

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

Name of person served: Julie Tint

Date of development: August 14, 2020

For the annual period from: August 2020 to August 2021

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

Legal representative: Raymond and Nant Tint

Case manager: Jessica Hendricks, Thomas Allen

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 Julie is DT&H intensive supports in a community environment. PAI works with Julie to develop and implement achievable outcomes based on Julie’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 Julie.

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: Julie wants to continue working on communication and social skills at PAI.

“Julie will greet a staff member or peer each morning using sign language, 70% of all trials until next review.”

Outcome #2: Julie would like to learn more about how to use an Ipad.

“Julie will attend an Ipad class weekly, 70% 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

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: Julie would like to learn more about using an Ipad, but otherwise N/A at this time.

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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:

Seizures: Julie's seizures are well controlled by medication and Julie has not had a seizure in many years. In the event of a seizure, staff will follow PAI's seizure protocol and call 911. Any seizure activity will be reported to Julie's dad and case manager.

Chronic Medical Conditions: Staff are trained on blood born pathogens at time of hire and annually. All blood and bodily fluids are treated as potentially infectious. Any signs/symptoms of illness/injury will be reported to Julie's dad who with help Julie follow up with her physician as needed.

Self-Administration of Medication and Treatment Orders: Julie does not take any medication while at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Julie per a signed physician's order.

Preventative Screenings; Medical and Dental Appointments: Julie's dad schedules and attends all medical appointments with Julie. Any signs/symptoms of illness/injury will be reported to Julie's dad who will help Julie follow up with her physician as needed.

Risk of Falling:

Regulating Water Temperature: PAI's water temperature is regulated to a safe degree for hand washing. When using the restroom in the community, staff will check the temperature of the water before letting Julie use it to wash her hands.

Community Survival Skills: Staff are always with Julie when on site and in the community. Staff will model safe pedestrian skills and stranger safety and prompt Julie to follow these as needed. Staff carry Julie's ID information and basic health information with when in the community and would provide this information to emergency personnel if the situation warranted.

Water Safety Skills: PAI does not offer swimming as part of programming. If Julie were to participate in an activity near or on a large body of water, staff would stay with Julie the duration of the activity and remind her to wear a life jacket.

Person Centered Information:

The **important to** Julie items are: Her family, working on greeting cards, and staying active.

The **important for** Julie items are: Having opportunities to work onsite at PAI and make money, community involvement, and monitoring of her health needs.

A **good day** for Julie would be indicated by Julie smiling and begin social with peers and staff. Julie enjoys coming to PAI, especially to work on greeting cards.

A **bad day** for Julie would be indicated by Julie frowning and keeping to herself. Julie does not like it when peers are loud and disruptive or do not follow the rules. Julie will be less likely to talk to peers or staff when she is feeling frustrated by the behaviors of others around her. If Julie is making loud vocalization, Julie may be sick or injured.

Julie **likes** using the Ipads, her family, working on cards, going for walks, going out to eat (specially to McDonalds), and spending time with friends.

Julie **dislikes** loud and disruptive behaviors, being not following the rules, and being sick or injured.

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:

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- Julie has control over her schedule at PAI by choosing how many and which leisure and skill building classes she would like to take. Julie chooses where she would like to go on community outings.
- Julie prefers to work on greeting cards when she is at PAI, but also enjoys cleaning at the PAI administration office.
- Julie does not prefer to take too many classes at PAI but does enjoy taking an Ipad class and learning more about how to use technology. Julie also occasionally enjoys art projects.
- Julie prefers that staff use sign language and simple phrases to communicate with her.
- Julie prefers to work with others and works well as a team.
- Julie prefers community outings either outdoors or to go out to eat.
- Julie prefers when staff help her make connections with other peers, but aiding in communication between the two and finding similar interests.

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?

- Julie's parents/guardians, PAI staff, Lifeworks, and case manager exchange information as it relates to Julie's services and cares. Meetings and reports are shared with Julie's team. Julie's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Julie's parents/guardians, Raymond and Nant Tint, advocate on Julie's behalf and help her make legal decisions.
- Case manager, Jessica Hendricks, develops Julie's CSSP and completes Julie's service agreements and communicates with Julie's support team to ensure continuity of care.
- PAI will provide Julie with employment opportunities onsite and help Julie work on vocational training and skill building. PAI will communicate any health and medical concerns to Julie's parents.

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:

Raymond and Nant Tint, Guardians

P: 651-493-9530

C: 612-719-3890

Email: htoolo@comcast.net

Jessica Hendricks, Case Manager, Thomas Allen

P: 651-453-5280

Email: Jessica.hendricks@thomasalleninc.com

Jamie Kauppi, Lifeworks

P: 651-454-2732

Email: jkauppi@lifeworks.org

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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."

- Monitoring for illness and injury. PAI will notify Julie's parents if any are noted.
- Providing CPR and First Aid as applicable. [REDACTED]

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 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.

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- 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

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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

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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