

Coordinated Services and Supports Plan (CSSP)

ABOUT ME

KATIE A SHEEHAN

Assessment Date: 12/28/2020

Plan Dates: 02/15/2021 to 01/31/2022

Developed by: Tiara Sackman (000) 000-0000

Address: 1854 Beebe Rd # 211

SAINT PAUL, MN 55109

County: Ramsey

Home:

Work:

Other:

General Plan Notes:

Interests/ Preferences: Katie enjoys watching TV and lists some of her favorite programs as being the NCIS series and the Law and Order shows. Her favorites of these series include NCIS LA and SVU. Due to covid 19- she stays inside most of the time. But she wishes she can do traveling if she has a chance.

It's important to Katie that she continue to live by herself in her apartment and will receive the support she needs to build and maintain her independent as possible. It is important to Katie that she feels safe and healthy. It is important for Katie that she will get help to move because somebody got in her garage 3-4 times over last year and she feels unsafe. She also reports there are a lot of report lost packages, mails in her apartment.

Guardian reported people like most about Katie is that she is a loving person who is motivated to live her best life. She is a good person with lot of compassion and love to those around her.

What the person wants others to know about how to best work with them: Katie can direct her own service. She would like staff to be respectful to her and her needs.

Any pertinent social history: Katie has diagnosed with Undifferentiated somatoform disorder, Borderline personality disorder, arthritis, joint pain in shoulder, knees, body, anxiety, depression.

Housing: Katie lives at 11854 Beebe Rd #211 St. Paul, MN 55109. Katie's housing is safe and stable for the next 6 month, but she would like to move closer to her family in Shoreview and Coon Rapids in the future.

Employment: Katie currently works 2 hours every Monday at her father's company and would like to look for another suitable job for more hours (10 to 15 hours per week). Katie is interested in competitive job and does not receive support from waiver for her currently employment.

Natural supports: Katie's family, one non-blood related sister, and a partner are her natural supports.

Routines and Rituals: Katie does not have a typical day, but she works on Monday and spends time alone in her apartment. She was used to go to YMCA to exercise and looks forward to attend it again. Katie also hopes that she gets to work more hours to keep her busy.

Hopes, Dreams & Aspirations: Katie states, " I would like to work out again and I have been working with my therapy to build my skills." Katie's dreams and aspiration is to "have vacations out of town."

Important to Katie: Family, stay in own apartment, and sister-non blood related.

Strengths/Talents: Katie has a good support system with family, siblings and friends who care about her. Katie has a strong spirit. She is good at advocating for self and stands for what she believes.

Health, safety, and Risk update: Katie has a few ER visits due to sore throat. Katie has no hospitalization in the past 6 months. Katie has not fall in the last 6 months.

PERSON INFORMATION

Date of Birth: 01/23/1985 **Age:** 36 yrs

Emergency Contacts

Name	Relationship	Phone
John Sheehan	Parent	(651) 775-0950

Notes/Comments**Decision Making Representatives**

Name	Type of Authority	Address	Phone
self			

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		PMi 00026238	

Notes/Comments**Providers**

Health Care Providers	Phone	Comments
Primary Physician	(952) 967-5584	Dr. Rita Wolf
Psychologist	(952) 967-7992	Todd Leech
Other	(952) 967-7616	Dr. Thueringer
Rheumatologist		

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

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Katie would like to continue to live by herself in her own apartment.	01/31/2022		
Katie would like to receive the support she needs to build and maintain her independent as possible via CADI waiver.	01/31/2022		
Katie would like to receive support with housing stabilization to move in a home that she feels safer.	01/31/2022		

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

Katie will continue to work with informal and formal support to continue to live by herself in her apartment and will receive the support she needs to build and maintain her independent as possible via CADI waiver.

Katie will continue to work with informal and formal support to receive support with housing stabilization to move in a home that she feels safer.

What will the case manager do?

CASE MANAGER: Katie's current case manager will continue to coordinate informal and formal supports with Katie and ensure all her health and safety needs are met 24/7/365 days a year. Case Manager will contact the guardian and/or her healthcare provider(s) on a regular basis to review Katie's progress towards her goals/dreams and assist with any needed referrals and advocate on Katie's behalf. The case manager will help Katie and her team/guardian to resolve any conflicts or disagreements throughout the year and; regarding any issues including any issues regarding her assessment and community support plan.

Case manager will work with informal and formal support to continue to live by herself in her apartment and will receive the support she needs to build and maintain her independent as possible via CADI waiver as well as assist her with housing stabilization to move in a home that she feels safer.

What will others do?

FAMILY: Katie's family will continue to provide Katie with the informal supports and encouragement to assure Katie's health and safety needs are met 24/7/365 days a year, as well as help her build and maintain all skills to accomplish her goals and dreams in life. Katie's family will continue to work with Katie in an Katie centered manner to achieve her global goals/dreams of continue to live by herself in her apartment and will receive the support she needs to build and maintain her independent as possible via CADI waiver as well as assist her with housing stabilization to move in a home that she feels safer.

What will the provider do? Residential Provider will continue to work with Katie 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 Katie to encourage/support on her global goals/dreams and be in regular contacts with her and Case Manager/Supervisor on the progress of her goals/dreams. Provider will work with Katie to help her work on get the support she needs to continue to live by herself in her apartment and will receive the support she needs to build and maintain her independent as possible via CADI waiver as well as assist her with housing stabilization to move in a home that she feels safer.

SUMMARY OF PROGRAMS AND SERVICES

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Personal Care Attendant	12/01/2019	11/30/2020	\$11,649.71	\$0.00	\$0.00
Case Manager/Care Coordinator		Case Manager/Care Coordinator Provider ID		Responsible Party Name	
				Katie Sheehan	
Program Notes					

Service							
Personal Care Assistance (PCA) - QP supervision - 15 Minutes							
Start Date 12/01/2019	End Date 11/30/2020	Procedure Code T1019 UA	Frequency 5-Flexible Use	Units 94	Rate \$0.00	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI 1528102902	Status Approved	Provider Name ATT HOME HEALTH CARE INC		Funding Source Medicaid State Plan		County of Service Ramsey	
Areas of Need Personal Assistance							
Support Instructions							
Service Notes Authorization for PCA Services and PCA Supervision to assist in completing activities of daily living.							

Service Personal Care Assistance: (PCA) - 15 Minutes							
Start Date 12/01/2019	End Date 11/30/2020	Procedure Code T1019	Frequency 5-Flexible Use	Units 1281	Rate \$0.00	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI 1528102902	Status Approved	Provider Name ATT HOME HEALTH CARE INC		Funding Source Medicaid State Plan		County of Service Ramsey	
Areas of Need Personal Assistance							
Support Instructions							
Service Notes Authorization for PCA Services and PCA Supervision to assist in completing activities of daily living.							

Service							
Personal Care Assistance: (PCA) - 15 Minutes							
Start Date 12/01/2019	End Date 11/30/2020	Procedure Code T1019	Frequency 5-Flexible Use	Units 1232	Rate \$0.00	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI 1528102902	Status Approved	Provider Name ATT HOME HEALTH CARE INC		Funding Source Medicaid State Plan		County of Service Ramsey	
Areas of Need Personal Assistance							
Support Instructions							
Service Notes Authorization for PCA Services and PCA Supervision to assist in completing activities of daily living.							

Program Type	Start Date	End Date	Annual Amount	Total Plan Cost	Avg Monthly
Community Alternatives for Disability Inclusion	02/15/2021	01/31/2022	\$0.00	\$7,500.88	\$625.07
Case Manager/Care Coordinator Mai Xiong		Case Manager/Care Coordinator Provider ID A717933400		Responsible Party Name N/A	
Program Notes					

Service							
Case Management - 15 Minutes							
Start Date 02/15/2021	End Date 01/31/2022	Procedure Code T1016 UC	Frequency 5-Flexible Use	Units 150	Rate \$24.47	Avg Monthly \$305.88	Total Service \$3,670.50
NPI/UMPI A180173201	Status Pending	Provider Name PINNACLE SERVICES INC		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
Case Management - 15 Minutes							
Start Date 02/15/2021	End Date 02/15/2021	Procedure Code T1016 UC	Frequency 5-Flexible Use	Units 0	Rate \$24.47	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI 1811055957	Status Pending	Provider Name RAMSEY COUNTY HUMAN SERVICES		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
Case Management Aide (Paraprofessional) - 15 Minutes							
Start Date 02/15/2021	End Date 02/15/2021	Procedure Code T1016 TF UC	Frequency 5-Flexible Use	Units 0	Rate \$9.39	Avg Monthly \$0.00	Total Service \$0.00
NPI/UMPI 1811055957	Status Pending	Provider Name RAMSEY COUNTY HUMAN SERVICES		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
Case Management Aide (Paraprofessional) - 15 Minutes							
Start Date 02/15/2021	End Date 01/31/2022	Procedure Code T1016 TF UC	Frequency 5-Flexible Use	Units 24	Rate \$9.39	Avg Monthly \$18.78	Total Service \$225.36
NPI/UMPI A180173201	Status Pending	Provider Name PINNACLE SERVICES INC		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need							
Support Instructions							
Service Notes							

Service							
Homemaker Services / Cleaning - 15 Minutes							
Start Date 02/15/2021	End Date 01/31/2022	Procedure Code S5130	Frequency 2-Weekly	Units 782	Rate \$4.61	Avg Monthly \$300.42	Total Service \$3,605.02
NPI/UMPI A615488300	Status Pending	Provider Name DYNAMIC SERVICES LLC		Funding Source CADI Waiver		County of Service Ramsey	
Areas of Need Personal Assistance, Home Management							
Support Instructions							
Service Notes							

RISKS

How will Health and Safety Issues be Addressed?

Katie is her own guardian and is responsible to ensure that all her health, medical, dental, safety, etc. needs are being met, 24/7/356/6 days a year. She is eligible for PCA and pending CADI to get frequent support for Katie.

Katie relies on the PCA or CADI waiver to help ensure her basic needs are met are met 24/7/365/6 days a year, and without these services she may vulnerable to all types of abuse, neglect, and victimization by others

Katie is her own guardian and she will seek assistance from her team as needed to make legal decisions. She will work with her team to complete all paperwork to maintain all her necessary government benefits to live at her own place and participate in the community.

Katie works together with her team such as her case manager to ensure Katie's basic needs, i.e. food, shelter, and clothing.

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

Summary plan/agreement reached to address the identified risks:

Emergency & Back Up Plans

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

I will contact Xcel Energy in the event of a power outage.

Key Contact Name	Relationship	Phone Number
Xcel Energy	Power Company	(800) 895-1999

Plan for emergency health events

I will contact my medical team, my mental health providers or 911 in the event of a health emergency.

Key Contact Name	Relationship	Phone Number
Dr. Rita Wolf	Primary Care physician	(952) 967-5584
Todd Leech	Psychologist	(952) 967-7992
Dr. Thueringer	Rheumatologist	(952) 967-7616

Plan for unavailable staffing that puts the person at risk

I will contact my family if I need additional help.

- a. Katie Sheehan 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.

Key Contact Name	Relationship	Phone Number
John Sheehan	Father	(651) 775-0950
Mai Xiong	Case Manager	(612) 500-9575