

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

Name of person served: Hanan Mekraz

Date of development: 2/5/2021 For the annual period from: 02/01/2021 to 01/31/2022

Name and title of person completing the *CSSP Addendum*: Kennedy Norwick, Designated Coordinator

Legal representative: Huda Bugazia, Mother

Case manager: Kelsey Klinski, Inclusa

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 Hanan is intensive support services in a day training and habilitation community-based program. The program works with Hanan 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 Hanan’s physical, emotional and social functioning. Staff support Hanan 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 her health, safety and wellbeing as needed by Hanan. Support is provided in the most integrated and least restricted environment for Hanan. PAI works with Hanan’s residential provider and transportation provider for continuity of care.

Due to COVID-19, Hanan has been receiving services remotely.

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: It is important to and for Hanan that she takes breaks when needed.

Hanan will stretch/exercise when she needs a break.

Outcome #2: It is important to and for Hanan that she can engage in preferred activities.

Hanan will engage in at least 2 activities during the session.

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:

Hanan uses a tablet (with staff assistance) for remote services.

Hanan uses the tablet for leisure (music, FaceTime, Skype). No additional research is needed at this time.

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:

- **Sensory:** Staff can ask Hanan if she would like to go to her "safe space". Staff can also offer a stress ball, deep breaths, and stretching exercises. Staff can also offer her choices of things she enjoys to help motivate her.
- **General Anxiety Disorder:** Staff will try and provide structure and routine for Hanan. Staff give Hanan choices and allow her to be as independent as possible. Staff can provide Hanan with a schedule to help her know what to expect.
- **Communication:** Hana is unable to verbalize many things but she is able to communicate non-verbally through her actions. She is able to verbalize her basic needs to others with simple words and phrases. When Hanan wants something, she genially will grab a caregivers hand and lead them to what she wants.
- **Person-centered information:**
- **Important to:** Independence, making my own choices/decisions, humor, structure/routine/schedules, being an active participant in my day
- **Important for:** independence, guidance, having structure/routine/schedules and staff being proactive, making choices/decisions
- **Balance of important to and for:** It is important to Hanan that she can be as independent as possible, however it is important for Hanan that staff support her and guide her.
- **Good day for:** Being in control, being independent, when she knows what her schedule is going to be, structure
- **Bad day for: Not being in control, not able to be independent, not knowing her schedule, certain times of the month (still has symptoms even without getting a cycle).**
- **How to have more good days:** In order for Hanan to have more good days, staff will allow her to make her own choices/decisions. Staff will encourage Hanan to be as independent as possible. Staff will provide Hanan with a schedule so she knows that to expect.
- **Likes:** Coloring, drawing, matching items, dancing, listening to music, establishing relationships with others, beauty activities
- **Dislikes:** Chores, surprises/last minute changes

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**:

- Hanan prefers to be independent
- Hanan enjoys outings and being a part of the group
- Hanan prefers to do activities alone
- Hanan prefers to be active in her environment (high energy)
- Hanan prefers to use a printed laminated schedule for her to reference
- Enjoys 1:1 relationships with staff
- Prefers to have structure throughout her day

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**?

Hanan has weekly opportunities to develop and maintain skills. To do so, she prefers to have to consistent and structured routine/schedule that includes time to take breaks as needed. Hanan prefers to engage in activities with staff when her routine is followed.

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

Due to COVID-19, Hanan is only receiving remote services at this time.

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

Due to COVID-19, Hanan is only receiving remote services at this time.

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

Hanan's team has communicated that they are not interested in competitive employment at this time, but it could be a discussion in the future. Hanan has opportunities to seek competitive employment through 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?

- Hanan’s guardians, case manager, house staff and PAI staff collaborate to share necessary information as it relates to Hanan’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.
- Huda Bugazia is Hanan’s guardians and advocate on her behalf as well as makes legal decisions. Her legal guardians provide information and direction on Hanan’s services and supports in collaboration with other members of her support team.
- Kelsey Klinski, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and assists Huda in advocacy and finding additional opportunities for community involvement. Kelsey also completes Hanan’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
Kennedy Norwick
knorwick@paimn.org
Phone: 651.426.2484
Fax: 651.426.3789
- Case Manager
Kelsey Klinski
kelsey.klinski@inclusa.org
Phone: Office 877-622-6700 Cell 715-309-4912
- Guardian
Huda Bugazia
whodhod@gmail.com
Phone:

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:

Hanan’s team has communicated that they are 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:
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 – Hanan is receiving services remotely

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:

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

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