

# Coordinated Services and Supports Plan (CSSP)

## ABOUT ME

**Robert W Engelke**

**Assessment Date:** 05/13/2020

**Plan Dates:** 07/01/2020 to 06/30/2021

**Developed by:** Grace Thompson (612) 500-9201

**Address:** 399 Ruth St. North

STATION 8900

St Paul, MN 55119

**County:** Ramsey

**Home:** (651) 455-8609

**Work:**

**Other:** (651) 455-8609

### **General Plan Notes:**

**Name:** Robert (Bob) Engelke **Case Manager (Coverage):** Grace Thompson, LSW **Case Manager Phone:** 612-500-9201

**Program:** CADI Waiver **Case Mix:** E **Program Span Dates:** 7/1/2020-6/30/2021

**RA:** 7/2/2020 **QV:** 01/22/2021 **MnCHOICES Received:** 7/7/2020 **CSSP Mailed:**

### **Strengths**

1. Bob is able to complete some ADL tasks with cuing from staff
2. Bob is willing to receive support to ensure his health and safety needs are met
3. Bob desires to be healthier and lose weight

**Rituals/Routines:** Robert (Bob) is a 66-year-old male who recently moved to an assisted living (AL) facility to ensure his health and safety needs are met with support from staff. Bob reported that his daily routine consists of taking his medications, having lunch and doing activities at the AL facility. Bob did not state his religious, social or leisure activity preferences. Bob reported that due to COVID-19 restrictions he is currently unable to have visitors at the AL but he is able to talk to family and friends on

his phone.

**Important to client:**

1. Politics
2. To continue to receive supports and services to help him maintain his health and safety needs as he wishes
3. It is important for Bob to feel heard and understood and for those that work with him to be aware of how his mental and physical issues can affect his mood.

**Global Dream Statement/Aspiration:** Bob's dream and aspiration is to be more involved in politics.

**Housing:** Bob current lives at Restful Living Assisted living in St. Paul. No concerns have been presented by staff. Restful Living is able to meet health and safety needs without being restrictive. There are no current known abode or environmental hazards. Bob reports a desire to move to a high rise where he can have a one-bedroom apartment with a kitchen versus his current studio apartment. He would also like Section 8 or a subsidized living situation where the government will assist with rent. He needs Housing Stabilization Services-Transition (HSS-T) because currently Bob is living in a supported living community environment but wishes to be more independent in the community. He is wanting independent housing in St. Paul and would like to utilize In-Home Solutions for support finding housing using HSS-T. Bob's housing is stable for the next 6-months.

**Employment:** Bob is currently 66-years old and does not wish to seek competitive employment or volunteer options at this time.

**Transportation:** Restful Living supports Bob is setting up any needed rides to and from locations.

**Assistive Technology Used/Needed:** Bob reported that he uses a walker.

**Services:** Bob is satisfied with his current services and did not request additional service options.

**Natural Supports:** Bob stated that his relatives are his natural supports.

**Health and Safety:** Bob reported that he was hospitalized in the last 6-months, but did not have any overnight stays. No falls or ER visits were reported. Bob was unable to indicate the date of his last physical. Bob requires assistance with medication set up and administration by staff. Bob also needs assistance managing his insulin dependent diabetes and gets a psychotropic injection every two weeks. Bob reported that he has an appointment with his doctor in September to review his medications for Hep-C.

## PERSON INFORMATION

**Date of Birth:** 12/16/1953 **Age:** 67 yrs

### Emergency Contacts

Name	Relationship	Phone
Lenore McIntosh, Emergency Contact	Other Relative	(952) 925-1463

### Notes/Comments

### Decision Making Representatives

Name	Type of Authority	Address	Phone

### Notes/Comments

Bob is his own guardian

### 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 EX	01134077	06/01/2018
Managed Care	DO excluded from MHC		

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

Health Care Providers	Phone	Comments
Primary Physician	(651) 523-9800	Dr. Steven Mouacheupaou, HealthPartners Clinic, 2165 White Bear Ave N, Maplewood, MN 55109
Other	(612) 428-7565	Janie Yang, Pinnacle Services Case Manager
Waiver 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
Robert wants to loose 20lbs to maintain a healthy weight.	06/30/2021	REGINA R CUELLAR -- A465437300	Annual

**Short and Long-Term Goals**

<b>Goal Statement</b>	<b>Target Date</b>	<b>Provider &amp; NPI (if applicable)</b>	<b>Frequency of Reporting</b>
Robert wants to join a fitness group to help him exercise daily.	06/30/2021	REGINA R CUELLAR -- A465437300	Annual
Roberts want to continue his supports and services through CADI waiver program to help maintain his daily needs.	06/30/2021	REGINA R CUELLAR -- A465437300	Annual
One of Robert's dream and aspiration is to lose weight to live a healthier lifestyle. Robert will seek support from his assisted living staff and provide updates to his team semi-annually regarding progresss	01/03/2021	RESTFUL LIVING LLC -- A247405300	Semi-annual
Robert woud like to continue to receive support and services through his CADI waiver. Robert will complete his yearly MA reviews to conitnue to maintain waiver eligibility and participate in semi-annual and annual meetings with his case manager and other forman supports.	07/02/2021		Annual
Robert wants to find a subsidized one-bedroom apartment with a kitchen in a high rise to increase his independence and quality of living.	06/30/2021		Semi-annual
Robert wants to live more independently in the community.	08/31/2021	WHITTIER PLACE -- A502023900	Semi-Annual

**Action Steps for Goals:**

**What will the person do?**

Bob will continue to utilize their services and supports to assist with their needs and wants and update the case manager if changes are needed for services and providers. They will continue to work with their providers to assist with remaining as independent as possible in their home. They will continue to contact their case manager (CM) and their supports about concerns and changes needed. They will continue to attend medical appointments as advised by their providers and family. They will continue to have ongoing conversations with their case manager regarding their current goals. They are able to make their own choices about services and providers that they are receiving in the community.

**Assessor notes\***

Robert will continue to work with CADI Case Mgr, AL staff, and other support staff to maintain his health and safety.

**What will the case manager do?**

The CM will continue to coordinate, manage, monitor, and maintain the waiver services for the client. CM will follow up bi-annually with the client and their supports for their Annual/MnCHOICES, and Quality Visit. CM will continue to be available to answer questions and assist with concerns brought forth by the client and their providers and supports. CM will continue to assist the client as needed and able to assist with their dreams and aspirations, competitive employment, and housing needs. CM will remain available to answer questions and concerns as needed through the waiver span. For update requests, the CM can be emailed at [grace.thompson@pinnacleservices.org](mailto:grace.thompson@pinnacleservices.org) or called at 612-500-9201. The CM will help to resolve conflicts and solve problems as they arise.

**Assessor notes\***

The assigned CADI CM will assist check with Bob to see how his supports and services are going to ensure his health and safety.

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

Bob's informal and form supports will be aware of his goals and support him by means possible to reach assessed goals by target date.

#### **Assessor notes\***

Restful Living faci, will communicate with Cadi Case Mgr and Bob regarding his supports and services he receives through CADI waiver program.

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

Providers will continue to provide services as authorized through the Waiver/Program by the Case Manager. Providers and staffing will continue to work with the client on their goals/dreams and aspirations, and contact the CM as needed for changes.

#### **Assessor notes\***

The chosen AL facility, will work with Bob and the assigned CADI case manager will identify the required services that Bob needs for the placement to be successful and contract with the AL facility.

**SUMMARY OF PROGRAMS AND SERVICES**

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Community Alternatives for Disability Inclusion	07/01/2020	06/30/2021	\$0.00	\$136,693.55	\$11,391.13
Case Manager/Care Coordinator Janie Yang		Case Manager/Care Coordinator Provider ID A912940200		Responsible Party Name	
Program Notes					



<b>Service</b> 24-Hour Customized Living Services - Daily							
<b>Start Date</b> 07/01/2020	<b>End Date</b> 06/30/2021	<b>Procedure Code</b> T2031 TG	<b>Frequency</b> 1-Daily	<b>Units</b> 365	<b>Rate</b> \$339.67	<b>Avg Monthly</b> \$10,331.63	<b>Total Service</b> \$123,979.55
<b>NPI/UMPI</b> A247405300	<b>Status</b> Pending	<b>Provider Name</b> RESTFUL LIVING LLC		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Personal Assistance, Health Related/Medical, Communications, Self-Direction, Home Management, Cognitive and Behavior Supports, Employment/Training/Skill Building, Supportive Services, Personal Security, Quality of Life							
<b>Support Instructions</b> Restful Living will assist Robert with medication management, scheduling appointments, transportation (as needed), meal prep, and will ensure his health and safety needs are met.							
<b>Service Notes</b> One unit equals 1 day. Bob receives Customized Living Services 24 hours a day, 7 days a week.							

<b>Service</b> Case Management - 15 Minutes							
<b>Start Date</b> 07/01/2020	<b>End Date</b> 06/30/2021	<b>Procedure Code</b> T1016 UC	<b>Frequency</b> 5-Flexible Use	<b>Units</b> 150	<b>Rate</b> \$24.47	<b>Avg Monthly</b> \$305.88	<b>Total Service</b> \$3,670.50
<b>NPI/UMPI</b> A180173201	<b>Status</b> Pending	<b>Provider Name</b> PINNACLE SERVICES INC		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Supportive Services, Communications, Self-Direction, Quality of Life							
<b>Support Instructions</b> Case management supports with monitoring and coordinating current waiver services. Case management additionally supports with the development of new waiver services as needed to ensure: health needs, safety needs, and other support needs are met. Case manager supports with conflict resolution and updating/changing service plan as requested. Case managers meets two times a year. Once for annual visit and second for 6-month follow up to ensure services are meeting health needs, safety needs, and other support needs.							
<b>Service Notes</b>							

<b>Service</b> Case Management Aide (Paraprofessional) - 15 Minutes													
<b>Start Date</b> 07/01/2020	<b>End Date</b> 06/30/2021	<b>Procedure Code</b> T1016 TF UC	<b>Frequency</b> 5-Flexible Use	<b>Units</b> 10	<b>Rate</b> \$9.39	<b>Avg Monthly</b> \$7.82	<b>Total Service</b> \$93.90						
<b>NPI/UMPI</b> 1811055957	<b>Status</b> Pending	<b>Provider Name</b> RAMSEY COUNTY HUMAN SERVICES		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Ramsey							
<b>Areas of Need</b>													
<b>Support Instructions</b> Case management paraprofessional supports with filing of relevant materials, case preparation, and other administrative tasks.													
<b>Service Notes</b>													

<b>Service</b>													
RETIRED: Independent Living Skills Training 1:1 - 15 Minutes													
<b>Start Date</b> 07/01/2020	<b>End Date</b> 06/30/2021	<b>Procedure Code</b> H2032 TF	<b>Frequency</b> 1-Daily	<b>Units</b> 693	<b>Rate</b> \$11.30	<b>Avg Monthly</b> \$652.58	<b>Total Service</b> \$7,830.90						
<b>NPI/UMPI</b> A388447400	<b>Status</b> Pending	<b>Provider Name</b> INDEPENDENT LIVING PARTNERS LLC		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Ramsey							
<b>Areas of Need</b> Supportive Services, Quality of Life, Health Related/Medical, Personal Assistance, Self-Direction, Home Management													
<b>Support Instructions</b> Independent Living Partners will assist Robert in attending activities and appointments within the community. Robert's ILS staff will transport him as needed and ensure his health/safety needs are met while on shift. Robert's ILS staff will assist Robert with follow appointments, completing paperwork as needed, and all other duties per Robert's request. ILS staff will work with Robert to build his skills of independent living. ILS staff will communicate with CM regarding progress and any status updates.													
<b>Service Notes</b>													

<b>Service</b> RETIRED: Individualized Home Supports - Face to Face 1:1 - 15 Minutes							
<b>Start Date</b> 07/01/2020	<b>End Date</b> 06/30/2021	<b>Procedure Code</b> H2014 U3	<b>Frequency</b> 2-Weekly	<b>Units</b> 99	<b>Rate</b> \$11.30	<b>Avg Monthly</b> \$93.22	<b>Total Service</b> \$1,118.70
<b>NPI/UMPI</b> A615488300	<b>Status</b> Pending	<b>Provider Name</b> DYNAMIC SERVICES LLC		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Ramsey	
<b>Areas of Need</b> Communications, Supportive Services, Quality of Life, Self-Direction, Personal Assistance, Home Management, Cognitive and Behavior Supports							
<b>Support Instructions</b> Dynamic Services will provide weekly, face to face assistance and support to Robert by helping with community engagement, skill building and ensuring the health, safety, and wellness of Robert remains intact.							
<b>Service Notes</b> Robert will receive 3 hours a week of IHS services with training from Dynamic Services.							

Service							
Transportation - Per One Way Trip							
<b>Start Date</b> 07/01/2020	<b>End Date</b> 06/30/2021	<b>Procedure Code</b> T2003 UC	<b>Frequency</b> 3-Monthly	<b>Units</b> 83000	<b>Rate</b> \$0.00	<b>Avg Monthly</b> \$0.00	<b>Total Service</b> \$0.00
<b>NPI/UMPI</b> A197860800	<b>Status</b> Pending	<b>Provider Name</b> TSE-MCCARRONS		<b>Funding Source</b> CADI Waiver		<b>County of Service</b> Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

## RISKS

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

Robert receives waiver services and is a vulnerable adult. Any suspicions of abuse, neglect, or financial exploitation should be reported to the Minnesota Adult Abuse Reporting Center (MAARC): 844-880-1574.

Bob will work with his CADI CM, and AL staff to ensure his health and safety needs are being met. Robert will continue to work with his residential staff and CM to ensure his needs are being met. Robert will communicate with staff his wants and needs to ensure the improvement of his quality of life.

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
Bob is interested in all recommended services.		
Robert is at risk of being physically abused, sexually abused, emotionally abused, and/or financially exploited.	Robert may be physically abused, sexually abused, emotionally abused, and/or financially exploited.	Robert will work with his staff to ensure his health and safety needs are able to be met. Robert will create a safety plan with staff.
Robert is at risk of falling due to his balance.	Robert may fall and cause himself injury.	Robert will work with staff and ensure he uses his walker to assist him with mobility.

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

Bob is interested in all recommended services.

Robert will communicate with staff to ensure his health and safety needs are determined and met. Robert will ensure he is using his walker to assist him with mobility.

## Emergency & Back Up Plans

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

Should an unforeseen event occur, client, family, and/or providers (depending on situation) will protect client's safety and call 911 if necessary. Staff will follow all policies and procedures. When safe, follow up with applicable key contacts. Robert currently resides in a 24 hour Customized Living setting which provides Robert with continuous supervision as needed. If an emergency were to occur, Robert would work with staff to ensure his safety.

Key Contact Name	Relationship	Phone Number
Lenore McIntosh	Emergency Contact	(952) 925-1463

### Plan for emergency health events

In the event of a medical emergency, client, family, and/or providers (depending on situation) will call 911. Staff will follow all policies and procedures. **The case manager needs to be contacted if the client goes to the ER and/or is hospitalized.** The primary care provider should be followed up with after any health event. Follow up with applicable key contacts as necessary. If Bob requires emergency care, the plan is to call 911. Robert could also communicate with residential staff if a health emergency were to occur while at home.

Key Contact Name	Relationship	Phone Number
Janie Yang	Case Manager	(612) 428-7565
Dr. Steven Mouacheupaou	Primary Physician	(651) 523-9800

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

If the backup caregiver/services are not available, consider admission to facility, as appropriate. If there were to be a staffing issue, Robert would work with his residential staff to ensure his safety.

Key Contact Name	Relationship	Phone Number
Lenore McIntosh	Emergency Contact	(952) 925-1463
Janie Yang	Case Manager	(612) 428-7565