

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

Name of person served: **Dan Petersdorf**

Date of development: **05/11/2020**

For the annual period from: **May 2020 to May 2021**

Name and title of person completing the *CSSP Addendum*: **Dayna Gordon, Designated Coordinator/Program Supervisor**

Legal representative: **Carol Petersdorf**

Case manager: **Kelly Herman**

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 Dan is intensive support services in a day training and habilitation (DTH) community based program. The program works with Dan to develop and implement achievable outcomes that support his goals and interests, and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Dan's physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Dan. PAI works with Dan's residential provider and transportation provider for continuity of care.

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: Dan will learn PAI's address by copying it at least four times per week.

Outcome #2: Dan will submit his Lifetime Fitness working hours into his My Lifetime Online account at least once a week on the weeks he works.

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

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:

Dan already uses technology by utilizing his phone to text. Dan will use the iPads here at PAI Commerce when he needs to. Dan also plays video games during down time.

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

PAI

able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Allergies:** Dan is allergic to whole tomatoes; he has a sensitivity to the skin on tomatoes. Any concerns related to Dan's allergies will be relayed to his mother, Carol Petersdorf, via phone or email.
- **Preventative screening, medical and dental appointments:** PAI staff will visually observe Dan for any signs or symptoms of injury or illness (such as an unusual lack of interest or withdrawal from activities). If anything is noted, staff will notify Dan's mother and/or seek assistance as needed. If Dan reports an injury or illness, staff will assess his symptoms and call his mother to verify his report as needed. Should Dan be presenting symptoms of cardiac distress or if there is any other evidence of need for critical care, 911 will be called and his mother will be notified as soon as possible. If Dan's symptoms are of non-critical nature but likely to require medical care (i.e., sprains, strains, wounds, needing stitches, etc.), staff will provide first aid. Dan's mom will then be called to arrange the most efficient means of transportation to obtain the care needed. If staff are unable to reach Dan's mother, they will consult with the PAI nurse consultant to determine what to do.
- **Community survival skills:** If Dan is in the community with staff, and interactions with a stranger become inappropriate, staff will intervene and either verbally redirect or physically intervene to remove Dan from the situation and keep him safe.
- **Sensory disabilities:** Dan wears glasses to correct his vision to normal. Staff will notify Dan's mother if his glasses need repair or if they notice changes in his visual abilities.
- Person-centered information:
 - Important to Dan: Things that are important to Dan are his mom/family/friends, his house, working, all the staff at PAI, and positivity.
 - Important for Dan: It is important for Dan to remain busy, have the opportunity to work at his job, interacting with friends and family, and having support so he can remain as independent as possible.
 - Good day for Dan: A good day for Dan might include getting to start his day at PAI greeting both friends and staff, having a full schedule at work until it's time to go home to take the dog for a walk and maybe getting to have his favorite spinach pizza in the evening for dinner.
 - Bad day for Dan: A bad day for Dan might look like being sick and stuck at home with not much to do, being unable to see his friends, go to work, or get out of the house for any activity.
 - Likes: Music, attending classes at PAI (cooking), going for walks in the neighborhood, taking dog for walks, playing video games, the band Imagine Dragons, spinach pizza, flaming hot Cheetos, going to the apple orchard, exercising at Lifetime Fitness.
 - Dislikes: Tomatoes. Negativity. When his peers mess with him or others. Getting yelled at.

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:

- PAI offers several classes available for both skill building and leisure. Dan has control over his schedule by picking how many classes he'd like to attend, and choosing to work on-site when not in class, in the community, or at his job at Lifetime Fitness.
- Dan prefers to have the opportunity to process with staff and supervisors when conflict arises so that Dan can take in feedback as well as hear what he did well.

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:

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?

- Dan's mom, case manager, and PAI staff, and Lifeworks Service exchange information as it relates to Dan's

PAI

services and cares. Meetings and reports are shared with Dan's team. Dan's team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.

- Dan's mother advocates on his behalf and helps make legal decisions for him. She also helps Dan with services at home and communicates any needed medical information and updates to PAI staff and the team.
- Dan's case manager, Kelly Herman from Dungarvin, develops Dan's CSSP and completes Dan's services agreements and communicates with Dan's support team to ensure continuity of care.
- PAI will provide Dan with employment opportunities onsite and help Dan work on vocational training and skill building. PAI will communicate any health and medical concerns to Dan's residence.

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:

Carol Petersdorf, Dan's mother and legal guardian

C: 651-214-4042

Email: rockoncj@comcast.net

Kelly Herman, Dungarvin

P: 651-789-5826

Email: kherman@dungarvin.com

Jamie Kauppi, Lifeworks

P: 651-454-2732

Email: jkauppi@lifeworks.org

Dayna Gordon, PAI

O: 651-747-8740

Email: dgordon@paimn.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**

PAI

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.
- Monitoring for illness and injury. PAI staff will notify Dan's mother if any are noted.
- Monitoring for changes in vision function. PAI will notify Dan's mother if any is noted.

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:

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:

Permitted actions and procedures

On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical

PAI

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:
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:
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:

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

<input type="checkbox"/> NA for residential services
<p>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:</p> <p> <input type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input checked="" type="checkbox"/> Other (please specify): 1:7 </p>
Frequency of reports and notifications
<p>*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.</p> <p>1. Frequency of <i>Progress Reports and Recommendations</i>, at a minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p> <p>2. Frequency of service plan review meetings, at a minimum of annually: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually</p> <p>3. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i>, this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA</p> <p>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): <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA</p> <p>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:</p> <p>6. Request to receive the <i>Progress Report and Recommendation</i>: <input checked="" type="checkbox"/> At the support team meeting <input type="checkbox"/> At least five working days in advance of the support team meeting</p> <p>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). <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA</p>