

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

Name of person served: Karen Loven

Date of development: March 10, 2021 For the annual period from: March 2021 to March 2022

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

Legal representative: Tom and Marlene Loven, Kim Moore, Deana Loven

Case manager: Emma Davis, Thomas Allen Inc.

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

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: Daily stresses can be a lot to process, so Karen wishes to check in with staff daily to process her feelings and let staff know how she is doing. Karen would like to work on independently reaching out to staff.

“Karen will initiate the conversation and check in with staff daily, 70% of all trials until next review.”

Outcome #2: Karen said she would like to work on being more assertive and knowing when it is appropriate to do so. Karen said that social skills are very important to her.

“Karen will practice and role play how to handle a social scenario using flashcards, 75% of all trails until next review.”

PAI

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: Yes No

- Karen uses the phone at home and at PAI to keep in contact with family and friends. Karen used an iPad at work for leisure activities and for class enrichment.

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, Karen does not wish to use technology to meet her goals at this point in time. Karen would like to continue using technology in the ways she already is.

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:** Karen is allergic to Penicillin and Sulfa. Karen is Lactose intolerant. Karen is allergic to cats and has seasonal allergies. PAI will only administer medication to Karen per a signed physician's order. Staff are trained on where Karen's allergies are located. If PAI staff notice any signs/symptoms of seasonal allergies, staff will let Karen's residence know who will help Karen follow up with her physician as needed.
- **Chronic Medical Conditions:** Karen has a heart rate protocol due to her heart murmur. If Karen tells staff that her heart is racing, staff will help Karen sit down to rest and stay with Karen. If Karen's heart continues to race longer than 5 minutes or if Karen has any trouble breathing, staff will call 911.
- **Self-Administration of Medication or Treatment Orders:** Karen only has one PRN medication at PAI, an inhaler. Staff will follow Karen's inhaler protocol for administration as needed. Staff carry Karen's inhaler with on outings. If Karen ever needs to take any daily medication at PAI, a staff trained in medication administration would administer the medication to Karen per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Karen's residence helps schedule and attend appointments with Karen. If PAI staff notice any signs/symptoms of medical concern, staff will report these concerns to Karen's residence who will help Karen follow up with her physician as needed.
- **Community Survival Skills:** Staff will always be with Karen in the community. Staff carry Karen's basic health info, IN info, and Karen's PRN inhaler with on outings. Staff will model safe pedestrian skills and stranger safety and will prompt Karen to follow these as needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Karen were to participate in an activity near a large body of water, staff would help Karen put on a life jacket.
- **Sensory Disabilities:** Karen keeps extra hearing aid batteries at PAI in a supervisor's desk. If Karen indicates she needs a new battery, staff will assist Karen as needed. If staff notice that Karen's glasses are dirty, staff will ask Karen to clean them and offer any assistance needed.
- **Person-Centered Planning:**

The **important to** Karen items were: Karen's family, dogs, and having her niece back in MN.

The **important for** Karen items were: Maintaining good health, being happy, and continuing to have opportunities in the community.

A **good day** for Karen would be when she is in good health and people are being friendly and considerate to her. Karen would be social with peers and staff and compliment others. Karen has a great sense of humor and is a good friend to others.

PAI

A **bad day** for Karen would be when Karen is having health concerns and not feeling well or when people are being inconsiderate of Karen's feelings. Karen does not like it when she feels like she is being told to do something she does not want to do and her choices aren't being respected. Karen is a sensitive person and desires that others listen to her opinions and thoughts are that people are respectful to her, even if they disagree.

Karen **likes** coming to PAI, her staff, dogs, her family, shopping, and watching tv.

Karen **dislikes** rude people or when people use the phrase "you guys."

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**:

- Karen has control over her schedule by picking how many classes she would like to attend and choosing to work on-site when not in class or the community. Karen is supplied with verbal class descriptions and photos to choose which classes she would like to take. Karen will choose which community activities she wants to participate in.
- Karen prefers when staff do not use the term "you guys" when referring to Karen as part of a group and would prefer the term "you people" or call everyone by name.
- Karen prefers when staff talk to her 1:1 when Karen has a concern and Karen expects staff to take her concerns seriously.
- Karen prefers to work onsite on the work floor.
- Karen prefers that staff and peers are respectful and acknowledge Karen's opinion even if it does not align with someone else's opinion.
- Karen prefers to be reassured that her work is counted and recorded correctly. Karen likes it when staff count her work right at her workstation and let her know how many they count.
- Karen prefers that peers do not correct her about the little things- everyone makes mistakes and has their own opinions, and Karen is not always interested in hearing others input.

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**?

- PAI offers a large variety of leisure and skill building classes at PAI that Karen can choose to participate in. Karen will be given a list of the classes available quarterly and Karen's lead will walk Karen through the different options available and help Karen pick classes that fit her interests, preferences, or particular skills she would like to work on. At Karen's semi-annual and annual time of year, Karen's designated coordinator talks with Karen and discusses her goals for the next review period and adjusts her outcomes accordingly.

PAI

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

- PAI usually offers community outings on a daily basis to several community locations. Karen has the opportunity to choose which activities she would like to participate in by choosing about 1-2 locations a month that interest her. PAI also offers volunteer opportunities offsite. Other opportunities are offered onsite at PAI with community members, such as pet or music therapy.

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

- Karen is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Karen to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Karen is a friendly person and likes talking to new people. Karen can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

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

- PAI offers employment services to anyone interesting in finding employment in the community. Karen is currently not interested in finding a job in the community and is not enrolled in these services but could at any time.

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?

- Karen's residence, PAI staff, guardians and case manager exchange information as it relates to Karen's services and cares. Meetings and reports are shared with Karen's team. Karen's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Karen is under the private guardianship of her parents, Tom and Marlene Loven, as well as her sisters, Deana Loven and Kim Moore, who advocate on Karen's behalf and make legal decisions for her.
- Case manager, Patty Shaw from Thomas Allen Inc, develops Karen's CSSP and completes Karen's service agreements and communicates with Karen's support team to ensure continuity of care.
- Karen's residence, ACR, ensures Karen has personal assistance at home and communicates any concerns and changes to Karen's team.
- PAI will provide Karen with employment opportunities onsite and help Karen work on vocational training and skill building and offer leisure classes.

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:

Brooke Winter, Program Director, ACR
Email: brooke.winter@acrhomes.com

Tom and Marlene Loven, Guardians
H: 651-735-8684
Tom C: 651-500-0672
Marlene C: 651-208-9339
Email: tdloven@comcast.net

Deana Loven, Co-Guardian
P: 651-247-3414
E: deanaloven@gmail.com

Kim Moore, Co-Guardian
P: 651-735-8684

Emma Davis, Case Manager, Thomas Allen Inc.
P: 651-453-5281
Email: emma.davis@thomasalleninc.com

Cortney Kelly, DC, PAI
P: 651-747-8740
Email: ckelly@paimn.org

PAI

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: Karen is not interested in community employment at this time and is happy with the services provided onsite at PAI. If Karen and her team determine that Karen would like to transition to community employment, Karen can enroll in employment services at PAI anytime.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A- none needed at this time.

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) 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
<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 Karen’s residence and guardian if any are noted. • Providing CPR and First Aid as applicable. • Administering Karen’s PRN inhaler as needed. <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>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

<p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration: Karen keeps a PRN inhaler onsite at PAI. Ventolin HFA 900mcg, inhale 1-2 puffs by mouth as needed for wheezing or shortness of breath. Staff will follow Karen’s inhaler protocol and administer as needed.</p>

Psychotropic Medication Monitoring and Use
<p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</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 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

Permitted Actions
<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: 3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 9. Is positive verbal correction specifically focused on the behavior being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:

Staff Information
<p>Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A</p>

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