

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

Name of person served: Debra “Debbie” Leo

Date of development: November 15, 2020 For the annual period from: November 2020 to November 2021

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

Legal representative: Dennis and Marianne Leo

Case manager: Kia Lee

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 Debbie is intensive support services in a day training and habilitation (DTH) community based program. The program works with Debbie to develop and implement achievable outcomes that support her goals and interests, and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Debbie’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Debbie. PAI works with Debbie’s family provider and transportation provider for continuity of care.

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: Debbie will plan and participate in 3 community activities per month.

Outcome #2: Debbie will invite a peer of her choice to eat lunch with her once per week.

## PAI

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:

- Debbie enjoys listening to music on the iPad. She has also taken iPad classes at PAI and is learning some basic iPad skills.

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:

- **Choking:** Debbie may ask staff for assistance in cutting her food so that it is bite-sized.
- **Chronic medical conditions:** Debbie may have bladder and bowel incontinence. Debbie is able to use the bathroom independently. She wears protective pads and will change them on her own if she has bladder incontinence. She may need reminders from staff to use the bathroom during breaks and after lunch. If she has bowel incontinence, staff will assist her in cleaning up and changing if necessary.
- **Preventative screening, medical and dental appointments:** Debbie needs assistance from her guardians to make and attend medical appointments.
- **Community survival skills:** Debbie may become uncomfortable in unfamiliar places, or have difficulty responding quickly in the event of an emergency. PAI staff remain with Debbie in the community, and model safety skills for her.
- **Water safety skills:** Debbie understands that it is important to be safe around large bodies of water. Should Debbie participate in an activity that occurs on or around a body of water, staff will assist Debbie in putting on a life jacket.
- **Mental or emotional health symptoms and crises:** Debbie can easily become frustrated or confused. Debbie may rely on staff to help her process ideas or requests during these times. Debbie is able to recognize when she is feeling frustrated, and will at times ask for help from someone she is comfortable with. She will respond well to verbal encouragement and redirection to an activity she enjoys.
- **Person-centered planning:**
  - **Important to Debbie:** Friends and family, eating breakfast, her stuffed animals, music
  - **Important for Debbie:** Making healthy diet choices, having opportunities to be with people she cares about, getting enough sleep
  - **A good day for Debbie:** Eating a good breakfast, attending PAI and working with peers she enjoys, being able to make choices about what she does during her day, being allowed to express herself through how she dresses and presents herself to her peers
  - **A bad day for Debbie:** Working in a chaotic environment without the opportunity to choose what she does throughout her day, having some sort of dress code or rules to follow when it comes to self-expression
  - **Likes:** Breakfast (waffles, bagels, biscuits), movies, going out to eat, being with her friends
  - **Dislikes:** Chaos, conflict, arguments, loud noises

# 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**:

- PAI offers several classes available for both skill building and leisure. Debbie has the ability to choose what classes she will attend, and choosing to work on-site when not in class or the community.
- Debbie prefers to be asked to do something rather than being told.
- Debbie prefers having choices.

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**?

- A. Debbie has control over her schedule at PAI by choosing how she would like to participate in the classes offered. Pre-Covid Jeannie has control over her schedule at PAI by choosing how many classes she'd like to take and which ones. That said, once PAI is able to get back to full services day programming Debbie will meet with her Designated Coordinator at least once per quarter to help set her quarterly schedule and indicate which classes she wants to take.
- B. Debbie has daily opportunities to develop and maintain skills. To do so, she prefers to have a consistent and routine that includes time to rest and be social. Debbie prefers to engage in activities when she is familiar with the activity and was communicated to about the activity ahead of time by her support staff.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities? Before COVID-19 and hopefully after the pandemic, Debbie will be able to choose where she would like to go on community outings. Her support staff discuss upcoming outings each month and help plan for any outings in which she 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?

After the COVID-19 pandemic is over, Debbie will be able to choose where she would like to go on community outings. Debbie takes classes at PAI to develop her skills and also to interact with her peers. Debbie takes social skills classes at PAI and works on group projects in her cohort.

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

Debbie is not interested in competitive employment at this time. Debbie maintains her skills by working in hourly on-site work at PAI when available.

# 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?

- Debbie's residence, guardians, PAI staff, and case manager exchange information as it relates to Debbie's services and cares. Meetings and reports are shared with Debbie's team. Debbie's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Debbie's guardians advocate on her behalf and help make legal decisions for her.
- Case manager, Kia Lee with Ramsey County, develops Debbie's CSSP and completes Debbie's service agreements and communicates with Debbie's support team to ensure continuity of care.
- Debbie's residence, New Directions, helps Debbie with services at home and communicates any needed medical information and updates to PAI and the team.
- PAI will provide Debbie with employment opportunities onsite and help Debbie work on vocational training and skill building. PAI will communicate any health and medical concerns to Debbie's residence.

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:

Dennis and Marianne Leo, guardians

651-739-6313

Dennis cell: 651-278-2785

[Dleo2034@msn.com](mailto:Dleo2034@msn.com)

Kia Lee, case manager with Ramsey County

651-266-4168

[Kia.lee@co.ramsey.mn.us](mailto:Kia.lee@co.ramsey.mn.us)

Mary Struntz, New Directions residence

651-356-9197

Dayna Gordon, Program Supervisor at PAI Commerce

651-747-8740

[dgordon@paimn.org](mailto:dgordon@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: Debbie is not interested in employment services at this time and has not communicated that she is 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:  
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

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."

N/A

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

# PAI

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:
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