

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

Name of person served: Ann Strassburg

Date of development: May 6, 2020

For the annual period from: May 2020 to May 2021

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

Legal representative: Sue Teegarden

Case manager: Tracy Gaboury, Thomas Allen Inc.

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 Ann is DT&H intensive supports in a community environment. PAI works with Ann to develop and implement achievable outcomes based on Ann’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to her health, safety, and well-being as needed by Ann. Ann is enrolled in group supportive employment and will receive group staffing when offsite at enclave work sites.

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:** Ann likes using an iPad daily and finds that it helps her relax and stay focused at work.

“Ann will use an iPad once a day as a relaxation activity and will return the iPad to the charging station, 75% of all trials until next review.”

**Outcome #2:** Ann like staying active and participating in activities in the community.

“Ann will pick and participate in 1 community activity per month until next review.”

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

- Ann utilizes technology in a few ways already. Ann has an outcome to use an iPad at PAI daily to complete a relaxation game/exercise. Ann said she also use to have a tablet at home, but does not currently. Ann has a house phone to stay in contact with family and friends.

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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:

- Ann has a lot of interest in utilizing an iPad and would like to continue finding ways to learn more.

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:

- **Special Dietary Needs:** Ann packs and prepares her lunch from home. If Ann attends an activity at PAI where food will be our chased, Ann's house will be notified of the outing when a funds request form is sent home to request money for the outing. Staff will encourage Ann to pick healthier options.
- **Chronic Medical Conditions:** If Ann indicates she is having arm tremors or if staff notice, Ann will be offered a break and an alternate activity/job.
- **Self-Administration of Medication or Treatment orders:** Ann does not take any medication while at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Ann per a signed physician's order.
- **Preventative Screening; Medical and Dental Appointments:** Ann's residence schedules and attends all medical appointments with Ann. If PAI staff notice any signs/symptoms of illness/injury, staff will let Ann's residence know who will help Ann follow up with her physician as needed.
- **Hepatitis B Carrier:** Staff are trained at time of hire and annually thereafter on infectious diseases and treat all blood exposures/needle pricks the same. Staff are trained on where blood exposure kits are stored and how to safety use them.
- **Community Survival Skills:** Staff are always with Ann in the community and will verbally remind her to stay with the group as needed. Staff will model safe pedestrian skills and stranger safety skills. Staff will help Ann make good decisions through coaching and explaining potential negative consequences as applicable.
- **Sensory Disabilities:** If staff notice that Ann is having trouble completing an activity or job at work due to her eye sight, staff will encourage Ann to wear her glasses then or the next day if they're at home. If staff notice a decline in Ann's vision, staff will notify Ann's residence who will help Ann follow up with a physician as needed.
- **Person-Centered Information:**

The **important to** Ann items are: working and trying new jobs and social relationships with peers.

The **important for** Ann items are: maintaining good health through eating well and stabilizing blood sugar levels and continuing to have opportunities in the community to work and for leisure activities.

A **good day** for Ann would be when there's a job at PAI to do that's new or more challenging or when Ann has a job in the community to attend. Ann also enjoys when she gets to go on an outings at PAI or when her cooking class is scheduled. Ann can have a good day when she doesn't have any conflicts with peers and can hang out and do activities/work with other people who have the same motivations as her. Ann is pretty social with staff and peers.

A **bad day** for Ann would be when there's drama or a conflict with a peer or friend. There are a few peers at PAI who consistently do not get along well with Ann, and when something is happening with this group of peers it can really impact and ruin Ann's day. Ann may be less social and not as motivated to work hard. Ann may not want to go to certain classes, do certain jobs, or go on certain outings if she is trying to avoid these peers.

Ann **likes** working (especially in the community), spending time with her family, Asian food, music, cooking, and using an iPad.

Ann **dislikes** drama with peers/friends, working on some of the easier jobs (artist 1 or 2), taking a lot of classes

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at PAI, people interrupting her when she's trying to work, and people who are rude.

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:

- Ann has control over her schedule by choosing how many classes she'd like to take at PAI and which ones. Ann chooses where she'd like to go on community outings. Ann helps chooses which enclave job sites offsite she'd like to work at when opportunities are available.
- Ann prefers to focus on work and the have the staff support to do so.
- Ann prefers to work offsite when possible, or on jobs onsite that are more challenging or new.
- Ann prefers to have consistent staff to talk to and open up about some of her concerns with peers.
- Ann prefers that people leave her alone when she is doing a job, and ask her questions on a break or lunch.
- Ann prefers to not take classes at PAI, but does enjoy cooking class weekly.
- Ann prefers to do be assigned to work or do activities with a few certain peers who have a history of being rude and potentially bullying Ann.
- Ann prefers when she's having trouble with a peer that staff are discrete when handling the situation and careful to not cause retaliation from the peer.
- Ann prefers that staff don't over assist her, especially at job sites. Once Ann knows how to do a job, Ann needs little support and can consistently do the job independently with little oversight.

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?

- Ann's guardian, residence, PAI, and case manager exchange information as it relates to Ann's services and cares. Meetings and reports are shared with Ann's team. Ann's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Ann's guardian, Sue Teegarden, advocates on Ann's behalf and makes legal decisions for her.
- Ann resides at a REM group home. REM provides all in home care needed and attends all medical appointments with Ann. Ann's residence ensures all of Ann's need are being met and provides any information to Ann's team about changes in supports needed.
- Case manager, Tracy Gaboury from Thomas Allen Inc., develops Ann's CSSP and completes Ann's service agreements. Tracy communicates with Ann's support team to ensure continuity of care.
- PAI will provide Ann with employment opportunities onsite and help Ann work on vocational training and skill building. PAI will communicate any health and medical concerns to Ann's residence. Ann is enrolled in supportive employment services at PAI and will be provided group job coaching at PAI's enclave job sites.

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:

Sue Teegarden, Guardian

P: 651-739-1281

Email: sue.teegarden@gmail.com

Tracy Gaboury, Case Manager, Thomas Allen Inc.

P: 651-789-1233

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Email: tracy.gaboury@thomasalleninc.com

Sarah Clay, REM

P: 651-206-1704

Email: sarah.clay@thementornetwork.com

Cortney Kelly, PAI

P: 651-747-8740

Email: ckelly@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 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 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

If the license holder is assigned responsibility for medication assistance or medication administration, the license holder

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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:

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: 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 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:

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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