



# Coordinated Services and Supports Plan (CSSP)

## ABOUT ME

**Karen B Loven**

**Assessment Date:** 02/12/2021

**Plan Dates:** 04/01/2021 to 03/31/2022

**Developed by:** Emma Davis (651) 453-5281

**Address:** 3676 Sunbury Drive  
Woodbury, MN 55125

**County:** Washington

**Home:** (651) 714-4904

**Work:**

**Other:** (651) 735-8684

**General Plan Notes:**

**Date Mailed:** 4/29/21

**Rep Payee:** ACR Homes

**Case Manager Information:** Emma Davis, Thomas Allen Inc. | 20 E. Thompson Ave, Suite 205, West St. Paul, MN 55118 | Ph: 651-453-5281, Fax: 651-789-7041 | Emma.Davis@thomasalleninc.com

**Guardians:** Tom and Marlene Loven (Parents) | 1574 Glenbeigh Knls, Woodbury, MN 55125 | Ph: 651-735-8684 | tdloven@comcast.net

**Residential Provider:** ACR Homes, Contact: Hannah Reid | 3676 Sunbury Dr., Woodbury, MN 55125 | Ph: 612-567-3676 | hannah.nelson@acrhomes.com

**Day Program:** PAI Commerce, Contact: Cortney Kelly | 1574 Commerce Ct, St. Paul, MN 55110 | Ph: 651-747-8740 | ckelly@paimn.org

**Financial Resources:** Medical Assistance, Medicare, Qualified Medicare Beneficiary (QMB), Social Security, DD Waiver

**Diagnosis:** Intellectual Disability, Williams Syndrome, Super Ventricular Tachycardia, Heart Murmur, Acid Reflux, and Allergies

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(Penicillin, Sulfa, Cats, Lactose Intollerant, Seasonal--particularly fall).

**Medical History:** I am a breast cancer survivor. In July 2021 I will be 3 years cancer free. I am very proud of this! I wear hearing aides and eye glasses. I have a heart murmur (Mitral Valve Prolapse) which can cause me to tire easily. I have also been diagnosed with Super Ventricular Tachycardia which causes my heart to race. In 2014 I had heart surgery but unfortunately they were unable to repair my heart. There is a possibility that I may need a pace maker some day. My provider is responsible for following very specific guidelines if my heart starts racing. This information should be provided to all staff that work with me so they are able to support me. When I was 18 I had a hysterectomy. I have acid reflux and take medication to control this. My allergies include: Penicillin, Sulfa, Cats, and I am lactose intolerant.

**Health Care Directives/DNR/DNI:** Not in place.

**Historical Information:** I lived with my parents until the age of 22 when I moved into residential housing through my DD Waiver. Over the years I have lived in several different homes: Wilson Apartments, Enrich SLS, Northeast Residence SLS. In January 2015 I moved back in with my parents and New Directions began providing in-home services. Eventually I moved out again and lived in Phoenix Residence Carver House (ICF). There were two individuals who also lived there that were very loud and screamed. This was upsetting to me so I moved home with my parents once again until another home could be found. On July 14, 2017 I moved into my current home with ACR. I received vocational services through Merrick for many years but in 2017 I was ready for a change, so I now receive vocational services through PAI and I am very happy.

**Strengths, Skills, and Abilities:** I am a strong advocate for myself and others. I am kind, outgoing, and I have a good sense of humor. I have a positive attitude, am very empathetic, and I love to be active in the community and spend time with others. I am a hard worker and am helpful at home. I am very polite--I practice good social manners and often give compliments to others.

**Waiver Program:** DD Waiver

**Annual Visit Date:** 3/10/21

**What's Important to Me:** It is important that the people working with me are educated on Williams Syndrome and that they thoroughly read my CSP and CSSP so they better understand me, my abilities, and my preferences. I need to feel safe and part of that comes with being surrounded by staff that understand and support me, so I know that they are capable of responding to me and keeping me safe. It is important that staff knock on my bedroom door before entering. I do not like when people walk into my room unwelcomed. It is extremely important that others respect my physical space. I do not like when people get too close to me and would like others to ask permission before hugging me. It is important that new staff are aware that it takes me awhile to get comfortable--it is nothing personal, this is just part of who I am. I'm very sensitive and want to please those that I care about--this is a great quality about me but

at times it is the cause for my anxiety. For example, when I see staff complete their charting it often makes me anxious and I get worried that they are writing negative things about me, so it is best that they complete this in a private area or when I am not there to see it. If staff need to speak to me about something, I prefer that they take me in a private area to discuss the issue. It is important to me that staff that work with me have good communication skills, keep our conversations private, are fair, helpful, positive, kind, reassuring, and are good listeners. It is helpful for new staff to repeat their names to me during the day so I can learn their names. It's really important that I feel safe at work and home. I am afraid of fire drills. If staff let me know ahead of time that there will be a fire drill it helps with my anxiety. When we are walking, if there is an uneven surface, it helps me if staff say, "Step up" to warn me. I like to be helpful around the house and would like to help with cooking and chores. When I am upset I prefer to be left alone until I am calm and able to regain my composure. It is okay for staff to check on me. If I have said something to someone that we need to talk about, I prefer staff use the word "inappropriate" instead of "rude." The word "rude" is upsetting to me. When staff are prompting me to do something, I am more responsive to being given choices instead of being told what to do. Power struggles should be avoided.

It is important for my team to know that I prefer to sign all paperwork at the end of my meetings.

My family is very important to me, especially my parents, sisters, and nieces. I have a telephone to communicate with my parents. It is important that staff respect my privacy when I want space to talk on the phone. Church is a big part of my life and I attend every Sunday. I also go to the Friday Night Lights program, which is really important to me. Judge Donovan Frank is a good friend of mine. I enjoy talking with him and our friendship important to me. I have enjoyed advocating for the rights of people with disabilities. Some activities that are important to me include: Beading and other crafts, baking, care rides, going out to eat, bowling (I am in a league that plays on Saturday mornings), watching my favorite television shows (I love NASCAR!), and attending church.

I value my appearance and I like to look my best. I like to wear nice clothes and for my hair to look nice. It is important that staff ensure that snacks are available for me and that they take me shopping when I need more snacks.

**Rituals and Routines:** I like to have coffee in the morning. I need staff to make sure there is coffee in the house and help me prepare it. I get my hair cut and colored once a month. On weekends I like to sleep in and wake up on my own. After I wake up I ask my staff for my medication. I talk to my parents on the phone daily. I call my sister, Kim, on Saturday mornings and on Sunday (sometimes on Wednesday, too). I also talk to my sister Deanna on the phone. I go to church on Sundays and Friday Night Lights on Fridays. I watch Wheel of Fortune nightly at 6:30pm.

**Informal Supports:** I receive support from my family which includes my parents and sisters. I also have a friend named Becky that I like to do activities with. I am friends with Judge Donovan Frank and I enjoy talking with him. We advocate for the rights of people with disabilities together.

**Dreams/Aspirations:** My dream is to travel with my family or a companion to California. I'm hoping to plan a trip to Duluth this year

with a peer. ACR is helping me arrange this. I also would like to meet my Case Manager in person.

**Social/Leisure:** I enjoy using my iPad, going to the mall, going to church, participating in Friday Night Lights, going out to eat (my favorite restaurants are Perkins and Bakers Square!). I also like to go swimming and bowling. I love spending time with my family and my friend Becky. I enjoy watching Wheel of Fortune and Wrestling on TV.

**Cultural/Religious Considerations:** I attend church every week. This is very important to me.

**Housing Discussion:** I like where I live and I do not wish to move at this time. I love my big room! My team agrees that I am in the least restrictive setting.

**Summary of Waiver Services & Informed Choice:** I am eligible for Nursing Facility and ICF/DD Level of Care, Rule 185 Case Management, CADI Waiver, and DD Waiver. I currently receive Case Management services through Thomas Allen, Inc.; Community Residential Supports through ACR Homes; and Day Support/Prevocational services through PAI. I am happy with my current services and do not wish to make any changes to my services at this time.

**Competitive Employment:** At the annual meeting my team and I discussed competitive employment. My guardians and I agree that I do not wish to be competitively employed at this time. I previously had the opportunity to visit job sites in the community that pay minimum wage with a job coach, but I feel safer on-site with PAI and do not wish to find a community job. My guardians and I are aware that if I change my mind at any time, I can let my case manager know and they will help me seek competitive employment opportunities.

**Community Integration:** Due to COVID, I have not been able to engage in my usual community activities; however, typically I do feel a part of the community around me because I frequently take part in activities such as church, bowling, eating at restaurants, going to the mall, participating in Friday Night Lights, swimming, and partaking in community events with friends and family.

**Assistive Technology Needs & Adaptive Equipment:** I currently have an iPad. I have no other assistive technology or adaptive equipment needs at this time.

**Changes to the Plan & Solving Conflicts:** If my guardian or I would like to make a change to the support plan they can contact my case manager to request any changes or updates to the plan. My case manager would then work with the team to make the requested changes or additions to the plan. My case manager is responsible for coordination between service providers, care givers and guardians. In the event of a concern or conflict regarding my waiver services or support plan, team members can contact the case manager to help find a resolution. In the event of conflict amongst team members regarding the most appropriate supports for me, the benefits of each option will be

considered. If the team is unable to resolve conflicts, the individual and/or guardian will be the final decision maker.

## PERSON INFORMATION

**Date of Birth:** 08/28/1959 **Age:** 61 yrs

### Emergency Contacts

Name	Relationship	Phone
Tom and Marlene Loven	Guardian/Legal Representative	(651) 735-8684

### Notes/Comments

### Decision Making Representatives

Name	Type of Authority	Address	Phone
Tom and Marlene Loven	Private Guardian	1574 Glenbeigh Knls Woodbury, MN 55125-3373	(651) 735-8684
Kimberly Moore	Private Guardian	2295 Helena Ave N, Oakdale, MN 55128	(651) 779-6454
Hope Rudeen	Private Guardian	4179 Paris Ave, Stillwater, MN 55082	(651) 261-1536
Deana Loven	Private Guardian	3537 Cherry Lane Unit D, Woodbury MN 55129	(651) 247-3414
ACR Homes, Inc.	Representative Payee	3676 Sunbury Drive, Woodbury MN 55125	(651) 714-4904

### 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		00409639	07/01/2016
Medicare - Part B			07/01/1989
Medicare - Part A			06/01/1985
Medicare - Part D			07/01/2006

**Notes/Comments****Providers**

Health Care Providers	Phone	Comments
Primary Physician	(651) 777-8393	Dr. Steven Hallstrom, Entira Family Clinics/2601 Centennial Drive, Suite 100, St. Paul MN 55109
Dentist	(651) 209-0270	Dr. Julia Garofalo/Salute Dental/7325 Tamarack Rd, Woodbury, MN 55125
Pharmacy	(952) 854-1190	Geritom Medical Pharmacy /10501 Florida Avenue South, Bloomington, MN 55438
Other	(651) 714-4904	ACR homes / SLS/3676 Sunbury Drive Woodbury
Residential/SLS		
Other	(651) 453-5281	Emma Davis/Thomas Allen Inc case mgmt
DD waiver		

**Notes/Comments**

CARDIOLOGY: Dr. David Dunbar, M Health Fairview Heart Clinic-Maplewood, 1600 St. John's Blvd, Maplewood, MN 55109, 651-326-4327

VISION: Associated Eye Care, 237 Radio Drive, Suite 100, Woodbury, MN 55125 651-275-3000

PODIATRY: Maplewood Podiatry Clinic, 2520 White Bear Ave N., Maplewood, MN 55109, 651-770-3891

ENT: Dr. Anna Bzdok, Audiologist, Stillwater Medical Group, 1500 Curve Crest Blvd, Stillwater, MN 55082, 651-439-1234

GENERAL SURGEON: HealthEast Cancer Care Center, 1575 Beam Ave. , Maplewood, MN 55109, 651-232-7970

ONCOLOGY: Dr. Sunn Sunn H. Thaw, M Health Fairview Cancer Center-Woodwinds,, 1875 Woodwinds Drive, Woodbury, MN 55125, 651-232-0500

CARDIOLOGY: Dr. Christine Lange, Cardiologist, M Health Fairview Heart Clinic, Suite 200, 1875 Woodwinds Drive, Woodbury, MN 55125, 651-326-4327

DTH: PAI/4453 White Bear Pkwy, White Bear Lake, MN 55110/651-426-2484

## WHAT'S IMPORTANT TO THE INDIVIDUAL

### Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Karen wants to continue working at PAI and earn money.	03/31/2022		
Karen wants to be involved in bowling league, attending church services, and attending Friday Night Lights events.	03/31/2022		
Karen wants to participate frequently in local activities of interest outside of her home like going to plays, museums, concerts, Como Zoo, etc.	03/31/2022		
Karen wants to travel with her family.	03/31/2022		
Karen wants to remain living in her current home with supports.	03/31/2022		

## Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Karen wants persons who work with her to be educated about Williams Syndrome and to read her CSP so that they better understand her, her abilities, and her preferences.	03/31/2022		
Karen wants to discuss and define with persons who work with her what personal space boundaries she prefers.	03/31/2022		
I want to meet my case manager in person when it is safe to do so.	10/01/2021	THOMAS ALLEN INC- WAIVER-CM -- A026672900	
I want to travel with family or a companion to California.	03/31/2022	ACR HOMES INC -- 1134200942	
I want to plan a trip to Duluth with a friend.	03/31/2022	ACR HOMES INC -- 1134200942	

## Action Steps for Goals:

### What will the person do?

Karen will continue to advocate for herself and communicate her needs and preferences to her legal guardians/parents, case manager, and service providers to the best of her ability. She will work with those on her team to help identify services and supports that will help her achieve her goals. Karen will continue to take her medications as prescribed and attend all scheduled appointments. Karen will continue to be afforded the opportunity to make choices in her daily life and participate in activities that interest her.

### **What will the case manager do?**

Case manager will assure that Karen 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 Karen achieve her goals. Case manager will also monitor progress towards accomplishing goals. Case manager will be available to schedule meetings with Karen and Karen's 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?**

Karen's parents and sisters will continue to provide assistance with service coordination, decision making support, and financial oversight as outlined in Guardianship statute. Legal guardians will work with Karen and the case manager to identify and coordinate services and supports to meet Karen's needs and help her achieve identified goals. Legal guardians will continue to oversee services and supports and ensure Karen's health, wellbeing and safety needs are met. Karen's parents oversee her medical needs. They attend most of her medical appointments. They will communicate medical information with the staff at Karen's home so they can follow the orders as directed by the doctor.

The representative payee will continue to pay bills and handle money management tasks and assist with completion of all documents to maintain eligibility for benefit programs.

In the event of conflict amongst team members regarding the most appropriate supports for Karen the benefits of each option will be considered. If the team is unable to resolve conflicts in this manner, Karen and/or her guardians will be the final decision maker.

### **What will the provider do?**

Chosen service providers will provide services as agreed upon and in accordance with any applicable licensing standards. They will work with Karen, legal guardians, and case manager to coordinate services and supports to meet her needs and help her achieve identified goals.

Providers will implement the services and goals as outlined in the support plan.

Provider will ensure that Karen's health and safety needs are met.

**SUMMARY OF PROGRAMS AND SERVICES**

<b>Program Type</b>	<b>Start Date</b>	<b>End Date</b>	<b>Annual Amount</b>	<b>Total Plan Cost</b>	<b>Avg Monthly</b>
Developmental Disability Waiver	04/01/2021	03/31/2022	\$153,822.60	\$153,822.69	\$12,818.56
<b>Case Manager/Care Coordinator</b> Emma Davis		<b>Case Manager/Care Coordinator Provider ID</b> A792627300		<b>Responsible Party Name</b>	
<b>Program Notes</b>					

<b>Service</b>							
Case Management - 15 Minutes							
<b>Start Date</b> 04/01/2021	<b>End Date</b> 03/31/2022	<b>Procedure Code</b> T1016 UC	<b>Frequency</b> 3-Monthly	<b>Units</b> 150	<b>Rate</b> \$23.19	<b>Avg Monthly</b> \$289.88	<b>Total Service</b> \$3,478.50
<b>NPI/UMPI</b> A026672900	<b>Status</b> Approved	<b>Provider Name</b> THOMAS ALLEN INC- WAIVER-CM		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
Supportive Services, Personal Assistance, Quality of Life, Communications							
<b>Support Instructions</b>							
Case Manager will provide Rule 185 case management with a minimum of two visits per year. During the Covid 19 Health Crisis Orders implemented by Governor Walz (Executive Order 20-12), Case managers will conduct required face to face visits via phone or by electronic visits. Case manager will provide support planning, set up and coordinate services, and monitor services. She will make changes to the CSSP upon verbal or written request from team members. Team member should request changes to the CSSP via telephone 651-453-5281 or email emma.davis@thomasalleninc.com. Approximately 12.5 units used per month.							
<b>Service Notes</b>							

<b>Service</b>							
Case Management Aide (Paraprofessional) - 15 Minutes							
<b>Start Date</b> 04/01/2021	<b>End Date</b> 03/31/2022	<b>Procedure Code</b> T1016 TF UC	<b>Frequency</b> 3-Monthly	<b>Units</b> 24	<b>Rate</b> \$9.39	<b>Avg Monthly</b> \$18.78	<b>Total Service</b> \$225.36
<b>NPI/UMPI</b> A026672900	<b>Status</b> Approved	<b>Provider Name</b> THOMAS ALLEN INC- WAIVER-CM		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Supportive Services							
<b>Support Instructions</b> Assists case manager with administrative duties such as filing and data entry. Approximately 2 units used per month.							
<b>Service Notes</b>							

<b>Service</b>							
Community Residential Services - Adult							
<b>Start Date</b> 04/01/2021	<b>End Date</b> 03/31/2022	<b>Procedure Code</b> S5140 UC U9	<b>Frequency</b> 1-Daily	<b>Units</b> 365	<b>Rate</b> \$312.39	<b>Avg Monthly</b> \$9,501.86	<b>Total Service</b> \$114,022.35
<b>NPI/UMPI</b> 1134200942	<b>Status</b> Approved	<b>Provider Name</b> ACR HOMES INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Home Management, Supportive Services, Quality of Life							
<b>Support Instructions</b> Staff will provide a 24 hour plan of care to assist Karen with activities of daily living, assist with medical needs, community inclusion, cognitive and behavioral direction as needed, and financial support as needed. Provider will ensure Karen's health and safety needs are met. For all incidents or accidents, provider will notify case manager within 24 hours of the incident and provide a written report within seven days. 1 unit used per day.							
<b>Service Notes</b>							

<b>Service</b>							
Day Support Services - 15 Minutes							
<b>Start Date</b> 04/01/2021	<b>End Date</b> 03/31/2022	<b>Procedure Code</b> T2021 UC	<b>Frequency</b>	<b>Units</b> 2772	<b>Rate</b> \$3.42	<b>Avg Monthly</b> \$790.02	<b>Total Service</b> \$9,480.24
<b>NPI/UMPI</b> A984668900	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC-COMMERCE		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Supportive Services, Quality of Life, Employment/Training/Skill Building							
<b>Support Instructions</b> Provider will continue to support Karen in developing and maintaining the skills necessary to be successful in his/her vocational choices. Provider will assist with cognitive supports and developing and maintaining coping skills as needed. Provider will ensure that Karen's health and safety needs are met. For all incidents or accidents, provider will notify case manager within 24 hours of the incident and provide a written report within seven days. Approximately 231 units used per month.							
<b>Service Notes</b>							

<b>Service</b>							
Prevocational Services - 15 Minutes							
<b>Start Date</b> 04/01/2021	<b>End Date</b> 03/31/2022	<b>Procedure Code</b> T2047	<b>Frequency</b>	<b>Units</b> 2772	<b>Rate</b> \$3.42	<b>Avg Monthly</b> \$790.02	<b>Total Service</b> \$9,480.24
<b>NPI/UMPI</b> A984668900	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC-COMMERCE		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Supportive Services, Employment/Training/Skill Building, Quality of Life							
<b>Support Instructions</b> Provider will provide work-skills training and support services at a 1:4 ratio to help advance Karen toward competitive employment in community jobs. Average frequency of use: 231 units per month.							
<b>Service Notes</b>							

<b>Service</b>							
Transportation - Per One Way Trip							
<b>Start Date</b> 04/01/2021	<b>End Date</b> 03/31/2022	<b>Procedure Code</b> T2003 UC	<b>Frequency</b>	<b>Units</b> 504	<b>Rate</b> \$34.00	<b>Avg Monthly</b> \$1,428.00	<b>Total Service</b> \$17,136.00
<b>NPI/UMPI</b> A984668900	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC-COMMERCE		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
<b>Support Instructions</b> PAI will transport Karen to/from work. Approximately 42 units used per month.							
<b>Service Notes</b>							

## RISKS

### How will Health and Safety Issues be Addressed?

Karen lives in an SLS corporate foster home with services funded by the DD waiver. The residential services provide a 24-hour plan of care and supervision and awake overnight staff. They provide daily formal supports and supervision and ensure daily and ongoing health, well-being and safety needs are met. Karen relies on her caregivers to handle adverse situations and emergencies. Karen's parents are her legal guardians and oversee that care needs are met. Parents also attend medical appointments with her.

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
May not always know what she needs in areas of health and safety	May subject herself to self-neglect	Family, guardian, staff will work with Karen to build and maintain her skills.
Vulnerable in all aspects of life including at risk of verbal, physical, mental, sexual, and financial exploitation	May be taken advantage of by others and be harmed	Utilization of assistance and supports to minimize the risk of exploitation. Staff will provide a 24 hour plan of care

### Summary plan/agreement reached to address the identified risks:

Karen has detailed 245D paperwork (CSSP Addendum, SMAP and IAPP) that documents all the needs required to assist Karen and support Karen in areas of their life where support and assistance is needed. Caregivers will ensure Karen's health and safety needs are met. Karen is agreeable to all services and supports. At this time there are no remaining risks identified.

## Emergency & Back Up Plans

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

In the event of an unforeseen event, ACR Homes and PAI will follow their protocol for that particular event and lead Karen to safety.

Key Contact Name	Relationship	Phone Number
Hannah Reid	Residential Supervisor ACR Homes	(612) 567-3676
Brooke Winter	Program Director ACR Homes	(612) 723-2862
Tom and Marlene Loven	Parents / Guardians	(651) 735-8684

### Plan for emergency health events

Karen has a heart condition. Karen has been taught to communicate to others when she was having a heart event. Staff are to

call 911 as the EMT's carry the medication that Karen needs. For all other emergencies staff will provide the assistance Karen needs be it calling the doctor, going to urgent care or calling 911.

Karen's parents should be notified of any medial emergencies. They have requested that they be notified immediately.

The hospital of choice is St Josephs for medical issues and Region's Hospital for accidents.

Key Contact Name	Relationship	Phone Number
Tom and Marlene Loven	Parents / Guardians	(651) 735-8684
Hannah Reid	Residential Supervisor ACR Homes	(612) 567-3676
Brooke Winter	Program Director ACR Homes	(651) 735-8684

### Plan for unavailable staffing that puts the person at risk

ACR Homes is responsible to ensure there are staff at the home to provide support to Karen. If there should be an unforeseen staffing issue contact ACR Homes. If this issue is unable to be corrected call Karen's parents who will provide the needed support. Karen's parents live close to Karen and would be able to get her home quickly. When Karen is brought home from work the bus driver won't leave until they see a staff person from ACR Homes. If they do not see a staff person they will bring Karen back to PAI the day program. They will then work with the team to locate a support person for Karen.

Key Contact Name	Relationship	Phone Number
Tom and Marlene Loven	Parents / Guardians	(651) 735-8684
Hannah Reid	Residential Supervisor ACR Homes	(612) 567-3676
Brooke Winter	Program Director ACR Homes	(651) 735-8684
Kim Moore	Sister	(651) 341-3398
Deana Loven	Sister	(651) 247-3414