



Coordinated Services and Supports Plan (CSSP)

ABOUT ME

ALIYAH R NOOR

Assessment Date: 11/03/2020

Plan Dates: 01/01/2021 to 12/31/2021

Developed by: Jill Schaeppi (000) 000-0000

Address: 137 MYRTLEWOOD CT

STILLWATER, MN 55082-4688

County: Washington

Home: (651) 353-9920

Work:

Other:

General Plan Notes:

CASE MANAGER: Jill Schaeppi Phone: 651-497-8650 Email: jill.schaeppi@co.washington.mn.us

PROGRAM(S): *Developmental Disabilities Waiver with CDCS & Rule 185 Case Management*

DATE THIS DOCUMENT WAS MAILED: 2/26/2021

STRENGTHS, ROUTINES, & DREAMS:

Aliyah is a 30 year old female living in Stillwater with her parents and twin sister. There are no current plans to change her living situation, however future options are being considered. Typically, Aliyah's routine includes attending Phoenix Alternatives, Inc (PAI) in Oakdale Monday through Wednesday. On the other days during the week, she spends time with her family participating in activities within her home and in the community. Due to the health emergency, Aliyah is staying at home during the day, no longer attending PAI in person. She was participating in some remote services with PAI, however this is on hold due to PAI's staffing needs. Aliyah will not return to PAI until it is safe for her to do so as she is at high risk. Aliyah's strengths include that when she is happy she will smile, and her mom mentioned she also has a strong spirit and that others can feel her presence. Aliyah is patient and she deals well with hardships. Aliyah's mom hopes to consider eye gazing technology for Aliyah so she can better communicate. Aliyah also loves to travel, lighting up and smiling when she does. Her mom hopes to continue to travel at least once per year and that the family hopes to go on an RV trip around the country in the future.

SUPPORTS DISCUSSED:

Aliyah receives consumer directed community supports (CDCS) through her Developmental Disabilities (DD) Waiver. At this time, Aliyah's guardians want to continue with CDCS and feel it is meeting Aliyah's needs.

PERSON INFORMATION

Date of Birth: 02/25/1990 Age: 31 yrs

Emergency Contacts

Name	Relationship	Phone
Ludfi Noor	Parent	(651) 353-9921
Teresa Noor	Parent	(651) 353-9920

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
Ludfi Noor	Private Guardian	137 Myrtlewood Ct, Stillwater, MN 55082	(651) 353-9921
Teresa Noor	Private Guardian	137 Myrtlewood Ct, Stillwater, MN 55082	(651) 353-9920

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	01511521	06/01/2011
Medicare - Part A		8VC5HH4AW67	07/01/2019
Medicare - Part B		8VC5HH4AW67	07/01/2019
Medicare - Part D		8VC5HH4AW67	07/01/2019

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Primary Physician	(651) 326-5700	Robyn S. Tabibi, MD/ HealthEast Roselawn Clinic - Saint Paul, MN
Dentist	(651) 290-8707	Gillette Children's Specialty Healthcare - Saint Paul, MN
Pharmacy	(651) 439-7476	Walmart - Oak Park Heights, MN

Health Care Providers	Phone	Comments
Other	(651) 290-8707	Gillette Children's Specialty Healthcare - Saint Paul, MN
	Hospital of Choice	
Other	(651) 432-4803	PICS: Kou Xiong Kou.Xiong@picsmn.org
	CDCS FMS Agency	
Other	(651) 748-0373	PAI - Oakdale, MN Kristy Lind - Designated Coordinator Klind@paimn.org
	DT&H	

Notes/Comments**WHAT'S IMPORTANT TO THE INDIVIDUAL****Short and Long-Term Goals**

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
To continue to travel with her family.	12/31/2021		
To gain communication skills, possibly with eye gazing technology.	12/31/2021		

Action Steps for Goals:

What will the person do?

Aliyah will continue to participate in informal and formal support to build and maintain skills necessary to achieve her goals.

What will the case manager do?

Aliyah's case manager will monitor effectiveness of ongoing supports and services including CDCS and DT&H. Case manager will provide referrals or authorizations as needed to support her preferences, needs, desires and identified outcomes. Case manager will provide check-ins with Aliyah and her team via phone or email as needed and will meet with her on a semi-annual basis or more as requested.

What will others do?

Aliyah's other supports such as her family and other support professionals will continue to advocate for her and provide support, resources and encouragement as needed. Aliyah's parents will provide information and advice to providers and staff on how to best support person. Aliyah's parents will continue to act as representative payee and manage Aliyah's funds and ensure all paperwork is completed to keep her benefits active.

What will the provider do?

PICS and PAI will communicate with Aliyah and other team members and deliver services as agreed upon between Aliyah and her parents, as authorized by the case manager, and as outlined by the outcomes in Aliyah's CSSP.

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	\$125,607.50	\$10,467.29
Case Manager/Care Coordinator Jill Schaeppi		Case Manager/Care Coordinator Provider ID A597490200	Responsible Party Name		
Program Notes					

Service							
CDCS Background Check - Per Print							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
01/01/2021	12/31/2021	T2040		5	\$25.00	\$10.42	\$125.00
NPI/UMPI A744938000	Status Approved	Provider Name PARTNERS IN COMMUNITY SUPP INC FMS		Funding Source DD Waiver		County of Service Washington	
Areas of Need							
Personal Security, Supportive Services							
Support Instructions							
PICS will provide DHS background checks to all staff working direct care with Aliyah.							
Service Notes							
Aliyah will receive 5 background checks through PICS. More will be authorized, if needed.							

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 1700969334	Status Approved	Provider Name WASHINGTON COUNTY COMMUNITY SERVICE		Funding Source DD Waiver		County of Service Washington
Areas of Need						
Supportive Services						
Support Instructions						
Aliyah needs assistance from case management to assist with access to supports and services through the DD waiver. Aliyah needs help to monitor the provision of services and ensure there is progress being made towards her goals. Case manager will provide Aliyah and her guardians with the information necessary for them to make informed choices about services and supports.						
Service Notes						
Aliyah receives up to 30 hours of case management per year to assist with coordination and monitoring of services and supports based on her values, strengths, goals and needs. Case Manager will visit with Aliyah twice per year at minimum, or more as requested. Aliyah's case manager is Jill Schaeppi. Jill can be reached at 13000 Ravine Pkwy S. Cottage Grove, MN 55016 Phone: 651-497-8650 or jill.schaeppi@co.washington.mn.us .						

Service							
Case Management Aide (Paraprofessional) - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
01/01/2021	12/31/2021	T1016 TF UC		60	\$9.39	\$46.95	\$563.40
NPI/UMPI 1700969334	Status Approved	Provider Name WASHINGTON COUNTY COMMUNITY SERVICE		Funding Source DD Waiver		County of Service Washington	
Areas of Need							
Supportive Services							
Support Instructions							
Washington County will provide case management paraprofessional support to assist with administrative tasks related to waiver services and service authorizations.							
Service Notes							
Aliyah receives up to 15 hours per year of case management paraprofessional support.							

Service							
Consumer Directed Community Supports: (CDCS) (Decremental) - per Month							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
01/01/2021	12/31/2021	T2028		1	\$122,136.30	\$10,178.02	\$122,136.30
NP/UMPI A744938000	Status Approved	Provider Name PARTNERS IN COMMUNITY SUPP INC FMS		Funding Source DD Waiver		County of Service Washington	
Areas of Need Quality of Life, Health Related/Medical, Cognitive and Behavior Supports, Personal Security, Communications, Supportive Services, Caregiver/Parent Support, Personal Assistance, Home Management							
Support Instructions Parents will provide informal and formal supports to Aliyah, daily. All staff hired through PICS will be available to provide supports and supervision in personal cares, home management, eating, meal preparation and redirection as needed. Staff will assist Aliyah in engaging in community activities of her choice and provide transportation. Aliyah's CDCS plan will provide support staffing both parent of adult shared care staffing and nonparent staff, DT&H, massage therapy, adapted swimming, mileage, homemaking, special diet, internet, essential oils, snow removal/lawn care, replacement clothing, primary caregiver health insurance, elevator repairs, wet wipes, bed sheets/linens, parking, office supplies to manage waiver and FMS fees. Aliyah's plan may be revised throughout the year to add additional supports.							
Service Notes Aliyah's CDCS budget is \$122,136.30 based on the 11/3/2020 MnChoices assessment. This budget amount includes an additional 20% for DT&H services. All staffing and approved expenses on the CDCS plan will be paid/reimbursed through PICS as the Financial Management Services (FMS) provider.							

RISKS

How will Health and Safety Issues be Addressed?

Aliyah's health and safety concerns/issues will be addressed in her CSSP as well as her IAPP, SMA, and CSSP addendum from her formal providers. She will be provided a 24 hour plan of care and supervision to ensure her health and safety.

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
N/A		

Summary plan/agreement reached to address the identified risks:

There are no identified needs that are not being met with current services and support.

Emergency & Back Up Plans

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

Aliyah has access to a caregiver at all times. They would be able to assist her in the event of an emergency or health event. In the event of an emergency, Aliyah's parents should be notified immediately if they are not with her at the time.

Key Contact Name	Relationship	Phone Number
Teresa Noor	Mother/Guardian	(651) 353-9920
Ludfi Noor	Father/Guardian	(651) 353-9921

Plan for emergency health events

Aliyah has access to a caregiver at all times. They would be able to assist her in the event of an emergency or health event. In the event of an emergency, Aliyah's parents should be notified immediately if they are not with her at the time.

Key Contact Name	Relationship	Phone Number
Teresa Noor	Mother/Guardian	(651) 353-9920
Ludfi Noor	Father/Guardian	(651) 353-9921

Plan for unavailable staffing that puts the person at risk

Aliyah has access to a caregiver at all times. In the event that a scheduled staff was unable to complete a shift Aliyah's parents would make arrangements and are responsible for her 24 hour plan of care.

Key Contact Name	Relationship	Phone Number
Teresa Noor	Mother/Guardian	(651) 353-9920
Ludfi Noor	Father/Guardian	(651) 353-9921