

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

Name of person served: James (Jim) Shaw

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: James Shaw, self-guardian

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

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:** At the beginning of each month, Jim will talk with staff about something he would like to learn about that month in class, 75% of all trials until next review.

**Outcome #2:** Jim will attend PAI all 4 scheduled days per week, 75% of weeks until next review.

**Outcome #3:** Jim will pick and participate in one community activity per month until next review (as soon as community outings resume at PAI).

# 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:

- Jim already utilizes a cell phone and does not want to use technology an further.

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:** Jim is allergic to Kelflex and Lisinopril. Medication is only administered at PAI per a signed doctor's order. Staff are trained on Jim's allergies and where they are listed at PAI.
- **Chronic Medical Conditions:** Jim is diagnosed with paranoid schizophrenia, COPD, alcohol dependency, hyperthyroidism, hypertension, chronic respiratory failure, anxiety, depression, and a history of brain injury. Jim uses an oxygen tank 24 hours a day and is independent in its use. If Jim is feeling lightheaded, he carries a pulse oximeter with him to check his blood oxygen levels. Staff will offer Jim breaks during long walks or strenuous activities so he can catch his breath. Jim's anxiety and paranoid schizophrenia may result in verbal aggression (supports listed below under "verbal aggression").
- **Self-Administration of Medication and Treatment Orders:** Jim does not take any medication while at PAI, but if the need did arise, a staff trained in medication administration would administer a medication to Jim per a signed physician's order. Jim would be responsible for supplying PAI the doctor's order and medication ahead of time.
- **Preventative Screenings; Medical and Dental Appointments:** Jim has supports at home that help Jim manage his medical appointments. If staff at PAI recognize any medical concerns, they will talk to Jim and ask if he would like assistance speaking with his supports at home.
- **Risk of Falling:** Jim sometimes runs out of breath and may get dizzy and fall. Jim independently knows he needs to make sure he had even breath before standing up. If Jim seems to be dizzy after standing or when walking, staff will prompt Jim to take a break and offer him a chair.
- **Community Survival Skills:** Staff at PAI will transport Jim to and from community activities and/or job sites in the community and will offer Jim breaks when walking longer distances or doing strenuous activities.
- **Sensory Disabilities:** Jim is diagnosed with Graves' ophthalmopathy which negatively impacts his vision and causes sensitivity to light. Jim wears sunglasses. Staff will offer Jim a place without bright lights to work when available.
- **Verbal Aggression:** Jim may occasionally be verbally aggressive to others. It is sometimes unclear what causes Jim's angry, but Jim experiences daily anxiety which may be a factor. If Jim is being verbally aggressive or if it appears he is experiencing a lot of anxiety, staff will offer Jim a break. If Jim is frustrated with the project or work he is doing, staff will offer Jim an alternative when available.
- **Mental Health; Drug & Alcohol Use:** Jim experiences paranoia that may cause him to worry that staff are giving him the wrong medication or are doing something to his food to harm him. Jim has experienced visual and auditory hallucinations in the past but reports that medication is currently helping control this. Jim currently reports using alcohol less than once a month, using marijuana occasionally, and using chewing tobacco daily, but has a history of using and abusing hard drugs and alcohol. If Jim is not acting like himself, staff will talk to Jim 1:1 in private and ask Jim if he is feeling ok. If staff note changes in Jim's mental health or it appears Jim may be under the influence of drugs or alcohol while at PAI, staff will report this to Jim's team so they can help Jim follow up with his physicians as needed.

# PAI

- **Person Centered Information:**

Important **to** Jim: Jim's family, health, being more independent, working, and his fiancé.

Important **for** Jim: staying healthy (taking medication, attending appointments) and a safe and consistent living situation.

James **likes**: being involved in choosing his services and how he receives them, being independent, being social, living on his own, spending time with his fiancé, and working.

James **dislikes**: bright lights, people standing or sitting behind him, health concerns (feeling sick mentally or physically).

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**:

- Jim has control over his schedule at PAI by choosing which leisure and skill building classes he would like to take and which jobs he would like to work on onsite. Jim chooses which community activities he would like to participate in. Jim is involved in making decisions that impact him.
- Jim prefers to be as independent as possible and would like to be involved when decisions are made that affect him.
- Jim prefers a routine he can depend on for consistency. If there is a change to his schedule, Jim prefers that you let him know ahead of time.
- Jim is pretty self-reliant and prefers to handle most of his own cares, coordination of plans, health, and work management (pacing, time management, etc.)
- Jim prefers a dim lighted work environment.
- James prefers to go by Jim.
- Jim prefers to sit against a wall or in the corner of a room (without people behind him).

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

# PAI

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. Jim 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?

- Jim is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. Jim has many good social skills and is a friendly individual. When appropriate, staff will introduce Jim 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. Jim is just enrolling in services at PAI and is opting to not enroll in employment services. If Jim changes his mind, Jim can enroll in these services anytime.

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?

- Jim, PAI, and the case manager exchange information as it relates to Jim's services and cares. Meetings and reports are shared with Jim's team. Jim's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Jim is his own legal guardian and lives on his own. Jim advocates on his own behalf and makes legal decisions for himself.
- Jim's case manager, Andrew Jennings from Ramsey County, develops Jim's CSSP and completes Jim's service agreements. Jim's case manager communicates with Jim's 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:

Andrew Jennings, Case Manager, Ramsey County

P: 651-266-4317

E: Andrew.jennings@co.ramsey.mn.us

Cortney Kelly, Program Supervisor/DC, PAI

P: 651-747-8740

E: ckelly@paimn.org

# 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: Jim is not expressing interest in finding competitive employment in the community at this time. If Jim changes his mind, Jim 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 Jim decides to pursue competitive community employment, Jim can enroll in employment services at 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
<p>Indicate what <b>health service responsibilities</b> 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.”</p> <ul style="list-style-type: none"> <li>• Providing CPR and First Aid as applicable.</li> <li>• Monitoring for illness and injury and sharing this information with his team as appropriate.</li> <li>• Applying sunscreen and bug spray per bottle instructions as needed.</li> </ul> <p>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</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> <li>• Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)</li> <li>• The person’s refusal or failure to take or receive medication or treatment as prescribed</li> <li>• Concerns about the person’s self-administration of medication or treatments</li> </ul>

<p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input type="checkbox"/> Medication administration:</p>
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Psychotropic Medication Monitoring and Use
<p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> <li>1. Describe the target symptoms the psychotropic medication is to alleviate: N/A</li> <li>2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>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</li> </ol>

Permitted Actions
<p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> </ol>



Staff Information
<p>Are any <b>additional requirements</b> 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:</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