

Support Plan Example

Document: Community Support Plan (CSP) DHS-6791B-ENG

Completed by: MnCHOICES Assessor

Program: Community Access for Disability Inclusion (CADI) Waiver

The Community Support Plan (CSP) portion of DHS-6791B is a required support plan following all MnCHOICES assessments. The CSP Sets the foundation on which supports and services can be specifically identified and captured in the Coordinated Services & Support Plan (CSSP) of the DHS-6791B.

MCSO Exception: For persons age 65 or older, counties and tribes may opt to complete the Managed Care Organization (MCO) Collaborative Care Plan, in anticipation that the person will be enrolled in a managed care program for which they provide care coordination, instead of the CSP and CSSP.

This example was found to meet many areas of technical compliance that are reviewed as part of the Lead Agency's Home and Community Base Services (HCBS) review. It is not an exhaustive example and should not be duplicated in its entirety, rather used as a training tool for discussion and consultation around person centered support planning.



Long-Term Services and Supports

Community Support Plan with the Coordinated Services and Supports Plan

Community Support Plan (CSP)

Person Information

FIRST NAME John	MI	LAST NAME Doe	DATE OF BIRTH 1/1/1979	PHONE NUMBER 123-456-7894	PMI 01234567
ADDRESS 321 Access Street NW			CITY Saint Paul	STATE MN	ZIP CODE 55555

ASSESSMENT ID 321654	ASSESSMENT DATE 5/13/2016	<input type="radio"/> New <input checked="" type="radio"/> Reassessment	LEVEL OF CARE Nursing Facility	CASE MIX B		
HOME CARE RATING LT	PROGRAM Community Access for Disability Inclusion (CADI) Waiver	CFR 013	COS 013	COR 013	LTCC AGENCY 013	

MANAGED CARE ORGANIZATION Blue Plus	PRODUCT PMAP (Families and Children)
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ASSESSMENT CONDUCTED BY NAME Lynn Assessor	PHONE NUMBER 987-654-3210	PARENT/GUARDIAN NAME	PHONE NUMBER
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Emergency contact name	Relationship	Phone number
1. Jane Doe	Spouse	654-456-3571
2. David Davidson	Roommate	987-654-3217

Physician/Health Care Provider name	Phone number
1. Dr. Joan Bartel - Living Well Clinic	321-654-9514

Hospital name	Phone number
1. Minnesota Regional Hospital	321-456-9876

Other contact information

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Support Plan Goals

1. What is important to you?

I want to move to a more supportive living environment with some structure and positive staff. I would like to find a job that I enjoy working with kids and making a difference for other people. I want to maintain my sobriety and live in an environment that supports that desire, in order to better myself and improve my self esteem. I am a religious person; my faith and supports I find in the church are important to me. I think I would like to do more missions work and travel.

2. What are your strengths?

I am good at working with kids and I have a desire to travel again. I am a good person and I am kind to others. I have a desire for self improvement and stability. I know that I function better in a structured environment and want to find a living setting where I can learn to care for myself better. I can take my own medication if I have help setting them up. I am committed to doing better in the future and need to have a supportive environment now in order to remain sober.

Goals related to how you want to live your life	Target date (Include short-term and long-term goals)	Category
I want to find a living environment where I feel safe and supported.	7/1/2016	Housing
I will continue to attend Alcoholics Anonymous (AA) and work on staying sober.	Ongoing	Health
I will work on my own self esteem and stop buying into negative messages.	Ongoing	Quality of Life

Action Steps for Goals

What will the person do?

Make decisions related to housing including location, environment, size and tour homes matching criteria.
Attend one AA meeting each week and check in with Adult Rehabilitative Mental Health (ARMHs) Worker.
Share "highs/lows" with ARMHS worker weekly for self esteem check-in.

What will the case manager do?

Assist with locating and scheduling tours of homes based on preferences. Assist with a transition plan and establishing services.
Quarterly check-in via phone or email with ARMHS worker.

What will others do?

ARMHS provides reminders for AA Meetings and ongoing mental health support.

What will the provider do?

Providers will assist with move transition based on service provision and needs.

Support Options and Strengths

Personal Assistance

Dressing Grooming Toileting Bathing Eating Positioning Transferring Walking Wheeling Other N/A – Does not apply

Description of need

Sometimes when I wake up in the middle of the night I am up for a long time and then I sleep much of the morning hours away. When I get up I am not motivated some days to shower and dress and sometimes I could just sleep or lay around the whole day if there is nothing else to do and nowhere to go. I forget to do things like brush my teeth and I just don't care about my appearance as I used to.

Supports and strengths used to meet this need (Include items such as informal/formal services and supports, referrals to be made or additional evaluations)

I would like to have more structure in my life and be less likely to lay around and not care for myself. I have lived in a group setting before and I did very well there. In a group setting there are people around to help motivate me and remind me to do self cares. I need to get into a routine like this again. I have been sleeping a little better now since I am taking melatonin.

Health Related/Medical

Clinical monitoring Special treatment Medication management Diagnosis Falls ER visits Nursing home stays Preventative health care
 Other N/A – Does not apply

Diagnosis: PTSD, Depression, Bipolar disorder, schizo-affective disorder, asthma, social anxiety, substance abuse disorder.

Description of need

I have asthma and have been hospitalized numerous times for complications. It is scary not being able to breathe. I have issues with social anxiety and it can be debilitating and prevent me from doing things that I might like to do. I have had problems keeping my medications organized in the past and remembering to take all of them on time. Sometimes I have manic episodes and become more impulsive and take risks that I should not or have more trouble sleeping.

Sometimes I get very down on myself and life feels too hard and I want to escape it and I have thoughts of leaving this world behind me. I have had some hospitalizations for having suicidal thoughts in the past.

Supports and strengths used to meet this need (Include items such as informal/formal services and supports, referrals to be made or additional evaluations)

I think I would do better in a home with structure and supports around me to motivate and guide me. I would have someone to help set up my medications and remind me of what needs to be done.

Home Management

Shopping Light housekeeping Heavy housekeeping Laundry Money management Preparing meals Other N/A – Does not apply

Description of need

I have never been much into preparing meals and I tend to choose foods that are easy to heat and eat. I really do not know how to cook and plan meals. I have trouble getting the meal to come together at the same time so that everything is still hot. I don't like to go to the store alone as it makes me anxious and I do much better if someone goes with me. I don't always recognize the need to do some chores at home and have not dusted in a long time. When I do laundry it may sit in the dryer for days or in the basket instead of being put away. I just don't have the energy or motivation to do it. The same goes with a lot of the other housework. I just don't feel up to it a lot of days. I am not good about managing my money and paying bills and have struggled with this for quite a while.

Supports and strengths used to meet this need (Include items such as informal/formal services and supports, referrals to be made or additional evaluations)

I think I would do better in a home with structure and supports around me to motivate and guide me. I use my phone now to set reminders about paying my bills but I think it would be better off setting up an autopay for some bills but I need some help to do that. I will assist with meals but need to learn some basics of what temperature that things cook at and for how long.

Training/Skill Building

Adult day services Employment Habilitation/training Skill building Training Other N/A – Does not apply

Description of need

I like my job but it does not give me many hours. I would like to work with kids because I get a lot of satisfaction out of helping others. I am not sure that I have what it takes to work with older kids in the school because I don't feel very smart sometimes. I have helped to build an orphanage in Mexico and it was one of the best experiences of my life. I might need some additional training in order to pass a test to work with kids in the schools but I think I might like it and it pays pretty good. There may be other jobs there that I would enjoy too.

Supports and strengths used to meet this need (Include items such as informal/formal services and supports, referrals to be made or additional evaluations)

I may be able to have some vocational counseling and have help to pursue some other employment opportunities until I find the one that I like the best. I may have a chance to have additional training or take some classes if I want to. It may be beneficial to try volunteering at a school to get my foot in the door and decide if I would really enjoy working with kids in a school setting before taking the Para Pro test to work in the schools. I may need some additional help to prepare for a test like that because it has been a long time since I have had to use some of the skills I may be asked about on such a test.

Communication

Telephone answering Telephone calling Hearing Vision Communication Other N/A – Does not apply

Supportive Services

Socialization Transportation Caregiver services Housing/living arrangements Community living Leisure and recreation Other
 N/A – Does not apply

Description of need

I could use to get out more and be with people but I have anxiety and it limits what I am comfortable doing on my own. I currently live in a situation where I am criticized and do not feel useful or as welcome as I used to and this is not good for me and drags me down because I do try to contribute and no one wants to feel like a burden. I do not do a whole lot for fun right now. I do enjoy Frisbee golf and some other activities but it is hard when its cold out to find things I enjoy.

Supports and strengths used to meet this need (Include items such as informal/formal services and supports, referrals to be made or additional evaluations)

In a group setting I would have other people around me who are supportive. I would have someone to go out with and do more things in the community without having to be alone. In a group setting I would have my own space to retreat to when I wanted alone time but would always have someone in the home to talk to if I needed to talk. I would not feel like a burden and I would try to help out as I am able.

Caregiver/Parent Support

Education/coaching Respite Other N/A – Does not apply

Cognitive and Behavior Supports

Behavior Mental status exam Self-preservation Orientation N/A – Does not apply

Description of need

I get down on myself and down on life sometimes and I will have thoughts of harming myself.

Supports and strengths used to meet this need (Include items such as informal/formal services and supports, referrals to be made or additional evaluations)

I have people that I am able to talk to and have changed therapists to one I like more. I attend therapy regularly. I have a psychiatric provider to help manage my medications and symptoms. My ARMHS provider also assists me weekly.

Personal Security

Mental status exam Self-preservation Orientation Other N/A – Does not apply

Health and Safety

Identify Health and Safety Issues

- Yes No 1. Do you need assistance to evacuate during emergencies, because of vision, hearing or other issues?
- Yes No 2. Do you feel safe in your home?
- Yes No 3. Do you feel safe in your community/neighborhood?
- Yes No 4. Are there any concerns with the safety, accessibility or sanitary conditions?
- Yes No 5. Can you provide and/or arrange for your health and safety?
- Yes No 6. Are there any safety concerns about the home environment?
- Yes No 7. Do you feel safe when you go out?
- Yes No 8. Is an abuse prevention or risk management plan necessary?
- Yes No 9. Other health and safety issues?

Explanation for 1-9

I may have trouble keeping track of forms and filling out paperwork on time to maintain eligibility for programs and services that I need. I need help to manage my medications and I don't always make choices that are in my best interest. I may be more vulnerable to being influenced by others because of my own self esteem issues. I am at risk for substance abuse when I do not have structure and good supports.

How will health and safety issues be addressed?

If I move to a group setting there will be an abuse prevention risk management in place to make sure that I am safe and my needs are being met. I will have supportive people around me when I need them.

How would you get help during an emergency?

I have a phone and am aware of the need to phone 911 in an emergency situation.

Risk Mitigation Plan

The following table documents possible risk and acknowledges that risks exist.

Identified risk and choice regarding services	Alternative measure that may be implemented	Negative outcome that may result
1. N/A	N/A	N/A

Plan/agreement reached to address the identified risks

N/A

Funding the Plan

Check all that apply, based on the person's current eligibility

- | | | |
|--|---|---|
| <input type="checkbox"/> Private insurance/health plan | <input type="checkbox"/> Medical Assistance (MA) Managed Care | <input type="checkbox"/> Alternative Care (AC) |
| <input type="checkbox"/> Long-term care insurance | <input checked="" type="checkbox"/> Medical Assistance (MA) Fee for Service | <input type="checkbox"/> Elderly Waiver (EW) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Minnesota Care (MnCare) | <input type="checkbox"/> Brain Injury Waiver (BI) |
| <input type="checkbox"/> Private pay/out of pocket | <input type="checkbox"/> AC Financial Eligibility | <input type="checkbox"/> Developmental Disabilities Waiver (DD) |
| <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> ECS Financial Eligibility | <input type="checkbox"/> Community Alternative Care Waiver (CAC) |
| <input type="checkbox"/> Title III/community programs | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Community Access for Disability Inclusion Waiver (CADI) |
| <input checked="" type="checkbox"/> Informal Support | | <input type="checkbox"/> Consumer Support Grant (CSG) |
| <input type="checkbox"/> N/A – Does not apply | | <input type="checkbox"/> Medicaid State Plan |
| <input type="checkbox"/> Not yet determined | | <input type="checkbox"/> Essential Community Supports (ECS) |
| | | <input type="checkbox"/> Semi-Independent Living Supports (SILS) |
| | | <input type="checkbox"/> Moving Home MN |
| | | <input type="checkbox"/> Family Support Grant (FSG) |
| | | <input type="checkbox"/> County/Tribe |

Comments about potential funding sources not checked above, as discussed with the person

N/A

Information about other coverage listed, if available

N/A

Next Steps

You will work with an assessor or case manager to develop a Coordinated Services and Supports Plan for the public program you have chosen.

We are waiting for (DESCRIBE)

For help locating services and supports options in this Community Support Plan, these are resources you can contact:

- www.Minnesotahelp.info
- Disability Linkage Line® (DLL) 866-333-2466
- Senior LinkAge Line® (SLL) 800-333-2433
- Veterans Linkage Line™ (VLL) 888-546-5838

Comments

Appeal Information

If you are dissatisfied with the county agency/tribe or managed care organization's action, or feel they have failed to act on your request for home and community based services, you have the right to appeal within 30 days to your agency*, or write directly to:

Minnesota Department of Human Services Appeals Office
P.O. Box 64941
St. Paul, MN 55164-0941

Call:

Metro: 651-431-3600 (Voice)
Outstate: 800-657-3510
TTY: 800-627-3529
Fax: 651-431-7523

Online filing:

<http://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG-eform>

If you want to have your services continue during an appeal, you must file within 10 days after you receive a notice from your agency about a reduction, denial or termination of your services.

If you show good cause for not appealing within the 30-day limit, the state agency can accept your appeal for up to 90 days from the date you receive the notice.

*If you are enrolled in a managed care organization you also have the option to appeal directly with your managed care organization.

What if I feel I have been discriminated against?

Discrimination is against the law. You have the right to file a complaint if you believe you were discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age or disability. To file a complaint, contact:

- Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
Call 651-431-3040 (voice); or Minnesota Relay at 711 or 800-627-3529 (toll-free).
- Minnesota Department of Human Rights
Freeman Building
625 N. Robert St.
St. Paul, MN 55155
Call 651-539-1100 (voice), 651-296-1283 (TTY) or 800-657-3704 (toll-free).

U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, religion or sex. Contact the federal agency directly at U.S. Department of Health and Human Services Office for Civil Rights, Region V, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Call 312-886-2359 (voice), 800-537-7697 (TTY) or 800-368-1019 (toll-free).

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

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