

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

Name of person served: Robert (Bob) Stewart

Date of development: April 26, 2021 For the annual period from: April 2021 to April 2022

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

Legal representative: Robert Stewart, self-guardian

Case manager: Stephanie Brown, Washington 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 Robert is DT&H intensive supports in a community environment. PAI works with Robert to develop and implement achievable outcomes based on Robert’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to his health, safety, and well-being as needed by Robert.

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: Robert likes to stay busy- which makes taking a break from work sometimes difficult for Robert. This outcome will help Robert get into the habit of doing something to enjoys during break and help teach/reinforce work schedules and expectations- which will be helpful if Robert does decide to pursue community employment.

“Robert will choose an activity to do during break daily, 70% of all trials until next review.”

Outcome #2: Staying active in his community is important to Robert. Robert really likes focusing on work but would like to practice taking a break and spending time with his peers in the community.

“Robert will pick and participate in 1 community activity from a provided list each month.”

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: N/A- Robert does not desire the use of technology to work on reaching his goals right now.

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:

- **Choking:** Robert is on a bite-sized diet. Staff will stay in visual range of Robert while he is eating. Robert packs and prepares his lunch from home. Robert should come to PAI with his food already cut up, but if PAI staff notice that Robert's food did not come cut up from home, staff will assist Robert in cutting up his food if Robert allows. Staff will verbally cue Robert to slow down if he is eating too fast.
- **Special Dietary Needs; Chronic Medical Conditions:** Robert's dietary plan is located in his client record and staff are trained on the needed supports. Robert carries a water bottle on him at all times and packs a lunch from home. Staff will not offer Robert additional drinks or food while at PAI without prior approval from his residence. Robert is under the care of his physician for his medical conditions and his residence attends all appointments with Robert. PAI staff will report any medical concerns to Robert's residence, including if he has any new sores on his body or if it appears he is having more trouble breathing than normal. Robert has an indwelling catheter that PAI does not empty. Robert experiences chronic skin breakdown in his buttock/groin area which is monitored at home and by Robert's physician.
- **Self-Administration of Medication or Treatment Orders:** A staff trained in medication administration will administer Robert's medication at PAI per a signed physician's order. Robert's home will provide all medication to PAI and PAI will notify Robert's home when more are needed.
- **Preventative Screenings; Medical and Dental Appointments:** Robert's residence attends all medical appointments with Robert. Any signs/symptoms of illness/injury will be reported to Robert's residence, who will help Robert follow up with his physician as needed.
- **Risk of Falling; Mobility Issues:** Staff will offer Robert help with propelling his manual wheelchair for long distances or in unfamiliar settings. Staff will assist Robert into the building or bus during bussing by propelling/steering his wheelchair. If Robert is propelling his wheelchair in a familiar area, staff will verbally point out any obstacles. If Robert has a bowel movement, a 2-person Hoyer lift to a matt table will be used.
- **Regulating Water Temperature:** Staff will assist Robert with hand washing by positioning him at the sink, turning the water on, and adjusting the temperature to a safe degree for hand washing. The water temperature at PAI is regulated to a safe degree for hand washing.
- **Community Survival Skills:** Staff will be with Robert at all times on-site and in the community. Staff will assist with propelling Robert's wheelchair for long distancing, in unfamiliar settings, and around obstacles. Staff carry Robert's basic health and ID information with in the community and would provide this information to emergency personnel if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Robert were to participate in an activity on or near a large body of water, staff would stay with Robert the duration of the activity and propel his wheelchair when near water. Staff would provide Robert with a life jacket.
- **Sensory Disabilities:** Staff will help Robert clean his glasses as needed. Staff will make eye contact with Robert when speaking and repeat instructions as needed.
- **Verbal/Physical Aggression:** When Robert is upset, staff will offer Robert a place to take a few minutes to himself to process his feelings, either alone or with a trusted staff. Staff will figure out what Robert is trying to communicate and help problem solve the situation.
- **Personal Cares:** If Robert has a bowel movement, a 2-person Hoyer lift to a matt table will be used. Robert has an indwelling catheter that PAI does not empty.

PAI

- **Person Centered Information:**

The **important to** Robert items are: his dog Bentley, working and making a paycheck, and staying busy and active.

The **important for** Robert items are: physical supports during the day, following his prescribed diet and having support to attend his dialysis appointments, and staying active in his community.

A **good day** for Robert would be a day he gets to come to PAI, vs dialysis, and is feeling healthy and well. Working on cards at PAI is Robert's preferred work activity. Robert will joke with staff and talk about his dog and projects he's working on at home.

A **bad day** for Robert would be when Robert is not feeling well. When Robert is not feeling well or appears to be having a harder time taking deep breathes, Robert does not like it when staff repeatedly ask if he is ok. Robert may get annoyed and frustrated and ask staff to "leave me alone." Robert does not like being bored and may get frustrated when PAI runs out of cards and Robert has to take a class. When Robert is annoyed and frustrated, Robert will be less social and want some space.

Robert **likes** to work on wood projects, go fishing, work on cards, and his dog Bentley.

Robert **dislikes** bossy people, lazy staff, being bored, being rushed, and mac and cheese.

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**:

- Robert has control over his schedule by choosing how many and which leisure and skill building classes he would like to take at PAI. Robert chooses where he would like to go on community outings. Robert chooses to work onsite but knows that PAI offers other employment services if he is every interested.
- Robert prefers to work at PAI and would rather not take any leisure or skill building classes.
- Robert prefers to work with female staff and peers.
- Robert prefers that staff listen to what he has to say the first time but is willing to repeat himself if staff do not understand.
- Robert prefers that staff and peers let him focus on work while at PAI but does have a good sense of humor and enjoys socializes with others sometimes.
- Robert prefers that staff do not overreact when he is a bit wheezy or is coughing- Robert does not like that extra attention or feeling sick. Robert understands that staff are just making sure he is ok, but he finds it annoying when staff are too persistent after he answers that he is ok.

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

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. Robert 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?

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

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. Robert is not interested in finding competitive employment in the community at this time. If Robert changes his mind, Robert can enroll in employment services at PAI anytime.

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?

- Robert, Robert's residence, PAI, and case manager exchange information as it relates to Robert's services and cares. Meetings and reports are shared with Robert's team. Robert's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Robert is his own guardian and advocates on his own behalf and makes legal decisions for himself.
- Robert resides at a Mains'I group home. Mains'I provides all in home care needed and attends all medical appointments with Robert. Robert's residence ensures all of Robert's need are being met and provides any information to Robert's team about changes in supports needed.
- Case manager, Stephanie Brown from Washington County, develops Robert's CSSP and completes Robert's service agreements. Stephanie communicates with Robert's support team to ensure continuity of care.
- PAI will provide Robert with employment opportunities onsite and help Robert work on vocational training and skill building. PAI will communicate any health and medical concerns to Robert'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:

Stephanie Brown, Case Manager
651-275-7285
stephaniebrown@co.washington.mn.us

Kelly Paar, Mains'I
KCPaar@mainsl.com

Angela Lester, Mains'I
612-940-4470
anlester@mainsl.com

Cortney Kelly, PAI
651-747-8740
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: Robert is not interested in finding competitive employment in the community at this time. If Robert changes his mind, Robert 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- If Robert decides to pursue competitive community employment, Robert can enroll in employment services at PAI.

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."

- Providing CPR and First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Robert's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- Medication administration.

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:

- Renvela 800mg/tab, give 2 tablets by mouth with meals @ 11am.

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

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: Robert can sometimes struggle with tasks that require fine-motor skills. At Robert's request or with his permission, staff may use hand over hand assistance to help Robert with fine motor tasks, such as hand washing or removing items from his bag/wheelchair.
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: Staff will propel Robert's wheelchair to safety in the event of an emergency.
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: Robert uses a manual wheelchair for mobility. Robert lap seat belt should be fastened at all times for safety.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Robert may need to process his feelings in a quiet place alone or 1:1 with a trusted staff when he is not feeling heard or is frustrated.
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: If Robert needs assistance with bowel movement care at PAI, a 2 person Hoyer lift to a matt table will be used.

PAI

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

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