

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

Name of person served: Her Xiong

Date of development: August 10, 2020

For the annual period from: August 2020 to August 2021

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

Legal representative: Xee Yang

Case manager: Madelyn Miller, Meridian Services

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 Her is DT&H intensive supports in a community environment. PAI works with Her to develop and implement achievable outcomes based on Her’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 Her. Her is receiving supportive employment services. PAI will provide Her with group job coaching at enclave jobs in the community, as well as transportation to these job 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:** Her wants to try new volunteer opportunities out and stay active in his community.

“Her will participate in at least two volunteer opportunities of his choosing per month until next review.”

**Outcome #2:** Her likes learning sign language and wants to continue working on skill daily.

“Her will accurately sign one chosen ASL sign per day, 65% 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: N/A

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:** Staff are in the lunch with Her when he eats lunch. Staff will verbally cue Her to slow down and take appropriately sized bites when he is eating. If staff see that Her is pocketing food in the left side of his mouth, they will ask Her to swallow all the food in his mouth before taking the next bite.
- **Chronic Medical Conditions:** Staff will set up work and other tasks so that Her can use his right hand to complete the task. Staff will work with Her to find job accommodations that would best for him. Her can walk independently and navigate around obstacles with his limp, however if staff see that Her is not be observant, staff will point out uneven terrain and obstacles to Her.
- **Self-Administration of Medication or Treatment Orders:** Her does not take any medication at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Her per a signed physician’s order.
- **Preventative Screenings; Medical and Dental Appointments:** Her’s residence schedules and attends all medical appointments with Her. Any signs/symptoms of illness/injury will be reported to Her’s residence, who will help Her follow up with his physician as needed.
- **Community Survival Skills:** Staff are always with Her in the community. Staff will model caution around strangers and pedestrian safety rules and prompt Her to follow these as needed. When in the community, staff carry Her’s basic health information and ID information and would share this with emergency personnel as needed.
- **Person-Centered Information:**  
 The **important to** Her items are: his family, working onsite and in the community, and having opportunities to shop and do activities in the community.

The **important for** Her items are: having continued access to employment opportunities, having supports to remain safe and healthy, and staying active in his community.

A **good day** for Her would be when he has an activity or job opportunity in the community planned that he’s been looking forward to. Her is typically very social when he’s having a good day and loves joking around with others. Her will be focused and productive when working and will actively participate in classes.

A **bad day** for Her would be when he’s maybe not feeling well or others are being negative and rude, though this is uncommon for Her. Her may be more withdrawn and less social with peers.

Her **likes** working (especially at Dynamic Air and the Armory), watching cartoons and movies, going shopping at the Hmong village, large variety of foods (but especially Asian dishes) and going to church with his family.

Her **dislikes** attending his team meetings, getting up early, and being bored.

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:

- Her has control over his schedule by choosing how many classes he’d like to take at PAI and which ones. Her chooses where he’d like to go on community outings. Her chooses to work on PAI’s onsite work floor and at enclave group jobs in the community, but knows services are available to help him find an independent job in the community if he is interested.
- Her prefers to work in the community, at the Armory or Dynamic Air, when the opportunity is available.
- Her prefers to work with others who have a sense of humor too and do not take things too seriously.
- Her prefers to have a balanced schedule at PAI, with both work and classes, with his primary focus being on work.

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- Her prefers that others help him manage his schedule and remind him of what he's doing that day.

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?

- Her's guardian, PAI, residence, and case manager exchange information as it relates to Her's services and cares. Meetings and reports are shared with Her's team. Her's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Her's guardian, Xee Yang, advocates on Her's behalf and makes legal decisions for him.
- Her's residence provides all in home care needed and attends all medical appointments with Her. Her's residence ensures all of Her's needs are being met and provides any information to Her's team about changes in supports needed.
- Case manager, Madelyn Miller from Meridian Services, develops Her's CSSP and completes Her's service agreements. Her's case manager communicates with Her's support team to ensure continuity of care.
- PAI will provide Her with employment opportunities onsite and help Her work on vocational training and skill building. PAI will communicate any health and medical concerns to Her's residence. PAI will provide Her 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:

Xee Yang, Guardian  
P: 651-488-7670

Madelyn Miller, Case Manager, Meridian Services  
P: 952-767-4890  
Email: mmiller@meridiansvs.com

Chao Vang, Residential  
P: 651-739-9646  
Email: cmvang@yahoo.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

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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 Her'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 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:

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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:  
 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

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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