that would continue to meet her health and safety nees		

Summary plan/agreement reached to address the identified risks:

Although Hanna can recognize a fire alarm or tornado warning, she may not be able to get herself to safety or out of danger because she may get anxious and panic. Hanna cannot defend herself against physical abuse, verbal abuse, sexual abuse and financial exploitation. Her caregivers will work with her to build skills necessary for her to be healthy, happy and living the life she wants. Her mother is her legal guardian who will advocate and make informed decisions on her behalf. She is her representative payee who ensure Bridget's financial needs are being met and helps prevent her from financial exploitation.

Emergency & Back Up Plans

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

Hanna's parents, family, friends and PAI staff ensure that Bridget is safe in case of inclement weather or other emergency situations. She would not be able to do this on her own.

Key Contact Name	Relationship	Phone Number
Lori Johnson	parent	(651) 210-5540

Plan for emergency health events

Hanna's parents ensure that her medical needs are taken care of during an emergency health event.

Key Contact Name	Relationship	Phone Number
Lori Johnson	parent/guardian	(651) 210-5540

Plan for unavailable staffing that puts the person at risk

While at home, Hanna's parents ensure that she has sufficient support from caregivers when necessary. They are the primary care givers for her and if they were not able to provide supervision and support, they would ensure that another responsible person was available to provide for Hanna's needs. If an unforeseen event occurred while at work and staff were unavailable, PAI would immediately seek trained staff.

Key Contact Name	Relationship	Phone Number
Lori Johnson	parent/guardian	(651) 210-5540