



DEPARTMENT OF
HUMAN SERVICES

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

KRISTEN D MCQUINN

Assessment Date: 03/26/2021

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

Developed by: Laura Baker (651) 315-1569

Address: 1381 Pinewood Dr

Woodbury, MN 55125

County: Washington

Home: (651) 734-0911

Work:

Other:

General Plan Notes:

CASE MANAGER NAME AND PHONE NUMBER: Laura Baker, Country Services OBO Washington County Community Services; 651-315-1569

PROGRAM(S): Developmental Disability (DD) Waiver

DATE THIS DOCUMENT WAS MAILED: 03/29/2021

DOCUMENT MAILED TO: Kristen McQuinn and legal guardians/parents Roy and Nancy McQuinn

STRENGTHS, ROUTINES, & DREAMS: Krissy's identified strengths include being very calm, kind, and generally content. She is described as a gentle soul with a smile that lights up a room. She also knows some single words in sign language. Krissy values her daily scheduled routine and changes to it can be very difficult for her. She typically attends a day program at PAI Mondays through Fridays; however, she has not done this since March 2020 due to COVID19 pandemic. She is anticipated to return as soon as possible. She visits her parents at their home every other week for a few days. She will go with her residential provider to do activities in the community such as going out to eat and to the movie, but mostly she prefers to sit on her favorite spot on the loveseat at her home and play with her paper strips and watch those around her. Krissy's guardians identified goals and dreams for her to include continuing to live in her current home where she has caring staff and good leadership in place; having paper available daily to rip/tear and rub between her fingers; and having her days remain consistent, stable, familiar and calm with minimal change or

disruption. Guardian identified that if Krissy could identify a dream for herself, it would be that there be no changes in her life and to always have opportunities to do things she enjoys.

SUPPORTS DISCUSSED: Continue with DD waiver supports and services including case management, supported living, and day programming. Parents would like additional information about successor guardianship options and resources.

NOTE: Due to COVID19 pandemic, MnCHOICES reassessment was completed remotely.

Discussion at annual meeting on 4/1/21: Krissy's home has changed ownership to Bridges MN. Sarah remains the main point of contact. Krissy is a "home body" and enjoys spending her day at home making her own choices during her day. Krissy's seizure activity has decreased this past year. Her support team discussed the idea of adding a few hours per day of a 1:1 staff to provide her individual program time and purposeful activities. Krissy's parents would like for her to remain at home right now and not return to PAL. PAL will remove Krissy from their waitlist. Rep payee will change from Partnerships to ABC Payee. Nancy and Roy will be talking with their son about the possibility of becoming a successor Guardian. Case manager will assist with future Guardianship planning. Team will work with medical provider on obtaining a wheel chair for Krissy to use for longer outings. Krissy needs cataract surgery.

Contacts:

Case Management: Laura Baker at laura.baker@co.washington.mn.us or 651-315-1569

New Bridges contact: Bisi Oduwaive at bisio@bridgesmn.com or 651-302-6032

Bridges: Ashley Willet/ Community Living Director at ashleyw@bridgesmn.com or 651-370-3081

PAL: Emily Elsenpeter at eelsenpeter@paimn.org or 651-748-0373

PERSON INFORMATION

Date of Birth: 08/21/1974 **Age:** 46 yrs

Emergency Contacts

Name	Relationship	Phone
Roy McQuinn cell phone	Parent	(651) 402-4950
Roy and Nancy McQuinn	Parent	(715) 246-7473

Name	Relationship	Phone
Nancy McQuinn cell phone	Parent	(651) 402-4282
Sarah Paquette/ SLS house director	Other Non-Relative	(763) 670-7706

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
Roy and Nancy McQuinn	Private Guardian	1787 St. Andrew Pl, New Richmond, WI 54017	(715) 246-7473
Partnerships for Minnesota Futures/SLS-- IS CHANGING	Representative Payee		(651) 734-0911

Notes/Comments

2021-REPRESENTATIVE PAYEE is changing due to provider no longer providing services.

Health Insurance & Payers

Is the person certified disabled by Social Security or through the State Medical Review Team (SMRT) process? Yes No
 Is the person on medical assistance? Yes No

Type	Describe	Policy Number	Effective Date
Medical Assistance	DX, DQ-Disabled QMB only	00016585	05/01/2000
Medicare - Part A			02/01/2012
Medicare - Part B			02/01/2012
Medicare - Part D			02/01/2012

Notes/Comments

Providers

Health Care Providers	Phone	Comments
Specialty Clinic	(651) 241-5290	Neurologist, Dr. James White, MN Epilepsy Group/Nasseff Specialty Center, 225 Smith Ave. N, Ste 201, St. Paul, MN
Dentist	(612) 873-3000	Dr. Mary Seieroe, Hennepin Healthcare/715 South 8th St., Minneapolis, MN 55404
Specialty Clinic	(763) 416-7600	Dr. Stanley Walker, Northwest Eye Clinic/8501 Golden Valley Rd, Ste 100, Golden Valley, MN 55427
Primary Physician	(651) 241-3000	Dr. Mai See Mousa, Allina Health Woodbury Clinic/8675 Valley Creek Rd, Woodbury MN 55125
Notes/Comments		

Orthotics: Winkley Orthotics
 740 Douglas Drive N
 Golden Valley MN 55422
 Tel: 763-546-1177

Podiatrist: Dr Timothy Felton
 Twin Cities Foot and Ankle Clinic
 5851 Duluth Street, Ste 101
 Golden Valley MN 55422
 Tel: 763-546-1718 Fax: 763-847-9508

WHAT'S IMPORTANT TO THE INDIVIDUAL

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Krissey wants to reside in her current home with supportive staff and good leadership.	04/30/2022		
Krissey wants to have paper available throughout the day that can be ripped/tore and used for tactile sensory input.	04/30/2022		
Krissey wants to have daily options to participate in activities of interest, whether at home, at PAI, or in the community.	04/30/2022		
Krissey wants to maintain regular contact with her parents and brother.	04/30/2022		
Krissey wants to participate in programming at Phoenix Alternatives, Inc. (PAI) where she enjoys doing a variety of activities and spends time with her peers.	04/30/2022	PHOENIX ALTERNATIVES INC -- M784481600	
Krissey would like to learn new sign language words to communicate with- book, bathroom and eat.	04/30/2022	BRIDGES MN -- A902415000	Semi- annual

Action Steps for Goals:

What will the person do?

Krissey will continue to do her best to communicate her wants and needs to others and be afforded the opportunity make choices in her daily life and participate in activities in that interest her, including the ripping of paper and playing with it.

What will the case manager do?

Case Manager will meet with Krissy and her parents/legal guardians to identify and coordinate services and supports that will benefit her. Case manager will meet with Krissy and guardians to evaluate chosen services and supports and assess progress towards identified goals. Case manager will provide resource information to family as needed and/or requested. Case manager will provide general case management services under IDD waiver services.

What will others do?

Krissy's parents will continue to provide decision making assistance and financial oversight as outlined by Guardianship statute. Guardians will work with Krissy, case manager, and providers to identify and coordinate services and supports to meet Krissy's needs and help her achieve identified goals. Parents plan to continue to maintain frequent contact with Krissy and have her visit them at their home.

A new provider for representative payee services will be established. Representative Payee will manage Social Security benefits and will keep up with required documentation to maintain Krissy's eligibility for Medical Assistance and notify case manager of any change in eligibility status. ABC Payee will be new rep payee.

What will the provider do?

Chosen service providers will provide services as agreed upon and in accordance with any applicable licensing standards. Providers will work with Krissy to meet her needs as identified in the Community Support Plan.

Bridges will encourage Krissy to use her words to communicate her needs and wants.

Krissy is not currently attending PAL. New outcomes will be established once she returns.

SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Developmental Disability Waiver	05/01/2021	04/30/2022	\$0.00	\$229,351.67	\$19,112.64
Case Manager/Care Coordinator Laura Baker		Case Manager/Care Coordinator Provider ID A418613600		Responsible Party Name	
Program Notes					

Service							
Case Management - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2021	04/30/2022	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							
<p>Kristen and family need assistance from case management to assist with access to supports and services through the DD waiver. Kristen needs help to monitor the provision of services to ensure there is progress being made towards her goals. Case manager will provide Kristen and family with the information necessary for her to make informed choices about services and supports meeting health and safety needs. Case manager will meet with Kristen a minimum of two times per year. Case manager is point of contact for any changes, updates or revisions to the Coordinated Services and Supports Plan.</p>							
Service Notes							
<p>Kristen receives case management provided by Washington County, contracted with Country Services. 120 units of case management are authorized per year to assist with coordination and monitoring of services based on Kristen's values, strengths, goals and needs.</p>							

Service							
Case Management Aide (Paraprofessional) - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2021	04/30/2022	T1016 TF UC		60	\$9.39	\$46.95	\$563.40
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							
Approximately 1.25 hours per month of paraprofessional support to assist with administrative tasks related to waiver services and service authorizations.							
Service Notes							
Authorizing 60 units per year of Washington County paraprofessional support.							

Service							
Community Residential Services - Adult							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2021	04/30/2022	S5140 UC U9		365	\$490.39	\$14,916.03	\$178,992.35
NPI/UMPI	Status	Provider Name	Funding Source	County of Service			
A902415000	Approved	BRIDGES MN	DD Waiver	Washington			
Areas of Need							
Personal Assistance, Health Related/Medical, Communications, Cognitive and Behavior Supports, Personal Security, Supportive Services, Home Management, Quality of Life, Self-Direction							
Support Instructions							
Kristen lives in a BridgesMN Community Residential Services home. She will receive 24 hour supervision up to 365 days per year funded by the DD waiver. She will continue to work on the skills outlined in her programs with support staff assistance in the areas of activities of daily living, self cares, meal preparation, home living skills, behavior improvement, choice making, access to the community and skill development. BridgesMN is responsible for communicating and coordinating medical care and appointments and will inform case manager and Guardians of all assessments and significant changes in care of programming.							
Service Notes							
Authorizing 365 units of Community Residential Services- Adult at a daily rate							

Service							
Day Support Services - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2021	04/30/2022	T2021 UC		5544	\$5.68	\$2,624.16	\$31,489.92
NPI/UMPI M784481600	Status Approved	Provider Name PHOENIX ALTERNATIVES INC		Funding Source DD Waiver		County of Service Washington	
Areas of Need Employment/Training/Skill Building							
Support Instructions Kristen attends PAI 5 days per week.							
Service Notes							

Service							
Transportation - Per One Way Trip							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
05/01/2021	04/30/2022	T2003 UC		504	\$30.80	\$1,293.60	\$15,523.20
NPI/UMPI M784481600	Status Approved	Provider Name PHOENIX ALTERNATIVES INC		Funding Source DD Waiver		County of Service Washington	
Areas of Need							
Employment/Training/Skill Building							
Support Instructions							
Kristen attends PAI 5 days per week. PAI provides transportation.							
Service Notes							

RISKS

How will Health and Safety Issues be Addressed?

Krissy requires a 24 Hour Plan of Care with 24 hour awake supervision. She receives daily assistance to meet her health, well-being, and safety needs. She relies on her caregivers to handle all adverse and emergency situations. She is unable to self-preserve.

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
Vulnerable adult	Potential abuse and neglect	

Summary plan/agreement reached to address the identified risks:

Staff will continue to monitor and report any susceptible abuse.

Emergency & Back Up Plans

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

Bridges staff ensure Kristen's safety during an unforeseen event. If the event affects Kristen or her services, the team will meet to discuss next plan of action.

Plan for emergency health events

Bridges staff are responsible to ensure Kristen would receive emergency medical care if necessary. Call 911 and Guardian will need to consent to any medical decision necessary.

Key Contact Name	Relationship	Phone Number
Roy and Nancy McQuinn	Parents / Guardians	(715) 246-7473

Plan for unavailable staffing that puts the person at risk

Providers are responsible to ensure Kristen's staffing needs are met. She has a 24 hour plan of care. If there is a staffing crisis call Bisi or the Bridges emergency response team.

Key Contact Name	Relationship	Phone Number

MnCHOICES Support Plan for: KRISTEN D MCCQUINN

PMI: 00016585

Key Contact Name	Relationship	Phone Number
Bisi Oduwaaye	Bridges	(651) 302-6032

NOTE: If I choose to change this decision, I will call my case manager or care coordinator.

To use all of my PCA services in addition to other services/supports as written in my plan.	<input type="radio"/> Yes <input type="radio"/> No
To use other services/supports as an alternative to _____ minutes of PCA services. I will use _____ minutes of PCA services.	<input type="radio"/> Yes <input type="radio"/> No

If I am eligible for both personal care assistance (PCA) services and an Alternative Care/waiver program (such as the Developmental Disabilities (DD) Waiver, Community Access for Disability Inclusion (CADI) Waiver, etc.), I choose:

PCA and Alternative Care/waiver programs

I was given a choice between receiving services in the community or in an institution.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was able to invite who I wanted to come to my planning meeting.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I participated in developing my plan for receiving services.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was given choices of different types of services that could meet my assessed needs as indicated on the Community Support Plan Worksheet I received and through discussion with my case manager.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I was offered a choice of services, supports and providers.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I agree with the services, supports and providers indicated in my plan.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I understand if I do not agree with any part of my written support plan, I can call my case manager, assessor or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.	<input checked="" type="radio"/> Yes <input type="radio"/> No
I understand my case manager, assessor or care coordinator will send this signature page to me with my written plan.	<input checked="" type="radio"/> Yes <input type="radio"/> No
My Coordinated Services and Supports Plan will be shared with the following people/providers for planning and coordination: Bridges and PAI	<input checked="" type="radio"/> Yes <input type="radio"/> No

Creating my Coordinated Services and Supports Plan (CSSP)

Data privacy practices, which explain my right to confidentiality (DHS-4839E [PDF] or agency's form)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Minnesota Health Care Programs, DHS-3182, (PDF)	<input checked="" type="radio"/> Yes <input type="radio"/> No
My right to appeal (DHS-1941 [PDF] or agency's form)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other information, such as	<input type="radio"/> Yes <input checked="" type="radio"/> No

I received information about:

Materials shared

- Received required information
 - Participated in the development of my plan
 - Was given choices about the services I will receive from programs provided through the Minnesota Department of Human Services.
- This document confirms:

NAME	Kristen McQuinn
CASE MANAGER, CERTIFIED ASSESSOR OR CARE COORDINATOR	Laura Baker
ASSESSMENT ID	885358
DATE	5/12/2021
TELEPHONE NUMBER	(651) 315-1569
EXT.	

Coordinated Services and Supports Plan Signature Sheet



NOTE: Use another copy if there are more providers who need to sign.

AGENCY	DATE
PROVIDER'S SIGNATURE	
AGENCY	DATE
PROVIDER'S SIGNATURE	
AGENCY	DATE
PROVIDER'S SIGNATURE	
AGENCY	DATE
PROVIDER'S SIGNATURE	

OTHER PERSON'S SIGNATURE	DATE
OTHER PERSON'S SIGNATURE	DATE
OTHER PERSON'S SIGNATURE	DATE
SIGNATURE OF CM/CA/CC WHO HELPED DEVELOP PLAN	DATE
LEGAL REPRESENTATIVE'S SIGNATURE	DATE

My support team

MY SIGNATURE	DATE
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My signature and responses on this form indicate:
 ■ I received the information mentioned above.
 ■ I know about the choices I have.
 ■ I agree to the delivery of services as developed with my case manager and/or certified assessor.
 ■ The provider(s) listed in this plan can share a written report about my care needs with my case manager and/or certified assessor if I give the provider(s) my permission.

My signature

Provider(s) signature

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the case manager or certified assessor about recommendations for the person's care needs for future assessments. (NOTE: The provider should submit the report at least 60 days before the end of the person's current service agreement so the information can be considered at the person's reassessment.)

Comments

5/12/21: CSSP sent to Krissy, Bridges, PAI and Guardians.

Rule 185 D/R/C case management recipients

This section only is for Rule 185 developmental disabilities/related conditions (D/D/R/C) case management recipients who want to waive their annual MnCHOICES reassessment.

I only receive developmental disabilities case management or developmental disabilities case management with non-Medicaid funded services such as semi-independent living services (SILS).	<input type="radio"/> Yes <input type="radio"/> No
I understand that MnCHOICES is an annual assessment for long-term services and supports.	<input type="radio"/> Yes <input type="radio"/> No
I understand I have the right to request and receive a MnCHOICES assessment at any time.	<input type="radio"/> Yes <input type="radio"/> No
My case manager has explained to me how MnCHOICES could help me evaluate my needs and learn about possible support options available to me.	<input type="radio"/> Yes <input type="radio"/> No
I have been given a copy of the MnCHOICES brochure.	<input type="radio"/> Yes <input type="radio"/> No
My needs have not changed since my last assessment and Coordinated Services & Supports Plan (CSSP).	<input type="radio"/> Yes <input type="radio"/> No
I choose to waive this year's annual MnCHOICES reassessment.	<input type="radio"/> Yes <input type="radio"/> No