



# Coordinated Services and Supports Plan (CSSP)

## ABOUT ME

**MATTHEW N MORELAN**

**Assessment Date:** 06/03/2021

**Plan Dates:** 08/01/2021 to 07/31/2022

**Developed by:** MaiVang Xiong (000) 000-0000

**Address:** 2646 Virginia Ave.

Roseville, MN 55113

**County:**

**Home:** (651) 434-8218

**Work:**

**Other:** (651) 485-3867

**General Plan Notes:**

Matt enjoys outings like the zoo, parks, bowling alley and being outside. He likes one on one activities and attention. Matt enjoys watching Disney movies; loves to eat; going swimming; having trampoline time (bounces on his knees and bats kickballs around) at his parents; swinging on his wooden swing.

Mai Vang Xiong/Case Manager: 651-266-4359

Annual service planning: 7/21/2021

Waiver type: DD waiver

Service span: 8/1/2021- 9/30/2022

Matt is a 31 year old young man who resides in a home run by NER in St Paul.

**DREAMS AND ASPIRATIONS:** Mom and dad said hopes and dreams for Matt would be for him to be as happy, health, and independent as he can be both at home and out in the community

**STRENGTHS AND TALENTS:** Matt's strengths is his humor and laughter. Like staff has mentioned, if Matt is not laughing or being silly then it means there's something wrong with Matt. Matt knows what he likes and dislikes.

**SOCIAL, LESIURE AND RELIGIOUS ACTIVITIES:** Matt enjoys being out and about and interacting with others. Matt is just a fun guy to be with as he can be silly. His laughs are also so contagious. Matt enjoys anything with music.

**RITUALS/ROUTINE:** Matt does not stick a strict routine or rituals but it is beneficial to him to maintain his exercise routine so that he does not lose his mobility.

**Natural Supports:** Matt has his parents, siblings and relatives as his natural supports.

**OPPORTUNITIES FOR CHOICE:** Matt's parents are his guardians. They work with Matt in supporting him in making choices in his day to day activities. Matt and his parents are informed of their right to pick and choose the provider of their choice, live and socialize with whomever and live where Matt wants too. Matt's parent acknowledge rights and has no issue exercising it when needed

**Summary of waiver services:** Matt is on the DD waiver. Matt lives in a home run by NER and attends DT&H with PAI.

## **PERSON INFORMATION**

**Date of Birth:** 07/30/1989 **Age:** 32 yrs

### **Emergency Contacts**

Name	Relationship	Phone
Roderick Oji/NER Supervisor	Other Non-Relative	(612) 229-7745
Steven Morelan/Father	Guardian/Legal Representative	(651) 775-1494
Debra Morelan/Mother	Guardian/Legal Representative	(651) 485-3867
Amanda Tmka/Sister	Sibling	(651) 485-2779

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

Name	Type of Authority	Address	Phone
Steven Morelan/Father	Private Guardian	109 Bluwood Ave.; Little Canada, MN 55117	(651) 775-2779
Debra Morelan/Mother	Private Guardian	109 Bluwood Ave.; Little Canada, MN 55117	(651) 485-3867

**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	MA/DX		08/01/2010

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

Health Care Providers	Phone	Comments
Specialty Clinic	(651) 290-8707	Dr. Mark Gromley/Physiatrist (botox/phenol injections)

Health Care Providers	Phone	Comments
Primary Physician	(651) 326-5900	Dr. Peter Dahlstrom
Specialty Clinic	(651) 879-1500	Dr. Rupert Exconde/Neurologist

**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?**

Matt will work with group home staff, Phoenix Alternative staff, family and other providers to build and maintain all skills necessary to achieve his goals of having a routine with minimal changes and social interaction with others.

**What will the case manager do?**

The case manager will continue to coordinate informal and formal supports with Matt and his guardians and ensure all health and safety needs are being met. They will assist him in achieving his goals of having a routine with minimal changes and social interaction with others.

### **What will others do?**

Matt's friends and family will provide informal supports to assure health and safety needs are met. They will assist him in achieving his goals of having a routine with minimal changes and social interaction with others.

### **What will the provider do?**

Residential provider, NER and DTH, PAI will continue to work with Matt to build and maintain all skills to meet his goals of having a routine with minimal changes and social interaction with others and to ensure all health and safety needs are met. Representative payee will continue to assist with money management and assist with completion of all documents to maintain eligibility for state and federal benefit programs.

**SUMMARY OF PROGRAMS AND SERVICES**

<b>Program Type</b> Developmental Disability Waiver	<b>Start Date</b> 08/01/2021	<b>End Date</b> 07/31/2022	<b>Annual Amount</b> \$158,463.10	<b>Total Plan Cost</b> \$158,463.14	<b>Avg Monthly</b> \$13,205.26
<b>Case Manager/Care Coordinator</b> MaiVang Xiong		<b>Case Manager/Care Coordinator Provider ID</b> A622972100		<b>Responsible Party Name</b>	
<b>Program Notes</b>					

<b>Service</b> Day Support Services - 15 Minutes							
<b>Start Date</b> 08/01/2021	<b>End Date</b> 07/31/2022	<b>Procedure Code</b> T2021 UC	<b>Frequency</b>	<b>Units</b> 5544	<b>Rate</b> \$4.17	<b>Avg Monthly</b> \$1,926.54	<b>Total Service</b> \$23,118.48
<b>NPI/UMPI</b> A887860900	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
<b>Support Instructions</b> PAI will provide day program services at 5 days a week of at least 6 hrs/dayphone 651-846-9276							
<b>Service Notes</b> Day training and habilitation (DT&H): Services that develop and maintain life skills for people with developmental disabilities or related conditions so they can fully participate in community life.							

<b>Service</b>							
Transportation - Per One Way Trip							
<b>Start Date</b> 08/01/2021	<b>End Date</b> 07/31/2022	<b>Procedure Code</b> T2003 UC	<b>Frequency</b>	<b>Units</b> 504	<b>Rate</b> \$34.00	<b>Avg Monthly</b> \$1,428.00	<b>Total Service</b> \$17,136.00
<b>NPI/UMPI</b> A887860900	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC		<b>Funding Source</b> DD Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b>							
<b>Support Instructions</b>							
PAI will provide to and from transportation for day program 651-846-9276							
<b>Service Notes</b>							
<p><b>Transportation</b> : Transportation services necessary to meet the person's needs and preferences in <a href="#">covered areas</a>, as documented in their support plan.</p>							

## RISKS

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

Matt needs a 24-hour plan of care. His current supports and services provide this level of care. He needs a guardian, rep payee and staff to help ensure basic needs are met. Guardians and support services work together to ensure Matt's basic needs are met. He has an Intellectual Developmental Disability Case Manager that works with the team to ensure service needs are being met by providers. His team works together to protect Matt as a vulnerable adult.

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
Matt is at risk of any kind of exploitation due to his DD diagnosis	Matt can be victim of any kind of exploitation.	Matt needs a safe and protected environment, with a 24 hour plan of care delineating the provision of ongoing, daily care, supervision, monitoring, assistance, guidance, direction, training, and support, in his residential and vocational/day program environments to address all of his vulnerability concerns.

### Summary plan/agreement reached to address the identified risks:

It is recommended that Matt and his staff and family are responsible for all aspects of life that he requires assistance and supervision. He needs a caregiver to supervise and maintain safety and beyond that. Matt would need full assistance in an emergency situation due to developmental delay issues.

## Emergency & Back Up Plans

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

Matt resides in a group home run by NER. NER is responsible for all of Matt's daily needs and support. NER is response for all of Matt's health and needs.

Key Contact Name	Relationship	Phone Number
Olaf	house supervisor	(651) 765-0217

### Plan for emergency health events

see above

**Plan for unavailable staffing that puts the person at risk**

see above