

COORDINATED SERVICE AND SUPPORT PLAN (CSSP) ADDENDUM – INTENSIVE SERVICES

Name of person served:Jonah Wilson

Date of development: 2/11/2021

For the annual period from: February 2021 to February 2022

Name and title of person completing the *CSSP Addendum*: Jessica Gunderson, Designated Coordinator

Legal representative: Beth and Jim Wilson

Case manager: Jon Bentley, Ramsay County

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 will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation
- Annually, the support team reviews the *CSSP Addendum*.

Services and Supports

The **scope of the services** to be provided to support the person’s daily needs and activities include:

The scope of services for Jonah is intensive support services in a day training and habilitation community based program. The program works with Jonah to develop and implement achievable outcomes that support his goals and interests, and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Jonah’s physical, emotional and social functioning. Staff support Jonah in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, medication administration, data tracking and daily support related to his health, safety and wellbeing as needed by Jonah. Support is provided in the most integrated and least restricted environment for Jonah. PAI works with Jonah’s transportation provider for continuity of care.

PAI

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: Jonah enjoys engaging with group lessons and activities when he joins them. Jonah often does not independently engage without staff prompting. Jonah and his team have indicated it would be beneficial for Jonah to participate in these group lesson/activities more often and do so independently.

Jonah will engage in group lesson/activity.

Outcome #2: Jonah will frequently leave the room without letting staff know where he is going. This outcome is intended to support Jonah's independence, while also giving an indication to staff where he is going.

Jonah will use a break pass when he wants to leave the room.

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:

- Jonah has use of the computer and iPad during group lesson
- Jonah has use of the computer and iPad for self-regulation

PAI

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

- **Allergies:** PAI staff will relay to Jonah's guardians were they to notice any allergy like symptoms. Staff will inform emergency personnel of Jonah's allergy to Penicillin.
- **Special dietary needs:** PAI staff will assist Jonah in cutting his food to bite sized pieces if he requests and provide prompts to avoid overeating such as "Jonah, slow down."
- **Self-administration of medication and treatment orders:** Jonah does not take any medication at PAI. Were Jonah to need medication, PAI staff trained in medication administration would administer medication per Dr's orders. Were Jonah to take medication at PAI, his specific way to take medication is to put the pill at the top part of a pinched straw, release, and have him suck liquid up to take the medication.
- **Preventative screening/Medical and Dental appointments:** Staff will visually observe Jonah for signs and symptoms of illness/injury such as change in appearance or demeanor. In non-emergency medical situations PAI staff will work together with the guardian to arrange for the most efficient means of obtaining medical care and transporting Jonah to care needed.
- **Community survival skills:** PAI staff will provide supervision while in the community and will practice/model pedestrian and traffic safety skills. Jonah is supported in safely engaging with the community activities and people of his choice.
- **Sensory disabilities:** Staff will assist Jonah in using his self-regulation techniques if he is feeling overwhelmed with his environment. Staff will also assist Jonah in identifying his feelings in the moment, and assist him in advocating his needs; e.g. turning off background music if it is bothering him. If Jonah is chewing on non-edible items staff will redirect him by saying "bite your chewy tube."
- **Self-injurious behavior:** Staff will redirect any self-injurious behavior and help Jonah to use his calming strategies such as deep breathing, muscle tense and relax, or chewing gum.
- **Person-centered information**
 - Important to Jonah: Family, independence, Music, routine.
 - Important for Jonah: Consistent schedule, Offer choices, Staff give heads up when a transition is approaching and/or changes to his routine, Have positive supportive staff to help throughout the day.
 - Balance of important to and for:
 - Good day for Jonah: Schedule is consistent,
 - Bad day for Jonah: Changes without warning, being in loud areas, no computer time, yelling at others.
 - How to have more good days: Staff are aware of self-regulation techniques, and can assist Jonah in using them as appropriate. Assisting Jonah in identifying his feelings in the moment, and assist him in advocating his needs; e.g. turning off background music if it is bothering him.
 - Likes: Disney World, amusement parks, puzzles, iPad, word search books, bowling, reading, singing and dancing, telling jokes. Peanut butter and jelly sandwiches, chips, Cheetos, Apples, celery, carrots, Raman noodles.
 - Dislikes: Games w/o clear ending, vegetables

PAI

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**:

- Staff will help Jonah transition from breaks or work tasks by providing verbal prompts that a transition will be occurring.
- Staff will offer choices as much as possible and will honor the choices he makes.
- Jonah prefers short simple questions, and information presented in a simple and concrete manner.
- Jonah learns best through verbal prompting and modeling.
- Jonah uses written schedule to for his daily routine and to help with transitions "Check your schedule."
- Staff will let Jonah know "X activity will happen at Y time."
- Jonah will often falsely answer questions with a "Yes," if he does not want to continue the conversation.

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

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Jonah has control over his schedule at PAI by choosing the group/lessons in which he would like to participate. He participates in contributing ideas for group lessons/activities with Lead DSP's and peers in his room.

What are the opportunities for **community access, participation, and inclusion** in preferred community activities?

Jonah chooses where he would like to go on community outings. His support staff discuss upcoming outings each week, and help plan for any outings in which he would like to attend.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?

Jonah chooses where he would like to go on community outings. As Jonah does not tend to seek out conversation with others, staff will support Jonah's interactions with others in the community.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

Jonah has communicated that he is not interested in competitive employment at this time. If he were to change his mind, opportunities to seek competitive employment are available via enrollment in Employment Services.

PAI

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?

- Jonah's guardians and PAI staff collaborate to share necessary information as it relates to Jonah's services and care. Meetings and reports are shared and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Beth and Jim Wilson are Jonah's guardians and advocate on his behalf as well as makes legal decisions. His legal guardians provide information and direction on Jonah's services and supports in collaboration with other members of his support team.
- Jon Bentley county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI, and assists Beth and Jim, and Jonah in advocacy and finding additional opportunities for community involvement. Jon also completes Jonah's service agreements and communicates with members of the support team to ensure continuity of care.

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:

- PAI-Parkway, Day Program
Jessica Gunderson
jgunderson@paimn.org
Phone: 651.426.2484
Fax: 651.426.3789
- County Case Manager
Jon Bentley
Jonathan.bentley@co.ramsey.mn.us
Phone: 651-900-5877
- Guardian
Beth and Jim Wilson
bawjames119@gmail.com
Phone: 651-307-4367

The person currently receives services in (check as applicable): community setting controlled by a provider (residential) community setting controlled by a provider (day services) NA

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider or for transitioning from day services to an employment service:

Jonah has communicated that he is not interested in employment services at this time.

Describe any further research or education that must be completed before a decision regarding this transition can be made:

There is no further research to be completed at this time.

PAI

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:
Jonah is allowed 5 minutes of alone time in the bathroom.

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) will be 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

PAI

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."

- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Set up and administration of medication following the prescribers order.
- Provide first aid, 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

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

If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:

Medication set up:

Medication assistance:

Medication administration:

Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

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

3. 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

PAI

Permitted Actions

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: N/A

PAI

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

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): NA

Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:
 Quarterly Semi-annually Annually
2. Frequency of service plan review meetings, minimum of annually:
 Quarterly Semi-annually Annually
3. 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
4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:
 Quarterly Other (specify): NA

