

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

Name of person served: Carrie Skinner

Date of development: February 10, 2020

For the annual period from: February 2020 to February 2021

Name and title of person completing the *CSSP Addendum*: Jay Fehrman, Program Supervisor

Legal representative: Jane Foley, sister

Case manager: Sheila Unzen, Fraser 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 Carrie is in DT&H intensive supports in a community environment. PAI works with Carrie to develop and implement achievable outcomes based on Carrie's goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, data tracking and daily support related to her health, safety, and well-being as needed by Carrie.

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: Carrie will attend/participate in a weekly iPad class, 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
Carrie has a cell phone that she carries with her and uses to contact her friends and access social media.

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:

Carrie has chosen to take a weekly iPad class to have time to work do something she loves and have the opportunity to work on iPad skills.

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:

- **Choking:** Carrie sometimes has a hard time cutting certain foods up into bite-size pieces (especially meat and pizza crust). Staff will assist Carrie in cutting up those foods so she can safely eat them.

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- **Self-Administration of Medication or Treatment Orders:** Carrie does not take any medication at PAI. If the need did arise, staff trained in medication administration would administer the medication to Carrie per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Carrie's house staff attend all appointments with Carrie. Staff will report any medical concerns to Carrie's sister and house manager, who will help Carrie follow up with her physician as needed.
- **Community Survival Skills:** Staff are always with Carrie in the community and at PAI. Staff will model safe pedestrian skills and stranger safety and prompt Carrie to follow these as needed. Staff carry Carrie's ID information and basic health information with when in the community and would share with emergency personnel if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as a part of programming. If Carrie participates in an activity near a large body of water, staff would stay with Carrie the duration of the activity and ensure she wears a life jacket.
- **Physical Aggression/Conduct; Emotional/Verbal Aggression:** If Carrie is verbally or physically aggressive towards others, staff will remove Carrie from the area and give her a few minutes alone. Staff will talk to Carrie 1:1 and discuss what is bothering her and encourage Carrie to suggest ways to fix the situation.
- **Person-Centered Information:**
 - Important to Carrie: Spending time with friends, having the opportunity to go to work
 - Important for Carrie: Having patient staff that are receptive to Carrie's feelings, having the opportunity to make choices when available, having a set schedule that Carrie can depend on, having the opportunity to gain and maintain independence, improving social skills and self-advocacy skills
 - A good day for Carrie: Having the opportunity to be social with staff and all peers
 - A bad day for Carrie: Being asked to do something that wasn't originally on her schedule, not following a routine
 - Likes: Friends, going out to eat, going to the mall, volunteering, social media, arts and crafts, playing softball, 80s music, pizza, pasta, chicken
 - Dislikes: Being asked to do things she doesn't want to do or isn't in her typical schedule, meatloaf, having to attend extra classes, being teased or being asked too many personal questions, opera music

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 for both skill building and leisure. Carrie has control over her schedule by picking how many classes she'd like to attend and chooses to work on-site when not in class or the community. Carrie chooses which community activities and jobs she wants to participate in.
- Carrie prefers to have a consistent schedule and that staff let her know ahead of time when something is going to be different.
- Carrie prefers to not talk with the staff whom she is upset with at the time during conflict.
- Carrie prefers to be left alone to process her feelings when she is upset.

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?

- Carrie's sister/guardian, PAI staff and case manager exchange information as it relates to Carrie's services and cares. Meetings and reports are shared with Carrie's team. Carrie's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current

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information.

- Carrie's sister/guardian, Jane Foley advocate on Carrie's behalf and help her make legal decisions.
- Case manager, Sheila Unzen, develops Carrie's CSSP and completes Carrie's service agreements and communicates with Carrie's support team to ensure continuity of care.
- PAI will provide Carrie with employment opportunities onsite and help Carrie work on vocational training and skill building.

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:

Jane Foley, Guardian
651-983-1592
Email: jane.foley62@yahoo.com

Sheila Unzen, Case Manager, Fraser Inc.
952-737-6276
Email: Sheila.Unzen@fraser.org

Jay Fehrman, Program Supervisor, PAI
P: 651-747-8740
Email: jfehrman@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:

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:

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:

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
<p>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."</p> <ul style="list-style-type: none"> Monitoring for illness and injury. PAI will notify Carrie's parents if any are noted. Providing CPR and First Aid as applicable. <p>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</p>
<p>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:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Medication set up <input type="checkbox"/> Medication assistance <input type="checkbox"/> Medication administration </p>
<p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> 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
<p>Is this person prescribed psychotropic medication?</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?</p> <p style="margin-left: 40px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, the following information will be maintained by the company:</p> <ol style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p style="margin-left: 40px;">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</p>
Permitted actions and procedures
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 1. To calm or comfort a person by holding that person with no resistance from the person. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:

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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: In the event that Carrie is physically aggressing toward an individual, staff may block Carrie's hits but positioning their body between Carrie and the subject of Carrie's aggression and blocking with their hand.
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: Carrie is likely to appropriately evacuate herself, however, if Carrie does not do so independently in the event of an emergency where imminent risk of harm is present, staff will assist Carrie in safely evacuating the building in the least restrictive manner possible.
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:

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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:
 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