



Coordinated Services and Supports Plan (CSSP)

ABOUT ME

GARY BAYNE

Assessment Date: 12/17/2019 **Plan Dates:** 02/01/2020 to 01/31/2021

Developed by: Parker Holmboe (000) 000-0000

Address: 2666 Schletty Dr
Little Canada, MN 55117-1672 **County:** Ramsey

Home: (651) 486-9258 **Work:** **Other:** (612) 351-1347

General Plan Notes:

Gary enjoys going to basketball games, spending time with family, housemates, and preferred staff. Gary likes to play games such as Connect 4 and checkers. Gary also plays dominos and like games where he can use, and keep, the dexterity in his fingers.

PERSON INFORMATION

Date of Birth: 11/01/1963 **Age:** 57 yrs

Emergency Contacts

Name	Relationship	Phone
Marcia Frazer	Guardian/Legal Representative	(612) 351-1347

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
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Name	Type of Authority	Address	Phone
Marcia Frazer	Private Guardian	6967 Meadow Circle Centerville, MN 55038	(612) 424-4948

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		00653988	

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Psychiatrist	(651) 628-9566	Dr. Jacob Moore- Nystrom & Associates 1900 Silver Lake Road New Brighton, MN 55112
Dentist	(612) 872-6963	Dr. Mary Seieroe/ HCMC 715 South 8th Street (4th Floor) Mpls, MN
Primary Physician	(651) 766-0520	Dr. David Rossmiller- Entira Clinic 3550 Labore Road Vadnais Heights, MN 55110

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

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Gary will continue to live at Living Well Residential Home in Little Canada.	01/31/2021		
Gary will continue to attend PAI for recreational, leisure and social activities 5 days per week.	01/31/2021		
Gary will work towards losing/maintaining his weight.	01/31/2021		
Gary will continue to receive Case Management services with Catholic Charities.	01/31/2021	CATHOLIC CHARITIES AGING SERVICES -- 1033302005	annual

Action Steps for Goals:**What will the person do?**

Gary will continue to work with informal and formal support to build and maintain all skills necessary to achieve his goals.

What will the case manager do?

Case Manager will continue to coordinate informal and formal supports with Gary and ensure all of his health and safety needs are being met.

What will others do?

Marcia, Gary's guardian, will continue to respectfully work with Gary to build and maintain all skills to meet his goals and ensure all his health and safety needs are met.

REP PAYEE will continue to assist with money management.

What will the provider do?

Providers will continue to work with Gary to build and maintain all skills to meet his goals and ensure all of his health and safety needs are met.

SUMMARY OF PROGRAMS AND SERVICES

Program Type Developmental Disability Waiver	Start Date 02/01/2020	End Date 01/31/2021	Annual Amount \$271,275.60	Total Plan Cost \$271,275.55	Avg Monthly \$22,606.30
Case Manager/Care Coordinator Parker Holmboe		Case Manager/Care Coordinator Provider ID A100351600		Responsible Party Name Marcia Frazer	
Program Notes					

Service Case Management - 15 Minutes							
Start Date 02/01/2020	End Date 01/31/2021	Procedure Code T1016 UC	Frequency 3-Monthly	Units 150	Rate \$23.19	Avg Monthly \$289.88	Total Service \$3,478.50
NPI/UMPI 1033302005	Status Approved	Provider Name CATHOLIC CHARITIES AGING SERVICES		Funding Source DD Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
Case Management Aide (Paraprofessional) - 15 Minutes							
Start Date 02/01/2020	End Date 01/31/2021	Procedure Code T1016 TF UC	Frequency 3-Monthly	Units 24	Rate \$9.39	Avg Monthly \$18.78	Total Service \$225.36
NPI/UMPI 1033302005	Status Approved	Provider Name CATHOLIC CHARITIES AGING SERVICES		Funding Source DD Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
DT&H (Does not include transportation time to/from) - Partial Day							
Start Date 02/01/2020	End Date 03/16/2020	Procedure Code T2020 U5	Frequency 5-Flexible Use	Units 6	Rate \$87.24	Avg Monthly \$261.72	Total Service \$523.44
NPI/UMPI A308360800	Status Approved	Provider Name PHOENIX ALTERNATIVES INC		Funding Source DD Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes Partial rate is based on previous waiver span rate. DT&H closed effective 3/17 due to COVID-19.							

Service							
DT&H Transportation							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
02/01/2020	03/16/2020	T2002	2-Weekly	10	\$17.00	\$85.00	\$170.00
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A308360800	Approved	PHOENIX ALTERNATIVES INC		DD Waiver		Ramsey	
Areas of Need							
Support Instructions							
Service Notes							
DT&H closed effective 3/17 due to COVID-19.							

Service							
Environmental Accessibility Adaptations / Home Install - Per Waiver Year							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
12/22/2020	01/31/2021	S5165		1	\$4,780.94	\$2,390.47	\$4,780.94
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A853133100	Approved	LIVING WELL DISABILITY SERVICES		DD Waiver		Ramsey	
Areas of Need							
Quality of Life, Personal Assistance, Health Related/Medical							
Support Instructions							
Service Notes							
Modification for new therapeutic tub with jets							

Service							
RETIRED: DT&H (Does not include transportation time to/from) - 15 Minutes							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
02/01/2020	01/31/2021	T2021	5-Flexible Use	92	\$4.17	\$31.97	\$383.64
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A308360800	Approved	PHOENIX ALTERNATIVES INC		DD Waiver		Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
RETIRED: DT&H (Includes transportation time to/from) - Daily							
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Avg Monthly	Total Service
02/01/2020	03/16/2020	T2020	2-Weekly	27	\$129.39	\$1,746.76	\$3,493.53
NPI/UMPI	Status	Provider Name		Funding Source		County of Service	
A308360800	Approved	PHOENIX ALTERNATIVES INC		DD Waiver		Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
RETIRED: Supported Living Services, Adult, Corporate - Daily							
Start Date 03/17/2020	End Date 01/31/2021	Procedure Code T2016 U9	Frequency 1-Daily	Units 321	Rate \$709.84	Avg Monthly \$20,714.42	Total Service \$227,858.64
NPI/UMPI A853133100	Status Approved	Provider Name LIVING WELL DISABILITY SERVICES		Funding Source DD Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
RETIREED: Supported Living Services, Adult, Corporate - Daily							
Start Date 02/01/2020	End Date 03/16/2020	Procedure Code T2016 U9	Frequency 1-Daily	Units 45	Rate \$674.70	Avg Monthly \$15,180.75	Total Service \$30,361.50
NPI/UMPI A853133100	Status Approved	Provider Name LIVING WELL DISABILITY SERVICES		Funding Source DD Waiver		County of Service Ramsey	
Areas of Need Quality of Life, Health Related/Medical, Cognitive and Behavior Supports, Personal Security, Communications, Supportive Services, Home Management, Self-Direction, Personal Assistance							
Support Instructions							
Service Notes							

RISKS

How will Health and Safety Issues be Addressed?

Gary requires a 24-hour plan of care and staff assistance to ensure his safety. Gary does not have any alone time in the home or in the community. Due to physical and cognitive impairments, Gary requires staff to assist Gary during all emergencies. Gary is always supervised at home. Gary is considered a vulnerable adult. Gary's team will ensure all of Gary's basic need are being met. Gary's residential home has an awake overnight staff to ensure his safety during the evening hours.

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
No risks identified.		

Summary plan/agreement reached to address the identified risks:

Emergency & Back Up Plans

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

Living Well Staff are trained to assist Gary when there is an unforeseen events

Key Contact Name	Relationship	Phone Number
Ali Geopher	House Manager	(651) 486-9158

Plan for emergency health events

In an emergency Health event, Gary should be brought to any closest hospital and contact Ali or his sister Marcia. Contact Case Manager as able.

Key Contact Name	Relationship	Phone Number
Marcia Frazer	Siser/Guardian	(612) 351-1347
Ali Geopher	House Manager	(651) 486-9158
Parker Holmboe	Case Manager	(612) 743-9372

Plan for unavailable staffing that puts the person at risk

Gary receives 24 hours of care under his DD waiver Services. There must be a staff available at all time

Key Contact Name	Relationship	Phone Number
Ali Geaopher	House Manager	(651) 486-9158