

ABOUT ME

MELISSA A KITCHELL

Assessment Date: 05/05/2021

Plan Dates: 07/01/2021 to 06/30/2022

Developed by: Alexandra Fratto (651) 714-6295

Address: 3823 Keri Ann Lane

White Bear Lake, MN 55110

County: Ramsey

Home: (651) 426-1855

Work:

Other:

General Plan Notes:

History: Melissa is a 44 year old woman who is currently the only resident in her adult foster care home. Melissa can make her needs and wants known by one- or two- word answers. Melissa's sister Jennifer is her legal guardian and rep payee. Melissa is wheelchair bound, but it has been reported she still likes to dance around the house. Melissa is social, outgoing, and easygoing. Melissa likes to be with people and to be given choices so she can be as independent as possible.

Routine: Melissa enjoys meal preparing for herself and housemates with staff assistance. She also enjoys interaction, and is entertained by playing music and likes her rest.

Strengths: Melissa has great attendance, follows directions and accepts staff's feedback. Melissa is a motivated hard worker and follows directions well.

Important to Melissa: It's important to Melissa she is able to see her sister, socialize with her friends, family and staff. It's also important to Melissa she is able to look at pictured books, it is her favorite hobby.

Housing: Melissa likes living at her current home. She has lived there for fives years and does not wish to move.

Dreams, Aspirations, Hopes: Melissa hopes to return to her day program and to visit with her sister in-person.

Leisure, Social, Religious Activities: Melissa loves going to visits at the library and shopping. Melissa often enjoys her time looking at pictured books and listening to music.

Employment: Melissa's day program is on hold due to COVID. Melissa has no interest working in the community at this time.

Natural Supports: Melissa's sister, friends and family support her.

Preferred method of communication: Verbal and expression communication.

Barriers: Melissa forgets to drink enough fluids, and she becomes dehydrated often.

Skills To Learn: Melissa is learning how to fold clothes with assistance.

Participants In The Plan: Melissa Kitchell, Jennifer Kitchell, Alexandra Fratto

Services receiving: DD Waiver, DT&H at PAI and SLS at Thomas Allen.

PERSON INFORMATION

Date of Birth: 05/04/1977 **Age:** 44 yrs

Emergency Contacts

Name	Relationship	Phone
Jennifer Kitchell	Guardian/Legal Representative	(952) 215-7181
Eileen - foster care provider	Other Non-Relative	(651) 426-1855

Notes/Comments**Decision Making Representatives**

Name	Type of Authority	Address	Phone
Jennifer Kitchell	Private Guardian	7923 We Se Gishek Dr. Crandon, Wi 54520	(952) 215-7181

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		07/01/2019
Medicare - Part A			09/01/2012
Medicare - Part B			09/01/2012
Medicare - Part D			09/01/2012
Managed Care	SNBC Plan through Health Partners		05/01/2019

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
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Health Care Providers	Phone	Comments
Primary Physician	(763) 533-8666	Dr. Elizabeth Rahberg

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

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Three times a week, Melissa would choose to participate in throwing a ball underhand to a peer with 1 full verbal prompt, 80% of all trials over a 6 months period.	06/30/2022	PHOENIX ALTERNATIVES INC -- A887860900	Annually
Melissa's global goal in life is to be safe and happy and be able to be active in the community. She will continue to do strength training and resistance workout to gain and maintain strength so she can be more helpful with activities	06/30/2022	THOMAS ALLEN INC -- A241982300	Annually
Melissa would like to spend time with her sister, Jennifer	06/30/2022	THOMAS ALLEN INC -- A241982300	Annually
Melissa wants to return to her day program at PAI in-person once it is safe from COVID-19	06/30/2022	PHOENIX ALTERNATIVES INC -- A887860900	Annually
Melissa would like to continue to live in her current home	06/30/2022	THOMAS ALLEN INC -- A241982300	Annually

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Melissa would choose another room to visit with one verbal question prompt twice a week, 80% of all trials over six month period	06/30/2022	PHOENIX ALTERNATIVES INC -- A887860900	Annually

Action Steps for Goals:

What will the person do? Continue to have ongoing conversations with your Case Manager regarding your current goals. Melissa may request her CSSP at any time via mail, email, phone or third-party request. She can request updates and changes be made at any time. Melissa will give approval on all services and changes to services. If Melissa has a provider she prefers, she will let the Case Manager know that it is her choice. Melissa will have meetings at any time per her request to review her goals, at any location and with whomever she would like in attendance. If she disagrees with her services at any time she should contact her Case Manager, or she can start an appeal process for changes to be made. Furthermore, she can contact the Ombudsman to file a complaint.

What will the case manager do? ResCare/Alexandra will provide case management to Melissa. The Case Manager will meet with Melissa face to face at least twice a year to monitor plan and services and make changes as needed. Melissa can contact her Case Manager at any time to request changes to the plan. The Case Manager will coordinate with you to set up services to meet your goals. They will also work with you and evaluate the progress you make towards your stated goals. The Case Manager will mail Melissa her CSSP any time changes are made. The Case Manager will provide information for other waivers that Melissa may qualify for upon her request at any time. Melissa can contact their Case Manager by phone: 651-714-6295; Email: Alexandra.Fratto@rescare.com; Fax: 651-447-5464; Mail: 2042 Wooddale Dr. Ste 190 Woodbury, MN 55125

What will others do?

GUARDIAN(S): Guardian, Jennifer Kitchell, 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 Melissa to build and maintain all skills to meet her goals and ensure all her health and safety needs are met. They will continue to provide ongoing encouragement and support to Melissa on working to achieve her global goals/dreams. They will work with the Case Manager/Supervisor and the provider(s) to ensure they are working with Melissa on her global goals/dreams.

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 Melissa with ongoing support/encouragement, the guardians, Case Manager/Supervisor and the provider(s) to ensure they are working with Melissa on her global goals/dreams.

What will the provider do?

RESIDENTIAL PROVIDER: Residential Provider will continue to work with Melissa to build and maintain all skills to meet her goals and to ensure all her health and safety needs are met. Provider will work with Melissa to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Staff will work with Melissa to help her work on completing her daily living tasks as independently as possible.

VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES): Vocational Provider, PAI, will continue to work with Melissa 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. Provider will work with Melissa to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Staff will work with Melissa to her to work on her daily living skills so she can be as independent as possible.

SUMMARY OF PROGRAMS AND SERVICES

Program Type Developmental Disability Waiver	Start Date 07/01/2021	End Date 06/30/2022	Annual Amount \$0.00	Total Plan Cost \$0.00	Avg Monthly \$0.00
Case Manager/Care Coordinator Alexandra Fratto		Case Manager/Care Coordinator Provider ID A816180400		Responsible Party Name Jennifer Kitchell	
Program Notes					

Service Case Management - 15 Minutes							
Start Date 07/01/2021	End Date 06/30/2022	Procedure Code T1016 UC	Frequency	Units 148	Rate	Avg Monthly	Total Service
NPI/UMPI 1881946564	Status Pending	Provider Name RESCARE MN VA/DD		Funding Source DD Waiver		County of Service Hennepin	
Areas of Need Supportive Services							
Support Instructions Melissa has a case manager who is responsible for monitoring and evaluating services including face to face visits with her every 6 months and as needed. Also conducts assessments, making referrals, follow up on services and plan services.							
Service Notes							

Service							
Family Counseling - 15 Minutes							
Start Date 07/01/2021	End Date 06/30/2022	Procedure Code H0004	Frequency	Units 252	Rate \$0.00	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI A887860900	Status Pending	Provider Name PHOENIX ALTERNATIVES INC		Funding Source DD Waiver		County of Service Hennepin	
Areas of Need Supportive Services							
Support Instructions Formal Goals: 1: Melissa will choose a group to join. 2: Three times a week, Melissa will greet a peer by their name							
Service Notes							

Service							
Family Counseling - 15 Minutes							
Start Date 07/01/2021	End Date 06/30/2022	Procedure Code H0004	Frequency	Units 1	Rate \$0.00	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI A887860900	Status Pending	Provider Name PHOENIX ALTERNATIVES INC		Funding Source DD Waiver		County of Service Hennepin	
Areas of Need							
Support Instructions							
Service Notes							

Service							
RETIREED: Supported Living Services, Adult, Corporate - Daily							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
07/01/2021	06/30/2022	T2016 U9		1			
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A241982300	Pending	THOMAS ALLEN INC		DD Waiver		Hennepin	
Areas of Need							
Support Instructions							
Melissa is on a low sugar/high fiber diet and has a great appetite and eats well -she may need assistance cutting her food up into small bite size pieces. Melissa's foster mom helps her dress, bathe and with hygiene. Melissa loves to pick out her own clothes. A hoier lift is used for Melissa at home. Melissa is repositioned as needed. Melissa uses a colostomy bag and staff assist her with any colostomy bag care. Melissa has utilized a walker for short distances, with staff in arms reach to safely guide the process. Melissa able to self propel her wheelchair in open spaces without people around. Usually staff/family push Melissa in her wheelchair.							
Service Notes							

Service							
RETIRED: Supported Living Services, Adult, Corporate - Daily							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
07/01/2021	06/30/2022	T2016 U9		1			
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A241982300	Pending	THOMAS ALLEN INC		DD Waiver			
Areas of Need							
Support Instructions							
Service Notes							

RISKS

How will Health and Safety Issues be Addressed?

Melissa requires a 24 hour plan of care and supervision; family/guardian/caregivers are responsible to ensure she is healthy and safe. Melissa will do her best in letting others know if she is sick/ill or injured while family/guardian/caregivers will watch her for possible signs. Melissa is always accompanied by family/guardian/caregivers while out in the community. Melissa has a guardian who will advocate and make informed decisions on her behalf with respecting her wants/needs and goals/dreams. Melissa has a representative payee who ensures her financial needs are met and that she is not being financial exploited. The Interdisciplinary Team will ensure that Melissa’s needs and wants are being tended to. Melissa has a detailed paperwork from the county and provider(s) that documents all the needs required to assist Melissa in supporting her in every area of her life. The current Case Manager will continue to coordinate supports with Melissa and her team to ensure all of her 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
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Identified risk and choice regarding services	Negative outcome that may result	Alternative measure that may be implemented
Melissa is at risk of be neglected or abused as she can not protect herself from harm.	Melissa could be abused as taken advantage of if she does not have a 24 hour plan of care to protect and assist her.	Guardian, case manager, and foster care provider will make sure she has the services in place to provide for her health and safety needs at all times.

Summary plan/agreement reached to address the identified risks:

Melissa will continue to use supported living services through her foster care provider and day programs and making everyday decisions while her sister continue to be her guardian and makes all big legal decisions for her.

Emergency & Back Up Plans

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

Foster care provider and day program staff will get Melissa to safety in case of an emergency.

Key Contact Name	Relationship	Phone Number
Eileen	foster care provider	

Plan for emergency health events

If emergency medical or psychiatric care is needed, the plan is to call 911 and admit to the hospital listed on page 1. Staff will also inform emergency contact/guardian of the emergency. If the emergency requires that a physician be contacted, notify the MD listed on page 1.

Key Contact Name	Relationship	Phone Number
Jennifer Kitchell	Sibling/Guardian	(952) 215-7181

Plan for unavailable staffing that puts the person at risk

Foster family is available 24/7. A 24 hour plan of care in place through DD waiver for Melissa.

Key Contact Name	Relationship	Phone Number
Jennifer Kitchell	Sibling/Guardian	(952) 215-7181