

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

Name of person served: Aaron Burns

Date of development: March 5th, 2021

For the annual period from: March 2021 - March 2022

Name and title of person completing the *CSSP Addendum*: Dayna Gordon, PAI Program Supervisor

Legal representative: Michele Burns

Case manager: Pam J. Lambeau

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 provided for Aaron are as follows: DT&H intensive supports, in a community environment as well as Employment Services with indirect Support. PAI works with Aaron to develop and implement achievable outcomes based on Aaron’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, data tracking and daily support related to his health, safety, and well-being as needed by Aaron.

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: Aaron will complete a chosen activity each morning while at PAI.

Outcome #2: N/A

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:

Aaron already uses technology by utilizing his phone to text mom, family and friends. Aaron will use the iPads at PAI Commerce when he needs to. Aaron also plays video games, watches TV and movies during down time at home. No other additions to the use of technology at this time.

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:

- **Community Survival Skills:** Aaron is easily distracted and might not be aware of traffic around him placing him at risk of injury from passing motor vehicle traffic. Staff will verbally cue Aaron to look both ways when he is in the community and/or push his wheelchair for him when he is negotiating streets, crosswalks, parking lots and situations where traffic poses a risk.
- **Person-Centered Planning:**
 - **Important to:** Sticking to a schedule, working on his assigned jobs, videos games and movies, playing sports, karate, staying busy
 - **Important for:** Helping Aaron stick to his schedule and notifying Aaron of changes ahead of time, not being bothered while working, praise when he is doing a good job, respect his personal space
 - **A good day for Aaron:** Seeing Uncle Pat, having the opportunity to be helpful, having a plan for the day, going outside the house and being active, choosing interesting activities
 - **A bad day for Aaron:** A non-work day, a mix up in scheduling, staying home all day, not able to see friends or family
 - **Likes:** Helping, working out, puzzles, music, hot dogs, mac and cheese, milk, playing video games
 - **Dislikes:** Chicken legs, raisins, bananas, going to the grocery store, when he cannot do what he likes without communication, when his schedule changes suddenly.

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**:

- Aaron has control over his schedule at PAI by choosing how many leisure and skill building classes he would like to take and which ones. When PAI is able to resume activities and volunteering in the community, Aaron will be able to choose what he would like to participate in. Aaron can try out different jobs available onsite at PAI and continue to pursue employment services and finding a job in the community.
- Aaron prefers variety in his schedule.
- Aaron prefers to be given a heads up when something is coming/about to happen or when there is a change.
- Aaron prefers that he is given a clear rationale for rules and directives.
- Aaron takes pride in being independent and wants to be involved in making decisions for himself. Aaron would like it if staff help support him in finding new ways that he can increase his independence.
- Aaron prefers to be social and likes checking in with peers and staff. Aaron is outgoing and friendly.

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

PAI

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 Aaron can choose to participate in. Typically, before covid-19, Aaron would be given a list of the classes available quarterly and Aaron's designated lead staff would walk Aaron through the different options available and help Aaron pick classes that fit his interests, preferences, or particular skills he would like to work on. At Aaron's semi-annual and annual time of year, Aaron's designated coordinator talks to Aaron to discuss goals for the next review period and adjusts outcomes accordingly.

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

- Community outings are currently on hold at PAI but will resume when covid-19 health and safety concerns have subsided. PAI usually offers community outings on a daily basis to several community locations. Aaron has the opportunity to choose which activities he would like to participate in by choosing about 1-2 locations a month that interest him. 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?

- Aaron is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. Aaron has many good social skills and is a friendly individual. When appropriate, staff will introduce Aaron to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will remind Aaron of appropriate social skills and boundaries as needed.

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. Aaron is currently enrolled in employment services- exploration and is exploring available career paths and jobs in the area.

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?

- Aaron's family at home, Michele as his mother and guardian, Kandice from ARSYS, PAI staff and case manager exchange information as it relates to Aaron's services and care. Meetings and reports are shared with Aaron's team. The team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Aaron's mother as his guardian advocates on Aaron's behalf and makes legal decisions for him.
- Case manager, Pam Lambeau, develops Aaron's CSSP, completes Aaron's service agreements and communicates with Aaron's support team to ensure continuity of care.
- Aaron's Mother at home, helps Aaron at home and communicates any needed medical information and updates to PAI and the team.
- Kandice as Aaron's PCA companies DC support Aaron with Staff that relate to Aaron well and give him the PCA Care Aaron prefers.
- PAI will provide Aaron with support for his job off-site if needed as well as employment opportunities onsite. PAI also supports Aaron on vocational training and skill building. PAI will communicate any health and medical concerns to Aaron's Mother if needed.

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:

Guardian Info:

Michele Burns

P: 651-955-4007

Email: dkkar16@gmail.com

Case Manager Info:

Pam Lambeau

P: 763-324-1459

Email: pamela.lambeau@co.anoka.mn.us

PAI Commerce Designated Coordinator Info:

Dayna Gordon

P: 651-747-8740 Ext. 101

Email: dgordon@paimn.org

ARSYS (A Road To Support Yourself) Designated Coordinator Info:

Kadice Wald

P: 763-762-3214

Email: kandicew@arsysllc.com

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: Aaron had a job in the community pre-covid-19. Aaron would like to continue to work at a job in the community. Aaron is currently in employment services- development and is exploring available career paths and jobs in the area with PAI.

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:

At PAI Aaron's DT&H Program Aaron is never on-site without the presence of staff. Through PAI's Employment Services Support, Aaron does have a job at Central Middle School through White Bear Lake Public Schools. Aaron works independently while there without the presence of PAI Staff.

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."

- Providing CPR and First Aid 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: **N/A**

Medication assistance: **N/A**

Medication administration: **N/A**

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

PAI

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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: **N/A**
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: **N/A**
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: **N/A**

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): 1:7 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