

**COORDINATED SERVICE AND SUPPORT PLAN (CSSP) ADDENDUM -
INTENSIVE SERVICES**

Name of person served: Dawn Roy

Date of development: May 1, 2020

For the annual period from: May 2020 to May 2021

Name and title of person completing the *CSSP Addendum*: Cortney Kelly, DC

Legal representative: Dawn Roy, Self-Guardian

Case manager: Lauren Otanez, Ramsey County

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum* based upon the *CSSP*.
- Within 45 calendar days of service initiation, the license holder must meet with the support team and make determination regarding areas listed in this addendum.
- Annually, the support team reviews the *CSSP Addendum*.

Services and supports

The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team.

The **scope of the services** to be provided to support the person's daily needs and activities include:

The scope of services for Dawn is intensive supports in a community environment. PAI works with Dawn to develop and implement achievable outcomes based on Dawn's goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, seeking employment onsite and in the community, data tracking and daily support related to his health, safety, and well-being as needed by Dawn.

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes (Service Outcomes and Supports):

Outcome #1: Dawn wants to work on technology skills and navigating apps and the internet. This outcome will encourage Dawn to work on these skills daily. Here at PAI, Dawn has access to our iPads as well as staff who can help show and teach how to use an iPad.

"Dawn will practice using an iPad once a day during morning break, 60% of all trials until next review."

Outcome #2: Dawn wants to get out into the community more and has an interest in exploring volunteer opportunities. This outcome will encourage Dawn to explore and try out different volunteer opportunities offered at PAI.

"Dawn will participate in a volunteer opportunity at PAI once a month until next review."

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: Yes No

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- Dawn uses technology at home including the tv and her cell phone to stay in communication with friends and family and access community resources. At PAI as part of programming, Dawn has access to iPads and can utilize many resources on the internet including videos, music, and articles to facilitate learning in class.

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made:

- Dawn indicated she would like a formal outcome to work on technology skills daily at PAI, using an iPad and getting staff help to learn how to better navigate apps and the internet.

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Chronic Medical Conditions:** Any signs/symptoms of illness/injury will be shared with Dawn's cousin, Stephany, as Dawn agrees they should be. Stephany will help Dawn follow up with her physician as needed.
- **Self-administration of Medication and Treatment Orders:** Dawn does not take any scheduled medication at PAI. Should the need arise for Dawn to take medication at PAI, a staff trained in medication administration would administer the medication per a signed physician orders. Physician orders are valid for one year from the date signed.
- **Preventative Screenings; Medical and Dental Appointments:** Dawn's cousin, Stephany, assists Dawn with scheduling and attending medical appointments. If PAI staff have any medical concerns, Stephany will be notified. Stephany will help Dawn follow up with Dawn's physician as needed.
- **Community Survival Skills:** Dawn's cousin, Stephany, helps Dawn make big purchases and helps Dawn manage her finances. At PAI, staff will always be with Dawn at PAI and in the community and will help advocate on Dawn's behalf as needed and make sure she isn't taken advantage of, financially or otherwise.
- **Water Safety Skills:** PAI does not offer swimming activities as a part of programming. Dawn exhibits good water safety skills, PAI staff will just ensure Dawn is provided and wears a life jacket during any activities near large bodies of water (ex. lake, on a pontoon.)
- **Verbal/Emotional Aggression-Anxiety:** When Dawn is experiencing high anxiety, staff will take Dawn aside and talk through the activity/event causing anxiety. Dawn may become verbally aggressive when anxious or may make efforts to avoid the cause of the anxiety- new activity or job, etc. Staff will reassure Dawn that they will be with her at all times and provide Dawn the opportunity to opt out of the activity/job if desired. Dawn also experiences higher anxiety when she disagrees with an individual and an argument occurs. If this occurs, staff will remove Dawn from the individual she is having an argument with and take her somewhere quiet to talk with staff 1:1. Staff will give Dawn a few minutes to calm down and process her feelings before returning to the activity she was doing. If a staff member is the one having a disagreement with Dawn, staff will drop the topic when appropriate and let Dawn process the situation on her own or with another staff and then move on. If staff hear Dawn say "please back off," staff will recognize this as a sign that Dawn is near her breaking point. If Dawn leaves an activity alone to cool off, staff will give Dawn 5 minutes before approaching her to ask if she's ok.
- **Person Centered Information:**

The **important to** Dawn items are: maintaining a level of independence that allows Dawn to live independently, having Stephany's support, hanging out with family and friends, going out to eat and shopping, and having the opportunity to work and make money.

The **important for** Dawn items are: having access to work, having opportunities to incorporate in her community, and having the support to stay safe living independently.

A **good day** for Dawn would be when she knows her schedule. People would be polite and understanding, explaining anything Dawn didn't understand patiently in a manner she can understand. Dawn would see friends or hang out with her cousin Stephany and her family.

A **bad day** for Dawn would be when her day is completely unpredictable and no one is involving Dawn in making decisions or telling her what she's doing next. Dawn might get into an argument with a peer who won't drop the subject, which would upset Dawn and raise her anxiety. Dawn might yell and argue with this individual and eventually shut down and not want to talk to anyone.

Dawn **likes** animals, hanging out with friends and family, going fishing, going bowling, rock/county/blues music, spaghetti, lasagna, and pizza.

Dawn **dislikes** asparagus, cream of corn, aggressive and argumentative people, and undefined tasks and expectations.

The person's **preferences** for how services and supports are provided including positive support strategies and how the provider will support the person to have control of their schedule:

- Dawn has control over her schedule by choosing how many classes she'd like to take and choosing which classes. Dawn chooses where she'd like to go on community outings and where she'd like to volunteer. Dawn chooses to work on site, but knows that employment services and jobs in the community are available for exploring if Dawn ever chooses to do so.
- Dawn said she prefers when staff talk to her and explain things in a calm manner.
- Dawn prefers to have things explained to her and to not be left alone when she is unsure of something new she is doing.
- Dawn prefers to be around people who are not argumentative and do not hold grudges or prolong arguments/conflict.
- Dawn prefers that new things/opportunities are ran past her cousin, Stephany, before she makes any decisions or signs anything.

Is the current service setting the **most integrated setting available and appropriate** for the person?

Yes No

If no, please describe what action will be taken to address this:

N/A

How will services be **coordinated across other 245D licensed providers and members of the expanded/support team serving this person** to ensure continuity of care and coordination of services?

- Dawn, Dawn's cousin Stephany, PAI staff and case manager exchange information as it relates to Dawn's services and cares. Meetings and reports are shared with Dawn's team. Dawn's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Dawn is her own legal guardian, however, Dawn's cousin Stephany Curtis works closely with Dawn to provide assistance as needed and has applied for formal guardianship.
- Stephany advocates on Dawn's behalf as well as helps make legal decisions with Dawn.
- Case manager, Lauren Otanez from Ramsey County, develops Dawn's CSSP and completes Dawn's service agreements and communicates with Dawn's support team to ensure continuity of care.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Dawn Roy, Self Guardian

PAI

C: 612-559-1029

Stephany Curtis, Cousin
C: 651-334-9769
Email: scgodchild@gmail.com

Lauren Otanez, Case Manager
P: 651-266-3735
Email: Lauren.otanez@co.ramsey.mn.us

Cortney Kelly, PAI
P: 651-747-8740
Email: ckelly@painn.org

Does the person require the **presence of staff** at the service site while services are being provided?

Yes No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

N/A

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

Yes No

If yes, please indicate what right(s) are restricted:

N/A

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**?

Yes No

If yes, address any concerns or limitations:

N/A

Has it been determined by the person's physician or mental health provider to be **medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety?

Yes No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

Health needs

Indicate what **health service responsibilities** are assigned to this license holder and which are consistent with the person's health needs. If health service responsibilities are not assigned to this license holder, please state "NA."

- Providing CPR and First Aid as applicable.

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- Monitoring for illness and injury. PAI will notify Ann's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here: N/A

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If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

Medication set up Medication assistance Medication administration

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed.
- Concerns about the person's self-administration of medication or treatments.

Psychotropic medication monitoring and use

Is this person prescribed psychotropic medication?

Yes No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

Yes No

If yes, the following information will be maintained by the company:

1. Describe the target symptoms the psychotropic medication is to alleviate:

N/A

2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?

Yes No

If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

N/A

Permitted actions and procedures

On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.

Yes No If yes, explain how it will be used:

2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.

Yes No If yes, explain how it will be used:

3. To facilitate a person's completion of a task or response when the person does not resist or it is minimal:

Yes No If yes, explain how it will be used:

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4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used:
7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
 Yes No If yes, explain how it will be used:
8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?
 Yes No If yes, explain how it will be used:
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: When Dawn is experiencing high anxiety and being verbally aggressive to others, staff will verbally redirect Dawn and encourage Dawn to leave the area and go somewhere quiet to talk and process her feelings.
10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?
 Yes No If yes, explain how it will be used:
11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?
 Yes No If yes, explain how it will be used:

Staff information

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?

Yes No

If yes, please specify what these requirements are: N/A

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present and staff are required to be at the site to provide direct service? Yes No

Staff ratio: For facility-based day services only

NA for residential services

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person's service recipient record:

1:4 1:8 1:6 Other (please specify):

Frequency of reports and notifications

*Information received regarding the frequency of reports and notifications is completed with the person served and/or

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legal representative and case manager.

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:
 Quarterly Semi-annually Annually
2. Frequency of service plan review meetings, at a minimum of annually:
 Quarterly Semi-annually Annually
3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:
 Quarterly Other (specify): NA
4. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):
 Quarterly Other (specify): NA
5. The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed. Please indicate any changes regarding this notification: N/A
6. Request to receive the *Progress Report and Recommendation*:
 At the support team meeting At least five working days in advance of the support team meeting
7. Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here).
 Quarterly Semi-annually Annually Other (specify): NA