

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

Name of person served: Ha Nguyen

Date of development: March 23, 2021 For the annual period from: March 2021 to March 2022

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

Legal representative: Anh Lien and Thang Nguyen

Case manager: Valerie Cichoski, Ramsey 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 Ha is DT&H intensive supports in a community environment. PAI works with Ha to develop and implement achievable outcomes based on Ha’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with working onsite, data tracking and daily support related to her health, safety, and well-being as needed by Ha.

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: Ha likes writing about her day including people she talks to and what she did. Ha would like to learn how to use a planner and get in the habit of writing in it daily.

“Ha will write about what she did that day in her planner at the end of the day, 70% of all trials until next review.”

Outcome #2: Exercising and staying fit are important to Ha. Ha would like the reminder and something to hold her accountable to exercising daily.

“Ha will exercise or walk for 10 minutes each day after lunch, 70% of all trials until next review.”

PAI

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

- Ha already utilizes technology in several ways. Ha has an iPod that she uses to listen to music. Ha has a phone at home to use to stay in contact with family and friends. Ha uses an iPad at work to search the web and use for learning in class.

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, Ha does not wish to learn more about technology at this time or use technology to work on her goals.

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:** Ha is allergic to shellfish. Ha packs and prepares her lunch at home. Staff are trained on Ha's allergies and will ensure Ha does not consume shellfish while on a community outing.
- **Chronic Medical Conditions:** Ha is diagnosed with type 2 diabetes which is controlled by medication. Ha packs and prepares her lunch from home in accordance to her diet. Ha takes Metformin at noon at PAI daily to treat her diabetes. A staff trained in medication administration will administer this medication to Ha per a signed physician's order.
- **Self-Administration of Medication or Treatment Orders:** Ha takes one medication daily at PAI, Metformin. A staff trained in medication administration administers this medication to Ha per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Ha's parents schedule and attend all medical appointments with Ha. Any signs/symptoms of illness/injury will be reported to Ha's parents who will help Ha follow up with her physician as needed.
- **Community Survival Skills:** Staff will always be with Ha onsite and in the community. Staff will model safe pedestrian skills and stranger safety and will prompt Ha to follow these as needed. Staff carry Ha's basic health information and ID information with when in the community and would provide this to emergency personnel if needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Ha was to participate in an activity near or on a large body of water, staff would help Ha put a life jacket on and stay with Ha the duration of the activity.
- **Sensory Disabilities:** If staff notice that Ha is having a hard time seeing, they will encourage Ha to wear her glasses. Any changes noted in Ha's eyesight or hearing will be reported to Ha's parents who will help Ha follow up with her physician as needed.
- **Person-Centered Planning:**
The **important to** Ha items were: exercise, working and watching tv.

The **important for** Ha items were: maintaining a healthy diet to control her diabetes and staying active in her community.

A **good day** for Ha would be when she gets to come to PAI and see her friends. Ha is pretty social with others and likes interacting with staff and peers. Ha really enjoys working and taking fitness classes and ASL classes. Ha likes working off site and going on outings. Ha likes living with her parents at home.

A **bad day** for Ha would be when she is not feeling well. Ha is usually quieter and can be upset when she is not feeling well. Ha can sometimes snap at peers or staff if they are not understanding what she is trying to say. Ha does not like some jobs on the work floor as much as others.

PAI

Ha **likes** watching tv, going to the library, going out to eat, living with her parents, working, Vietnamese music, and going on outings at PAI and with her PCA.

Ha **dislikes** rude/mean people and being sick.

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**:

- Ha has control over her schedule by choosing how many classes she would like to take at PAI and which ones. Ha chooses where she'd like to go on community outings and which offsite work opportunities she wants to take advantage of.
- Ha prefers to take classes on fitness and sign language.
- Ha prefers to work most of her time.
- Ha prefers to work on greeting cards when working on the work floor.
- Ha prefers to have the opportunity to participate in group work offsite when available.
- Ha prefers staff and peers give Ha time to get her point across, sometimes using a mix of talking, ASL, and writing.

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 Ha can choose to participate in. Ha will be given a list of the classes available quarterly and can pick classes that fit her interests, preferences, or particular skills she would like to work on.
- Staff will ask for Ha's input often and accommodate her preferences whenever possible.

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. Ha 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.

PAI

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

- Ha is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Ha to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Ha is a friendly person and likes meeting new people. Staff will help facilitate conversations with others, as Ha's communication style is not always easy to understand for new listeners. Ha 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. Ha 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?

- Ha's family, PAI staff, PCA and case manager exchange information as it relates to Ha's services and cares. Meetings and reports are shared with Ha's team. Ha's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Ha is under the private guardianship of her parents, Anh Lien and Thang Nguyen, who advocate on Ha's behalf and make legal decisions for her.
- Case manager, Valerie Cichoski, develops Ha's CSSP and completes Ha's service agreements and communicates with Ha's support team to ensure continuity of care.
- Ha's family and PCA ensure Ha has personal assistance at home and communicates any concerns and changes to Ha's team.
- PAI will provide Ha with employment opportunities onsite, help Ha work on vocational training and skill building, provide group supportive employment offsite at community jobs, 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:

Anh Lien and Thang Nguyen, Guardians

P: 651-291-7994

Thang C: 651-815-2031

Valerie Chichoski, Case Manager, Ramsey County

P: 651-266-4301

Email: Valerie.cichoski@co.ramsey.mn.us

Ge Xiong, PCA, Dependable

P: 651-779-9810

Email: gex@dependable-care.com

Cortney Kelly, PAI

P: 651-747-8740

Email: ckelly@paimn.org

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

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:
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.

PAI

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 Ha's family if any are noted.
- Providing CPR and First Aid as applicable.
- Administering Ha's daily medication.
- Applying sunscreen and bug spray per bottle instructions as applicable.

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: Metformin HCL 500mg PO, give 1 tab with food at 12p for diabetes management.

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

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