

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

Name of person served: Mark Johnson

Date of development: April 28, 2021

For the annual period from: April 2021 to April 2022

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

Legal representative: Robert and Margaret Johnson

Case manager: Bre Miller, Phoenix Service Corp.

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 Mark is DT&H intensive supports in a community environment. PAI works with Mark to develop and implement achievable outcomes based on Mark’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 Mark.

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: Eating slowly to refrain from choking is important to and for Mark. This outcome helps remind Mark to focus on eating safety right before lunch and become more independent with this skill.

“Mark will independently read a social story about eating slowly before lunch, 80% of all trials until next review.”

Outcome #2: Mark likes participating in community activities but tends to choose the same activity every month, most commonly mall walking. This outcome will encourage Mark to try new activities and stay active.

“Mark will pick and participate in one community activity, different than where he went the previous month, until next review.”

PAI

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: Yes No

- Mark has access to iPads at PAI, which he occasionally uses for class activities and leisure activities. Mark has a phone available at home to stay in contact with friends and family as desired.

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- Mark does not exhibit interest in technology use and does not wish to learn more about it or use it to advance his goals at this point in 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:

- **Allergies:** If Mark is bitten by an insect it may result in a rash or welt developing. Per the instruction of Mark's guardian's, these instances do not require any medical treatment. PAI will let Mark's parents know who will help Mark follow up with a physician as needed. If Mark is in a lot of discomfort, PAI will ask Mark's parents to come pick Mark up from PAI.
- **Seizures:** Mark is taking medication at home to help control his seizures and his family suspects they are more likely to occur when Mark has not gotten enough sleep. Staff will follow Mark's seizure protocol which states that PAI will call 911 if a seizure lasts longer than 3 minutes, Mark does not return to baseline within 10 minutes, or if Mark is having trouble breathing. PAI will report all seizure activity to Mark's mom. If 911 is ever called, staff will also call Mark's mom right away.
- **Choking:** Staff will verbally cue Mark to slow down when eating and provide supervision. Mark has an outcome to read a social story about eating slowly before lunch. In the event that Mark is choking and not able to clear his airway independently, staff will provide first and CPR as needed and call 911 if required.
- **Special Dietary Needs:** Mark packs and prepares his lunch from home in accordance to his diet. When purchasing food or a drink in the community, staff will help Mark makes food choices that are free of citrus.
- **Self-Administration of Medication and Treatment Orders:** Mark does not take any medication while at PAI. If the need did arise, staff trained in medication administration would administer the medication per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Mark's parents schedule and attend all medical appointments with Mark. Any signs/symptoms of illness/injury will be reported to Mark's parents. Mark's parents will help Mark follow up with his physician as needed.
- **Community Survival Skills:** Staff will always be with Mark onsite and when in the community. Staff will model safe pedestrian skills and stranger safety rules and prompt Mark to follow these as needed. Staff carry Mark's basic health information and ID information with in the community and would provide this to emergency personnel if the situation warranted. In the event of an emergency or severe weather, staff will seek shelter and guide Mark to a safe spot. If a situation should arise in which Mark would need to move quickly to a safe location, staff will physically assist him.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Mark were to participate in an activity on or near a large body of water, staff would stay with Mark the duration of the activity and help Mark put a life jacket on.
- **Communication Style:** Mark communicates verbally but does not always participate in reciprocal conversation. Staff will encourage Mark to communicate with others by asking Mark questions.

PAI

- **Person-Centered Information:**

The **important to** Mark items are: living with his parents, working, and staying busy.

The **important for** Mark items are: staying safe and maintaining good health by remembering to eat slowly and staying active in his community.

A **good day** for Mark would be when Mark is feeling well and gets to come to PAI to work. Mark would have root beer and a cookie in his lunch everyday if he could. Mark likes working with his favorite job coach at PAI, Ann. Mark likes going mall walking at PAI and spending time with his parents at home.

A **bad day** for Mark would be when Mark isn't feeling well or others are being respectful of Mark's personal space. Mark can get upset if others touch or are too close to him. When Mark eats too fast he may choke or vomit, and it would take Mark several minutes to feel ok again. Mark does well at staying calm in these situations, but Mark may be tired and need a break afterwards.

Mark **likes** watching TV (Little House on the Prairie is a favorite), watching old movies, watching game shows, listening to music (R&B and mow town are favorites), doing cards at PAI, living with his parents, pickles, chips, pizza, and root beer.

Mark **dislikes** when people touch or invade his person space and being bored.

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**:

- Mark has control over his schedule by choosing how many classes he would like to take and which classes. Mark chooses where he would like to go on community outings. Mark chooses to work on the work floor but knows other employment options are available and has worked in the community in the past.
- Mark prefers to stay busy.
- Mark prefers to work with his long time job coach at PAI, Ann.
- Mark prefers to stick to a routine and know what is happening next.
- Mark likes participating in classes. Mark enjoys reading and playing games.
- Mark prefers directions and likes to be reassured that he is doing a job or activity correctly.
- Mark can be on the shy side and prefers it when staff initiate involving him in conversation with others.

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 Mark can choose to participate in. Mark will work with staff to pick classes that fit his interests, preferences, or particular skills he would like to work on.
- Mark is encouraged to be as independent as possible and use the skills he has. Mark is asked his preferences by staff often and encouraged to share his opinions.

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. Mark 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?

- Mark is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Mark to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). If Mark is being shy, staff will encourage Mark to participate in conversation.

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

- PAI offers employment services to anyone interested in enrolling. Mark is currently not enrolled in employment services at PAI but can at any time if he changes his mind and funding is obtained.

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?

- Mark's parents/guardians, PAI staff and case manager exchange information as it relates to Mark's services and cares. Meetings and reports are shared with Mark's team. Mark's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Mark's guardians, Robert and Margaret Johnson, advocate on Mark's behalf and make legal decisions for him. Mark resides with his parents who provide all in home care needed and attend all medical appointments with Mark. Mark's parents ensure all of Mark's needs are being met and provide any information to Mark's team about change in supports needed.
- Case manager, Bre Miller from Phoenix Service Corp., develops Mark's CSSP and completes Mark's service agreements. Bre Miller communicates with Mark's support team to ensure continuity of care.
- PAI will provide Mark with employment opportunities onsite and help Mark work on vocational training and skill building. PAI will communicate any health and medical concerns to Mark's parents.

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:

Robert and Margaret Johnson, Guardians

P: 651-426-4974

Margaret C: 651-503-4311

Bre Miller, Phoenix Service Corp, Case Manager

P: 651-370-0872

Email: bmillier@phoenixservicecorp.org

Cortney Kelly, PAI

P: 651-747-8740

Email: 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: Mark is currently not enrolled in employment services and is just working onsite at PAI and taking classes. Mark can enroll in employment services at any time if he changes his mind and funding is obtained.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A

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 Mark's parents if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.

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:

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:
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: In the event of an emergency or severe weather where Mark does not seek shelter with verbal reminders, staff will physically assist Mark in the least restrictive manner possible, such as holding Mark's hand or guiding Mark with a hand on his shoulder
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
<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>

<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>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: <input type="checkbox"/> 1:4 <input checked="" type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify): <input type="checkbox"/> NA</p>

Frequency Assessments
<p>1. Frequency of <i>Progress Reports and Recommendations</i>, minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p>
<p>2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually</p>
<p>3. Request to receive the <i>Progress Report and Recommendation</i>: <input checked="" type="checkbox"/> At the support team meeting <input type="checkbox"/> At least five working days in advance of the support team meeting</p>
<p>4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i>, this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA</p>