

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

Name of person served: Kao Vang

Date of development: July 22, 2020

For the annual period from: July 2020 to July 2021

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

Legal representative: Pahoua Vang

Case manager: Micky Chang, Handy Help LLC

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 Kao is DT&H intensive supports in a community environment. PAI works with Kao to develop and implement achievable outcomes based on Kao'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 his health, safety, and well-being as needed by Kao. Kao is receiving supportive employment services. PAI will provide Kao with a group job coaching at enclave jobs in the community.

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:** Kao knows that he has the tendency to wander during bussing and that he sometimes struggles with personal boundaries during this time. Kao wants to work on self-management during bussing.

"Kao will go to and stay on the work floor during bussing times, 75% of all trials until next review."

**Outcome #2:** Kao wishes to continue learning about and practicing appropriate social skills with others.

"Kao will review/read through a social story on appropriate boundaries once a week, 75% of all trials until next review."

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

- Kao uses technology in a few ways already. Kao uses an iPad daily for class activities and leisure games. Kao has

a phone at home to stay in contact with friends and family.

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:

- N/A- Kao does not wish to use technology to work on achieving his outcomes at this point in 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 able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Special Dietary Needs:** Kao packs and prepares his lunch from home. If Kao is eating additional food at PAI, either from a cooking class or on a community outing, staff will coach Kao to pick items that do not contain dairy and are not fried.
- **Self-Administration of Medication or Treatment Orders:** Kao does not take any medication while at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Kao per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Kao's guardian/sister schedules and attends all medical appointments with Kao. Any signs/symptoms of illness/injury will be reported to Kao's sister who will help Kao follow up with his physician as needed.
- **Regulating Water Temperature:** PAI's water temperature is regulated to a safe degree for hand washing. When in the community, staff will check the water temperature before Kao uses it to wash his hands.
- **Community Survival Skills:** Staff will always be with Kao in the community. Staff will model safe pedestrian skills, stranger safety, and appropriate boundaries and prompt Kao to follow these as needed. Staff carry Kao's basic health information and ID information with when in the community and would provide this to emergency personnel if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Kao were to participate in an activity near or on a large body of water, staff would stay with Kao the duration of the activity and provide Kao a life jacket.
- **Self-Injurious Behaviors; Physical Aggression:** Staff will be patient with Kao and try to help him express his feelings in a healthy way, by using a mix of verbal communication, ASL and Kao's picture book. If Kao is being aggressive or injuring himself, staff will redirect Kao. Staff will allow Kao time to process his feelings before returning to an activity or work.
- **Inappropriately Touching Others:** Staff will verbally remind Kao of appropriate boundaries if Kao is touching or poking others. Due to Kao's history of inappropriately touching women peers in their groin area and the timing of these incidents, Kao is a 1:1 when transitioning in the hallway and during bussing. Staff will walk with Kao from room to room at PAI and sit with Kao during bussing.

- **Person-Centered Information:**

The **important to** Kao items are: staying busy, working, hanging out outside, his family, and going on community outings.

The **important for** Kao items are: working on boundaries with others to avoid serious implications, living with his family for support, and having continued opportunities to work.

A **good day** for Kao would be when Kao is having good communication with others and getting to participate in preferred activities. Kao is a very caring and social person. Kao likes talking to others and enjoys it when staff help facilitate interactions with others. When Kao is having a good day, Kao will look for ways to help others and be very active. Kao looks forward to days when he gets to work in the community at a job site or go on community outings.

A **bad day** for Kao would be when Kao is having trouble keeping his hands to himself or peers are not being nice

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to Kao. Kao tends to get the attention of by touching or poking them, but Kao does not mean anything negative by these touches. If a peer receives these touches or pokes in a bad way, Kao may become sad or upset.

Kao **likes** working, going out to eat, participating in community activities, music, learning ASL, playing on an iPad, going on vacation with his family, and staying busy.

Kao **dislikes** being bored, peers talking about him behind his back and negative attitudes.

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:

- Kao has control over his schedule by choosing how many classes he'd like to take at PAI and which ones. Kao chooses where he'd like to go on community outings. Kao gets to choose which community job opportunities he wants to participate in.
- Kao uses a mix of verbally communication, ASL and his communication book to talk with others. Kao prefers that staff are patient and help Kao express his feelings if he's having trouble getting his point across.
- Kao prefers to work in the community and stay busy.
- Kao prefers when staff can help facilitate interactions between him and peers, because Kao doesn't always know how to do so on his own.
- Kao prefers it when staff have positive attitudes and give positive feedback.
- Kao prefers to receive verbal affirmations when he'd doing something right.
- Kao feels empowered by helping others and prefers to have opportunities to help staff and others with activities.

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?

- Kao's guardian, PAI, and case manager exchange information as it relates to Kao's services and cares. Meetings and reports are shared with Kao's team. Kao's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Kao's lives with his guardian/sister, Pahoua Vang. Kao's sister advocates on Kao's behalf and makes legal decisions for him. Kao's sister provides all in home care needed and attends all medical appointments with Kao. Kao's sister ensures all of Kao's needs are being met and provides any information to Kao's team about changes in supports needed.
- Case manager, Micky Chang from Handy Help LLC, develops Kao's CSSP and completes Kao's service agreements. Micky communicates with Kao's support team to ensure continuity of care.
- PAI will provide Kao with employment opportunities onsite and help Kao work on vocational training and skill building. PAI will communicate any health and medical concerns to Kao's sister. PAI will provide Kao with a group job coaching at enclave jobs in the community.

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:

Pahoua Vang, Guardian

P: 651-331-1859

Email: pahouav111@yahoo.com

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Micky Change, Handy Help LLC  
P: 651-760-3236  
Email: micky.chang@handyhelpllc.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 Kao's sister 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