

ABOUT ME

ALEXANDER SUBIAGA

Preferred Name: Alex

Assessment Date: 04/16/2021

Plan Dates: 06/01/2021 to 05/31/2022

Developed by: Yasmin Algosabi

Address: 1489 23rd Ave NW , Apt 4

New Brighton, MN 55112-5591

County: Ramsey

Home: (651) 639-0962

Work:

Other: (651) 271-9388

General Plan Notes:

Alex is 25, he lives at home with his parents, he has a brother Seth, who lives there when he is home from college. He is diagnosed with severe cognitive delay, non-verbal, hypotonia, tactile defensive, daily seizures, and incontinence. He requires extensive supports to meet his daily support, health, and safety needs. Alex attends PAI day program M-F. Alex is on the CADI waiver program and family utilizes the services to provide care for him.

Deb states that she would like to have Alex continue living at home and in the community. She wants him to be happy, healthy, safe and have meaningful life experiences. Alex likes routine. He enjoys blankets, books, music, videos, time with family, and going to his day program. Look forward to COVID-19 being over so he can return to day program.

Rituals and routines: Alex is used to his daily routine and being around his day program schedule.

Name: Alex Subiaga

Telephone: 651-639-0962 Address: 1489 23rd Ave NW #4 New Brighton, MN 55112

Language: English

Birthdate: 03/01/96

PMI#: 2029460

Emergency Contact

Name: Mike and Deb Subiaga

Address: 1489 23rd Ave NW #4 New Brighton, MN 55112

Telephone: 651-639-0962

Case Manager

Name: Yasmin Algosai

Agency: Ramsey County

Telephone: 651-266-3768

Parent/Guardian

Name: Mike and Deb Subiaga

Address: 1489 23rd Ave NW #4 New Brighton, MN 55112

Telephone: 651-639-0962

Caregiver/Provider

Agency: Lifeworks PCA

Address: 2965 Lone Oak Drive, Suite 160

Eagan, MN 55121

Phone: 651-454-2732

Medical Doctor/Clinic

Name: Dr. Karen Arrett/Partners in Ped Brooklyn Park

Address: 8500 Edinbrook Pkwy, Brooklyn Park, MN 55443

Telephone: 763-425-1211

Name: PHOENIX ALTERNATIVES INC Day Program

Address: 3595 Linden Ave, White Bear Lake, MN 55110

Telephone: 651-407-7174

PERSON INFORMATION**Date of Birth:** 03/01/1996 **Age:** 25 yrs**Emergency Contacts**

Name	Relationship	Phone
Deb Subiaga	Guardian/Legal Representative	(651) 639-0962

Notes/Comments**Decision Making Representatives**

Name	Type of Authority	Address	Phone
Deb Subiaga	Private Guardian	1489 23rd Ave. NW Apt. 4 New Brighton, MN. 55112	(651) 639-0962

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		02029460	

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Primary Physician	(763) 425-1211	Partners in Pediatrics Clinic, Brooklyn Park, MN Dr. Karen Arrett

Health Care Providers	Phone	Comments
	(651) 220-6000	Children's Hospital, St. Paul, MN
	(651) 266-3768	Yasmin Algosabi, Ramsey Cuntly CADI Case Manager

Notes/Comments

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?

According to Alex's legal guardians he wants to continue to work with his parents, family and staff on building and maintaining his coping skills, his socialization skills, and his communication skills.

According to Alex 's guardians, he wants to work on building and maintaining skills that help him to follow his daily routine. By working on these areas, this will help him accomplish his goals and dreams and life of being happy and being able to socialize with his parents and family. Alex will work with his family/provider(s) to achieve his global goals/dreams including be happy, healthy, safe and have meaningful life experiences. Alex likes routine. He enjoys blankets, books, music, videos, time with family, and going to his day program. Global dream statement: Now that the COVID-19 situation is looking more under control, maybe taking a trip somewhere or just being more out in the community.

What will the case manager do?

Current case manager/supervisor will continue to coordinate informal and formal supports with Alex and ensure all his health and safety needs are met. Case Manager/Supervisor will contact the provider(s) on a regular basis to review progress towards goals/dreams and assist with any needed referrals and advocate on Alex's behalf. Case Manager/Supervisor will follow up to see if Alex is/has been working to achieve his global goals/dreams of be happy, healthy, safe and have meaningful life experiences. Alex likes routine. He enjoys blankets, books, music, videos, time with family, and going to his day program. Global dream statement: Now that the COVID-19 situation is looking more under control, maybe taking a trip somewhere or just being more out in the community.

What will others do?

FAMILY: Family will provide informal supports/encouragement to assure Alex's health and safety needs are met, as well as help him build and maintain all skills to meet his goals. They will work with the case manager/supervisor and the provider(s) to ensure they are working with Alex on his global goals/dreams. Family will work with Alex to encourage him to be happy, healthy, safe and have meaningful life experiences. Alex likes routine. He enjoys blankets, books, music, videos, time with family, and going to his day program. Global dream statement: Now that the COVID-19 situation is looking more under control, maybe taking a trip somewhere or just being more out in the community.

GUARDIAN(S): Guardian(s) will continue to exercise their 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. They will complete their annual filing responsibilities as mandated by the court. They will work with Alex to build and maintain all skills to meet his goals and ensure all his health and safety needs are met. They will continue to provide ongoing encouragement and support to Alex on working to achieve his global goals/dreams. They will work with the Case Manager/Supervisor and the provider(s) to ensure they are working with Alex on his global goals/dreams. Guardians will work with Alex to encourage him to be happy, healthy, safe and have meaningful life experiences. Alex likes routine. He enjoys blankets, books, music, videos, time with family, and going to his day program. Global dream statement: Now that the COVID-19 situation is looking more under control, maybe taking a trip somewhere or just being more out in the community.

REPRESENTATIVE PAYEE: Representative Payee will continue to assist with money management; assist with completion of all documents to maintain eligibility for state and federal benefit programs. They will work with Alex with ongoing support/encouragement, the guardians, Case Manager/Supervisor and the provider(s) to ensure they are working with Alex on his global goals/dreams.

What will the provider do?

FMS/SUPPORT PLANNER: FSE/Support Planner will continue to work with Alex and Guardian to assist with writing and maintain the CDCS plan as approved by the Lead Agency and the Managing Party.

VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES): Vocational Provider will continue to work with Alex to build and maintain employment and vocational skills to meet his goals, and to ensure his health and safety needs are met during their scheduled time. Provider will work with Alex to encourage/support on his global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of his goals/dreams. Staff will work with Alex on be happy, healthy, safe and have meaningful life experiences. Alex likes routine. He enjoys blankets, books, music, videos, time with family, and going to his day program. Global dream statement: Now that the COVID-19 situation is looking more under control, maybe taking a trip somewhere or just being more out in the community.

SUMMARY OF PROGRAMS AND SERVICES

Program Type Community Alternatives for Disability Inclusion	Start Date 06/01/2021	End Date 05/31/2022	Annual Amount \$87,782.88	Total Plan Cost \$146,211.76	Avg Monthly \$12,184.31
Case Manager/Care Coordinator Yasmin		Case Manager/Care Coordinator Provider ID Algozaibi		Responsible Party Name Mike Subiaga	
Program Notes					

Service Prevocational Services - 15 Minutes							
Start Date 06/01/2021	End Date 05/31/2022	Procedure Code T2047	Frequency	Units 5544	Rate \$5.68	Avg Monthly \$2,624.16	Total Service \$31,489.92
NPI/UMPI A308360800	Status Pending	Provider Name PHOENIX ALTERNATIVES INC		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need Quality of Life, Cognitive and Behavior Supports, Personal Security, Communications, Supportive Services							
Support Instructions							
Service Notes							

Service							
Transportation - Per One Way Trip							
Start Date 06/01/2021	End Date 05/31/2022	Procedure Code T2003 UC	Frequency 1-Daily	Units 504	Rate \$20.21	Avg Monthly \$848.82	Total Service \$10,185.84
NPI/UMPI A308360800	Status Pending	Provider Name PHOENIX ALTERNATIVES INC		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need Supportive Services							
Support Instructions							
Service Notes							

RISKS

How will Health and Safety Issues be Addressed?

Alex requires a 24 hour plan of care and supervision; family/guardian/caregivers are responsible to ensure he is healthy and safe. Alex will do his best in letting others know if he is sick/ill or injured while family/guardian/caregivers will watch him for possible signs. Alex is always accompanied by family/guardian/caregivers while out in the community. Alex has a guardian who will advocate and make informed decisions on his behalf with respecting his wants/needs and goals/dreams. Alex has a representative payee who ensures his financial needs are met and that he is not being financial exploited. The Interdisciplinary Team will ensure that Alex's needs and wants are being tended to. Alex has a detailed paperwork from the county and provider(s) that documents all the needs required to assist Alex in supporting him in every area of his life. Current Case Manager will continue to coordinate supports with Alex and his team to ensure all of his health and safety needs 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

Summary plan/agreement reached to address the identified risks:

Risk Management Assessment and Plan

Individual Name: Alexander Subiaga
Address: 1489 23rd Ave, N.W. #4, New Brighton, MN 55112

Period from: 6/1/20-5/31/21
Person completing report: Yasmin Algosaibi
Title/Relationship to individual: CADI waiver social worker
Day Program:
Other licensed providers (list service type):
Guardianship/Conservatorship status: Parent legal guardian

In completing this assessment, consultation and coordination occurred with the following individuals and organizations which have knowledge about the individual:

	Individual:
	Family members/Parents: Debra and Michael Subiaga
	Day Program providers:
	Residential/In home providers:
	Case Manager: Yasmin Algosaibi
	Other providers (physician, psychologist, nurse, etc.) who have specific knowledge about the risks to the individual's safety: Robert Subiaga, grandfather and DeAnn Prouty, Support Planner

1. Determine whether or not the person is at risk by checking the appropriate box (Check only one box for each item).
2. Consider only the individual’s skills and abilities independent of staffing patterns, supervision plans, the environment, or other situational elements.
3. For each area that poses a risk to the individual, document why the individual is vulnerable and the plan to minimize risk.
4. Use the “other” category in each section to address those issues that relate to the person’s risk but are not addressed in any of the listed risk areas.
5. Document approval from the individual and members of the IDT under the approval section.

The Risk Management Plan will be reviewed at least annually and revised as needed.
 The Risk Management Plan will be implemented the day the individual begins receiving services.
 All support people must be oriented to the plan before they work with the individual.
 This plan also serves as the Individual Abuse Prevention Plan and the Program Abuse Prevention Plan.

	Presents a risk	Is this person at risk in the area of:	Describe why the individual is at risk (when appropriate)	Plan to reduce risk
Does not present a risk				

Health				
		Physical Limitations		
		Self mobility	Ambulates with difficulty due to Hypotonia	Parents will accompany Alex to and from home to school bus daily to ensure his safety. Parents will monitor and supervise his mobility and balance in all four areas in this section.

	Balance	Poor balance	Same as the above.
	Fine motor	Poor coordination	Same as the above.
	Gross motor	Poor coordination	Same as the above.
	Specify other		
	Allergies		
	Insect		
	Medication(s)	Alex cannot take Amoxicillin.	Parents will make sure Alex is not prescribed with this medication.
	Food	NO	
	Environmental	NO	
	Specify other		
	Sensory Limitations		
	Vision	Corrective lens. His vision is stable at this time.	Parents will assist Alex with regular eye care.
	Hearing		
	Neuropathy		
	Specify other		
	Seizures		
	Controlled	Alex had a seizure in 02/07. He is officially diagnosed with seizure disorder. He had two minor seizures this year while at school.	Location of protocol: Parents will monitor for possible seizure activities. In case of a seizure, to prevent Alex from self-injury, he will be moved away from sharp edges, placed something soft beneath his head and carefully roll him into the recovery position to avoid asphyxiation. If the seizure lasts for more than 5 minutes, give him one Diastat. If it lasts for more than 15 minutes, call 911.
	Partially controlled		
	Not controlled		
	Specify other		
	Specialized Dietary Needs		
	Follows dietary needs	Alex may not be able to do so due to his young age and developmental delay.	Location of dietary plan: Parents will monitor Alex's diet to make sure he has adequate nutrition intake.
	Swallowing		

		Choking		
		Specify other		
		Medications		
		Medication administration	PRN medication for seizure: Diastat.	In case of a seizure, if it lasts for more than 5 minutes, give Alex one Diastat. If it lasts for more than 15 minutes, call 911.
		Complies w/doctor medication orders	Unable to do so due to age factor and disability.	Parents will supervise and monitor.
		Specify other		
		Medical Treatment		
		Reports injury or illness	May not seek for help due to developmental delay	Deb, Michael will monitor Alex's health in general and will arrange for treatment when necessary.
		Seeks assistance/provides for own medical concerns	May not seek assistance due to developmental delay	Same as the above
		Specify other		
Does not present a risk	Presents a risk	Is this person at risk in the area of:	Describe why the individual is at risk (when appropriate)	Plan to reduce risk

Safety				
		Personal		
		Associates consequences with actions	May not be able to do so due to developmental delay	Parents will supervise and monitor.
		Abuses alcohol, tobacco or drugs	NA	
		Access to toxic or dangerous	NA	

	substances		
	Ability to seek assistance	May not be able to ask for help verbally due to developmental delay	Parents will assess, supervise and assist.
	Access to appliances/machinery	May not be able to ensure his safety when he has access to	Parents will supervise and monitor Alex to prevent Alex from accessing to appliances/machinery those are not safe to him.
	Consumes only edible food and beverages	NA	
	Responds to emergency situations	May not be able to do so due to age factor and developmental delay.	Parents will monitor, supervise and assist.
	Informs support person of plans when leaving home/area	Same as the above	Parents will assist. Alex will not be left alone.
	Ability to adjust water temperature	Same as the above.	Parents will assist.
	Dresses suitably for weather conditions	Same as the above	Same as the above
	Demonstrates/respects privacy	Same as the above	Same as the above
	Mental/emotional condition affecting judgment	Due to developmental delay and age factor, Alex's mental and emotional conditions may affect his judgment.	Parents will assess, monitor and supervise.
	Specify other		
	Community		
	Pedestrian safety skills	Alex may not be able to do cross street safely due to his age and developmental delay.	When Alex is out, parents will accompany him at all times to assist with street crossing and safety in general.
	Use of public transportation	NA	
	Vehicle safety	Alex may not be able to protect his safety while in a car due to developmental delay and age factor.	Parents will make sure Alex has seat belt on at all times. Parents will monitor and supervise.

		Bike safety	May not be able to do so due to developmental delay and age factor.	Alex will not be allowed to bike alone. Parents, or an adult they trust, will accompany, monitor and supervise him at all times.
		Reasonable caution w/strangers	May not be able to do so due to developmental delay	Alex will not be left alone with strangers. Parents will supervise and monitor.
		Relates person I.D. information	Same as the above.	Parents will assist.
		Safely accesses community resources	Same as the above.	Alex is not to be left alone in the community. Parents will monitor and supervise.
		Exhibits socially accepted behaviors in public	Same as the above.	Parents will supervise and monitor.
		Demonstrates water safety skills	Alex may not be able to do so due to all the above factors.	Parents will supervise Alex closely.

	Presents a risk	Is this person at risk in the area of:	Describe why the individual is at risk (when appropriate)	Plan to reduce risk
Does not present a risk				

Environment				
		Program's location in a neighborhood		
		Busy streets	The street in the front of the family house is a busy street.	Alex will not be allowed to leave the house alone. Parents will accompany him with outing activities.
		Businesses	NA	
		Sidewalks	Yes	Alex will not be allowed to leave the house alone. Parents will accompany him for all

				outing activities.
		Intersections	Yes	Same as the above.
		Railroad tracks	NA	
		Outdoor swimming pools/lakes/ponds	NA	
		Specify other		
		Programs Exterior Surroundings		
		Uneven terrain	Yes	Parents will monitor and assist.
		Creeks, ditches, wooded areas		
		Fencing		
		Patios/decks		
		Walkways		
		Steps	Alex is doing better in using steps. However, close monitoring is necessary to maintain his safety.	One adult will walk behind Alex when he uses steps, ready to assist. This also includes to the family car or school bus.
		Railings	Alex needs help to ensure his safety while using railings in or out of home.	One adult will always walk behind Alex while using the handrails at home and in the community, to ensure his safety.
		Specify adaptations specific to individual	Handrails on stairs in home.	One adult will always walk behind Alex to ensure his safety.
		Specify other		
		Program Interior Surroundings		
		Areas difficult to supervise	NA	
		Specify adaptations made to interior of home specific to the individual	Handrails.	One adult will always walk behind Alex to ensure his safety.
		Specify other		
		General Environment		
		Ability to open locked doors	May not be able to do so due to developmental delay	Parents will assist.

		Ability to remain alone in any environment	Cannot be left alone in any environment due to developmental delay and age factor.	Parents will monitor and supervise.	
		Ability to respond to weather related conditions	May not be able to do so due to developmental delay and age factor.	Parents will supervise.	
Does not present a risk	Presents a risk	Is this person at risk in the area of:	Describe why the individual is at risk (when appropriate)	Plan to reduce risk	

?Staffing/Supervision Needs

	Person accesses support as needed
	Person requires some services, doesn't require 24 hour plan of care
xx	Person needs 24 hour plan of care (May not require supervision at all times but there is someone identified/assigned that is responsible and accessible to the consumer in case of emergency. At least one adult will always need to be present with Alex to ensure his safety whenever he is (When he is not in school).
	Person requires overnight supervision
	Person requires 24 hour awake supervision

Level of Services Required For Day Services

xx	Current level of services required for health and safety supports (check one): full day partial day other (specify other)
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	During school year, Alex will be in school most of the day. He will need partial day parent supervision. When school is out, he will need full day parental supervision.
xx	Can be without caregiver for 0 minutes 0 hours (check one) Cannot be left alone. NO!!!
	Other:
	Specific Plan (Identify in detail any special arrangements which would need to be implemented in order for person to remain alone or unsupervised or identify where specific plan is located): See his emergency back up plan

Level of Support Required for Residential Services

xx	Support person on premises at all times when individual is home
	Can be unsupervised at home for minutes or hours (check one). Specify details of alone time if there are specific limitations or plans associated with alone time under the specific plan section
	Can be unsupervised in the community for minutes or hours (check one)
	Specific Plan (Identify in detail any special arrangements which would need to be implemented in order for person to remain alone or unsupervised):

Approvals

I have participated in the completion of this Risk Management Assessment and Plan and cannot identify any other areas of risk at this time

Person Date _____

Legal Representative Date Relationship

Case Manager/County Representative Date County/Agency

Designated Residential Coordinator

Date

Provider/Agency

Designated Day Program Coordinator

Date

Provider/Agency

Family/Parent

Date

Position/Agency

Other

Date

Position/Agency

MJP / 3/31/04

Emergency & Back Up Plans

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

In the case of an emergency, such as a natural disaster or a fire, Alex will be prompted by his caregiver to follow all necessary precautions for the situation, including, but not limited to, calling 911 for a dire emergency. If Alex's parents are not in his company at the time of the natural disaster or fire, the caregiver will take all necessary measures to contact them, inform them of the emergency, and make all necessary arrangements for Alex's continued safety.

Key Contact Name	Relationship	Phone Number
Deb and Mike Subiaga	Parents/guardian	(651) 639-0962

Plan for emergency health events

All individuals responsible for the care of Alex will be trained on Alex's health and safety needs

Key Contact Name	Relationship	Phone Number
Deb and Mike Subiaga	Parents/guardians	(651) 639-0962

Plan for unavailable staffing that puts the person at risk

Should Alex's parents become unavailable or incapacitated, Caregivers will be informed to contact one of the other emergency contacts to arrange for Alex's continued safety. While out in the community Alex will carry a card in his wallet with current medical and emergency information

Key Contact Name	Relationship	Phone Number
Deb and Mike Subiaga	Parents/guardians	(651) 639-0962