

## ABOUT ME

### DOROTHY CARTER

**Assessment Date:** 05/11/2021      **Plan Dates:** 07/01/2021 to 06/30/2022

**Developed by:** Aneta Strzala-Dawson (000) 000-0000

**Address:** 785 County Road E East  
Vadnais Heights, MN 55127-7118    **County:** Ramsey

**Home:** (651) 486-3942    **Work:**      **Other:** (651) 266-4273

### General Plan Notes:

Case Manager: Eric Antonson, Ramsey County, 651-295-8753

Guardian: Margarita Godina, Ramsey County, 651-266-4275

Dorothy is a 58 year old woman who lives at Phoenix ICF-MR and attends PAI DTH program. Dorothy is non verbal but likes to make choices and make her needs known to others. She likes to laugh on a daily basis. Her personality is calm and joyful. She loves to go to Target. She enjoys people watching, listening to music and swimming. She likes one to one staff attention.

## PERSON INFORMATION

**Date of Birth:** 05/19/1963    **Age:** 58 yrs

### Emergency Contacts

Name	Relationship	Phone
Margarita Godina	Guardian/Legal Representative	(651) 266-4275

Name	Relationship	Phone
Eric Antonson	Other Non-Relative	(651) 295-8753

**Notes/Comments****Decision Making Representatives**

Name	Type of Authority	Address	Phone
Margaritia Godina - RCCHSD	Public Guardian	160 Kellogg Blvd. St Paul MN 55101	(651) 266-4275

**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		00641429	12/01/1991

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

Health Care Providers	Phone	Comments
Primary Physician		Dr Rossmiller, 3550 Labore Rd, Vadnais Heights, MN

**Notes/Comments****WHAT'S IMPORTANT TO THE INDIVIDUAL**

**Goals related to how you want to live your life:**

**Quality of Life:** Dorothy wants to remain living in her current residence, attend a day program, and participate in activities she enjoys.

**Activities of Daily Living:** It is important to Dorothy for her staff to provide total hands on assistance with her with daily activities of daily living including bathing, dressing, toileting, mobility, grooming and eating.

**Instrumental Activities of Daily Living:** It is important to Dorothy to maintain and increase her instrumental activities of daily living with family and support staff monitoring and assistance to help accomplish her goals and global dreams to be as independent as possible, and to live in the least restrictive environment for her.

**Health:** It is important to Dorothy to have her health needs monitored by support staff and assist when needed.

**Psychosocial:** It is important to Dorothy to have her support staff monitor her behaviors and emotions and assess for further treatments and services.

**Memory & Cognition:** It is important to Dorothy to have her support monitor and identify any issues with developmental disabilities or other conditions to assess for further treatment and services.

**Safety & Self-Preservation:** It is important to Dorothy to have her support staff assess and determine the level of support and supervision needed to assure her health and safety needs are met. It is important to Dorothy to live in a safe and supportive environment.

**Sensory & Communication:** It is important to Dorothy to be able to communicate her wants and needs and her likes and dislikes.

**Employment, Volunteering & Training:** Dorothy wants to be able to continue to attend her day program.

**Housing & Environment:** Dorothy wants to be able to live in the least restrictive environment that meets her health and safety needs. Dorothy currently resides in an ICF home through AXIS where she would like to continue to live.

**Self-Direction:** It is important to Dorothy to have her services assessed to meet all her health and safety needs.

**Caregiver:** There are no unpaid caregivers at this time.

**Short and Long-Term Goals**

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Dorothy will continue to participate in activities and outings she enjoys.	06/30/2022		annually

## Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Dorothy will continue to reside in the least restrictive most normative setting available to her.	06/30/2022		annually
Dorothy will continue to attend her day program and participate in group activities.	06/30/2022		annually

## Action Steps for Goals:

### What will the person do?

Dorothy will continue to work with residential and vocational supports to build and maintain all skills necessary to achieve her goals.

Dorothy will attend PAI and participate in activities she enjoys at her day program. She will work on increasing her social skills with staff and peers.

### What will the case manager do?

Case Manager will meet with Dorothy twice per year or more often as needed, to assist with service planning, coordinating referrals, assessing strengths and needs and monitoring what is important to Dorothy. CM will monitor health, safety, service utilization and

the delivery of supports. The case manager will provide a copy of all service plan changes when they occur.

Case management staff is a mandated reporter who will be responsible for reporting any suspected abuse to Minnesota Adult Abuse Reporting Center (MAARC) 1-844-880-1574.

**What will others do?** Her Guardian will continue to work with her formal and informal supports to assist Dorothy to reach her goals while ensuring her health and safety needs are being met.

## What will the provider do?

Residential provider will continue to work with Dorothy to build and maintain all skills to meet her goals and to ensure all her health and safety needs are met. They will assist Dorothy in her goals as identified by the IDT members.

PAI will continue to work with Dorothy to build and maintain employment and vocational skills to meet her goals, and to ensure her health and safety needs are met during their

scheduled time. PAI will help Dorothy meet her goal of socializing at PAI by providing group activities.

## SUMMARY OF NEEDS

**Quality of Life:** It is important to Dorothy to remain living in her current residence and to continue to attend PAI 5x a week. Dorothy likes relaxing on the sofa in the living room. She likes to hang out and watch things out the window. She likes to go shopping with staff. Dorothy likes to laugh on a daily basis. Her personality is calm and joyful.

**Personal Assistance:** Dorothy is total hands on care for dressing, grooming, toileting, eating and bathing. She is tactilly defensive and needs sensory goals like combing her hair and applying lotion as she tends to have dry skin. She does like taking her helmet off to get hair done. She needs sensory time every day. She needs to clean up after meals and wear a clothing protector. She uses a mack switch and a built up plate and spoon for eating. She feeds herself finger foods. She prefers a sip cup for liquids and needs staff assistance with this. She will hand the cup back to staff when she is done. She needs her food cut up into bite size pieces with sauces on it. She prefers sweets. She needs encouragement to participate in her activity of daily living skills as much as possible and is working towards assisting with her shower with using a washcloth to wash herself. She is ambulatory but prefers to use her manual wheel chair. Staff report her mobility has declined and she walks with staff assistance. Staff need to push her wheelchair for longer distances and for transportation. She is incontinent, is on a toileting schedule and wears briefs on a daily basis.

**Home Management:** Dorothy relies on staff for all of her linstrumental activities of daily living. It is important for her to participate in them as much as possible. She needs staff to supervise and administer her medications, prepare all of her meals, arrange her transportation, make any necessary phone calls, take care of her shopping needs and oversee her finances.

**Health Related/Medical:** Dorothy is diagnosed with Profound I/DD, Cerebral Palsy, and Epilepsy. She takes medications to help manage her symptoms. Dorothy wears a helmet due to her seizure activitiy and being unsteady on her feet. She has had one fall this past year that resulted in stitches around her eye. She now has a movement sensor in her room. Dorothy's weight has been

stable this past year.

**Cognitive and Behavior Supports:** Staff report Dorothy is very vocal but there are no behavioral concerns at this time.; It is important to Dorothy to have her support monitor and identify any issues with developmental disabilities or other conditions to assess for further treatment and services.

**Personal Security:** Dorothy is not capable of self preservation. She does not respond to fire drills. She would need staff assistance in the event of an emergency. It is important to Dorothy to have her support staff assess and determine the level of support and supervision needed to assure her health and safety needs are met. It is important to Dorothy to live in a safe and supportive environment.

**Communications:** Dorothy has no vision or hearing imapirments. She is non verbal and is able to communicate through gestures.

**Employment/Training/Skill Building:** Dorothy wants to be able to attend the least restrictive day programming available to her that meets her health and safety needs. Dorothy receives services from Phoenix Alternatives with a focus in recreational/leisure activities.

**Supportive Services:** Dorothy wants to be able to live in the least restrictive environment that meets her health and safety needs. Dorothy currently resides in an ICF home through AXIS where she would like to continue to live.

**Self-Direction:** It is important to Dorothy to have her services assessed to meet all her health and safety needs.

**Caregiver/Parent Support:** There are no unpaid caregivers at this time.

## RECOMMENDED REFERRALS

No Data Found

## INFORMAL CAREGIVERS

Name	Caregiver Relationship	Lives with Person	Caregiver Role	Type of Care
		<input type="checkbox"/>		<input type="checkbox"/> ADLs <input type="checkbox"/> IADLs <input type="checkbox"/> Habilitation <input type="checkbox"/> Community Access <input type="checkbox"/> Supervision <input type="checkbox"/> Social Interaction <input type="checkbox"/> Health & Medical

### Notes/Comments

## RISKS

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

Dorothy needs a 24 hour plan of care. Her supports currently provide this level of support for her. She needs a Guardian, a rep payee for her benefits and staff to ensure that her health and safety needs are being met. She has an IDD Case Manager to ensure that her providers are meeting her needs. Dorothy need to be protected by her team as she is a vulnerable adult .She lives in an ICF-MR with Phoenix and attends a Phoenix Day Program.

## NEXT STEPS:

- You will work with an assessor or case manager to develop a Coordinated Services and Supports Plan for the public program you have chosen.**
- We are waiting for:**
- For help locating services and supports options in this Community Support Plan, these are resources you can contact:**
  - [www.Minnesotahelp.info](http://www.Minnesotahelp.info)®
  - Disability Linkage Line® (Hub) 866-333-2466
  - Senior LinkAge Line® (SLL) 800-333-2433
  - Veterans Linkage Line™ (VLL) 888-546-5838

## Comments:

Dorothy and her guardian will work with their case manager if they need any changes to their MNChoices assessment and/or CSP. They will work with the case manager, & residential and vocational providers to resolve any conflicts and/or disagreements in the process, including any conflicts of interest.

This assessor reviewed with Dorothy and her guardian all services available to them, including all housing options, all employment options, all waiver options, alternative options, and community resources. At this time, Dorothy and her guardian have selected to continue with the current residential and employment provider. CA discussed assistive technology throughout all domains as necessary and pertinent to Dorothy that would foster her ability to be as independent as possible.

If they would decide to change their mind, they have been informed to work with the case manager.

# APPEAL INFORMATION

If you are dissatisfied with the county agency/tribe or managed care organization's action, or feel they have failed to act on your request for home and community based services, you have the right to appeal within 30 days to your agency\*, or write directly to:

Minnesota Department of Human Services Appeals Office  
P. O. Box 64941  
St. Paul, MN 55164-0941

**Call:**  
Metro: 651-431-3600 (Voice)  
Outstate: 651-657-3510  
TTY: 800-627-3529  
Fax: 651-431-7523

**Online filing:**  
<http://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG-eform>

If you want to have your services continue during an appeal, you must file within 10 days after you receive a notice from your agency about a reduction, denial or termination of your services.

If you show good cause for not appealing within the 30-day limit, the state agency can accept your appeal for up to 90 days from the date you receive the notice.

\* If you are enrolled in a managed care organization you also have the option to appeal directly with your managed care organization.

## What if I feel I have been discriminated against?

Discrimination is against the law. You have the right to file a complaint if you believe you were discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age or disability. To file a complaint, contact:

- Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
Call 651-431-3040 (voice); or Minnesota Relay at 711 or 800-627-3529 (toll-free).
- Minnesota Department of Human Rights  
Freeman Building  
625 N. Robert St.  
St. Paul, MN 55155  
Call 651-539-1100 (voice), 651-296-1283 (TTY) or 800-657-3704 (toll-free).

U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, religion or sex. Contact the federal agency directly at U.S. Department of Health and Human Services Office for Civil Rights, Region V, 233 N. Michigan Ave. Suite 240, Chicago, IL, 60601. Call 312-886-2359 (voice), 800-537-7697 (TTY) or 800-368-1019 (toll-free).

**651-431-2400 or 800-747-5484**

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍລີ, ຈົ່ງໂທໄປທີ່ພາຍເລກຂ້າງເທິງນີ້.

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Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

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LB3-00008 (3-13)

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