

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

Name of person served: Mac Meron

Date of development: August 25, 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: Pat and Cindy Meron

Case manager: Maria Knowlan, Washington County

**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 Mac is DT&H intensive supports in a community environment. PAI works with Mac to develop and implement achievable outcomes based on Mac'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 Mac. Mac is receiving supportive employment services. PAI will provide Mac 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):

1. Mac wants to become more independent in making purchases in the community and wants to work on money skills.

"Mac will participate in making purchases in the community, 70% of all trials until next review.

2. Mac has identified telling time independently as a goal of his.

"Mac will accurately practice telling time using an analog clock, 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

# PAI

research that needs to be completed before a decision regarding the use of technology can be made: N/A, no interest at this 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:

- **Allergies:** Mac carries his own Epi-pen to and from PAI each day. Before leaving on a community outing, staff will ensure Mac has his Epi-pen with. Staff are trained on where Mac's allergies are listed. All PAI staff receive nurse training on how to use an Epi-pen.
- **Choking:** Mac packs and prepares his lunch from home. Staff are always in the same room as Mac when he is eating his lunch. Staff will assist Mac with cutting up his food as needed or requested.
- **Chronic Medical Conditions:** Mac's physicians are monitoring Mac's medical conditions. Staff will offer Mac breaks on long walks as needed. Any signs/symptoms of illness or injury will be reported to Mac's residence and parents.
- **Self-Administration of Medication and Treatment Orders:** Mac does not take any scheduled medication at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Mac per a signed physician's order. Mac brings his Epi-pen with him every day to PAI. Staff will ensure Mac has his Epi-pen with whenever Mac is participating in an activity offsite.
- **Preventative Screenings; Medical and Dental Appointments:** Mac's residence and parents schedule and attend all medical appointments with Mac. Any signs/symptoms of illness/injury will be reported to Mac's residence and parents who will help Mac follow up with his physician as needed.
- **Risk of Falling; Mobility Issues:** Staff will point out potential obstacles to Mac when walking, such as curbs or stairs. Staff will offer Mac a hand to hold onto when entering and exiting escalators. Staff will offer Mac breaks during long walks and when Mac gets tired.
- **Regulating Water Temperature:** PAI's water temperature is regulated to a safe degree for hand washing. When in the community, staff will help adjust the water temperature and check before Mac uses the sink for hand washing.
- **Community Survival Skills:** PAI staff are always with Mac when in the community. Staff will model safe pedestrian skills and stranger safety and prompt Mac to follow these as needed. Staff carry Mac's basic health information and ID information with when in the community and would provide this information to emergency personnel if the situation required.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Mac were to participate in an activity near or on a large body of water, staff would stay with Mac the duration of the activity and help Mac put on a life jacket.
- **Sensory Disabilities:** If any changes in Mac's vision are noted at PAI, Mac's residence and parents will be notified. If staff notice that Mac's glasses are dirty, staff will offer Mac help with cleaning them.
- **Person-Centered Information:**

The **important to** Mac items are: working and making a paycheck and his family and friends.

The **important for** Mac items are: having opportunities to work and stay involved in his community.

A **good day** for Mac would be when Mac gets to come to PAI and see his friends. Mac is very social and will spend time with his friends throughout the day. Mac is hard working and will be focused on his work when he's having a good day. Mac will participate in class.

A **bad day** for Mac would be when he's not feeling well, or peers are being disrespectful or annoying. Mac is usually pretty happy and most days he would say are good days. Mac may not be as social with peers if he is having a bad day and may not actively participate as much in class or work activities.

Mac **likes** working (especially in the community at enclave jobs), playing games (Skipbo, Connect 4, and bean

# PAI

bag toss), county music, hanging out with his friends, spending time with his family, and the Vikings.

Mac **dislikes** peers who are unkind and start drama, being sick, 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:

- Mac has control over his schedule by choosing how many classes he'd like to take at PAI and which ones. Mac chooses which group enclave jobs he would like to work at in the community. Mac chooses where he'd like to go on community outings.
- Mac prefers to have the opportunities to spend time and chat with his friends during down time at PAI.
- Mac prefers that staff give him verbal encouragement when he's doing a good job.
- Mac prefers that directions are simple and to the point, and that staff can show him how to do something if he doesn't understand.
- Mac prefers to give staff and friends fist bumps when he passes them in the hall.

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?

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

Pat and Cindy Meron, Guardians

H: 651-429-6223

Pat C: 651-248-0307

Cindy C: 612-269-3268

Pat Email: p.meron@hotmail.com

Cindy Email: crmeron@hotmail.com

Maria Knowlan, Case Manager, Washington County

P: 651-430-6506

Email: maria.knowlan@co.washington.mn.us

# PAI

Lamonica Haynes, The Mentor Network, Residential  
P: 651-645-4173  
Email: lamonica.haynes@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 Mac's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- Administration of Mac's epi-pen in the event of a serious allergic reaction.

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:

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

# PAI

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

# PAI

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: Mac wears food orthotics for ankle support, which he wears to PAI daily and leaves on.

## 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:

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:

# PAI

<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually		
2. Frequency of service plan review meetings, at a minimum of annually:				
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually	<input checked="" type="checkbox"/> Annually		
3. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i> , this will be done quarterly unless otherwise requested:				
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> 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):				
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> 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 <i>Progress Report and Recommendation</i> :				
<input checked="" type="checkbox"/> At the support team meeting	<input type="checkbox"/> 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).				
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually	<input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> NA