

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

Name of person served: Justin Brown

Date of development: 4.27.2021

For the annual period from: 04.01.2021 to 03.31.2022

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

Legal representative: Kate Wurm (public, Anoka County)

Case manager: Hannah Jones, Meridian Services

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum* based upon the *CSSP*.
- Within 45 calendar days of service initiation, the license holder must meet with the support team and make determination regarding areas listed in this addendum.
- Annually, the support team reviews the *CSSP Addendum*.

**Services and supports**

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 information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team.

The **scope of the services** to be provided to support the person’s daily needs and activities include:  
The scope of services for Justin is intensive support services in a day training and habilitation community based program. The program works with Justin to develop and implement achievable outcomes that support his goals and interests, and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Justin’s physical, emotional and social functioning. Staff support Justin 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 his health, safety and wellbeing as needed by Justin. Support is provided in the most integrated and least restricted environment for Justin. PAI works with Justin’s residential 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: It is important to and for Justin that he is able to shred at PAI.

Justin with shred 3 times/week.

Outcome #2: It is important to and for Justin that he can interact with peers when he chooses to.

Once a week, Justin will play a game with a peer of his choice.

# 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:

Justin uses an iPad, iPhone and computer for leisure (music, printing pictures). The team feels that this is sufficient at this time.

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Allergies:** Justin has environmental allergies. Staff are aware and trained on Justin's allergies.
- **Choking and Special dietary needs:** If Justin appears to be eating too fast, staff will tell Justin to "eat slowly" so he does not choke on his food. If Justin selects a food with dairy, staff will monitor/encourage moderate portions.
- **Self-administration of medication or treatment:** Justin does not take any medications at PAI. If the need did arise for Justin to take medication at PAI, a staff trained in medication administration would administer the medication to him per a signed physician's order.
- **Preventive Screenings, Medical and Dental Appointments:** Justin's houses schedules and attends all appointments with him. Any signs/symptoms of illness/injury will be relayed to his house. If staff observe the need for a medical or dental appointment, they will notify Justin's house via phone call or in his communication book.
- **Community Survival Skills:** Staff will remain within visual range of Justin at all times while in the community. If Justin is seen displaying unsafe behaviors while crossing the street, staff will verbally prompt him back to the sidewalk, and coach him how to cross the street safely. If Justin attempts to approach a stranger, staff will verbally direct Justin to not walk up to strangers and will encourage him to "stay with his PAI friends".
- **Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Justin coming into contact with it.
- **Water safety skills:** PAI does not offer swimming or bathing. When near bodies of water, staff will stay within arm's reach of Justin.
- **Sensory:** Justin does not like loud noises, especially when they are unexpected. Staff will try to maintain a quiet and calm environment. If Justin appears to be bothered by noise, staff will offer him another area of the building to go to (conference room or sensory space). Staff will give Justin a timer and assist him in returning to the room when the timer goes off. In the event of a loud, unexpected noise, staff can explain to Justin what the noise was.
- **Unknown history/verbal aggression:** Justin needs a safe place to process his feelings, away from peers or what he has perceived as potentially dangerous. PAI staff will take into consideration that Justin needs time to build positive relationships with the people in his environment and will work to build a relationship whereby Justin feels he is provided adequate time and attention to express his fears, and feelings in general. When Justin engages in verbal aggression toward others, PAI staff will offer Justin a choice to move to a different area with a staff, to take a break from the person or scenario who is being perceived as a threat
- **Person-centered information:**
  - Important to Justin: printing pictures, friends, music, movies, coffee, walks, independence, picture book, his girlfriend
  - Important for Justin: independence, choices/decisions, supports to self-regulate, explaining upcoming changes to his schedule/routine, encourage participation in groups/activities, listening to him
  - Balance of important to and for: It is important to and for Justin that he is able to be independent and that he can self-regulate (leave the room when it is too loud or when he is upset). It is also important that Justin is able to manage his time outside of the room and that he returns to the room after a short break. It is important that Justin is encouraged to participate in groups/activities rather spending a majority of his day outside of his program room.
  - Good day for Justin: A good day for Justin is when his environment is calm, when he feels safe in his environment, when his routines are consistent, when he is able to self-regulate (take breaks outside of the room) and when he is accepting of staff assistance to return to the room after a break.
  - Bad day for Justin: A bad day for Justin is when his environment is loud/chaotic, when he feels threatened by peers or unknown triggers, or when there is an unexpected change in his routine.

# PAI

- How to have more good days: In order for Justin to have more good days, staff will try and maintain a calm environment. Staff will support Justin in self-regulating and assist him in returning to the room after a break. Staff encourage Justin to participate in groups/activities and provide him with verbal praise when completing tasks.
- Likes: music, movies, printing pictures, friends, outings, his girlfriend, his picture book
- Dislikes: Justin does not like loud noises, when his iPad/iPod isn't working, planetariums, pasta

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:

Justin prefers to spend time with his friends and girlfriend, however, if the environment becomes too loud/chaotic he then prefers to spend time alone (in the conference room or sensory room). Justin prefers to be independent and to make his own choices/decisions. Justin prefers that staff help him self-regulate when he is feeling upset/threatened. He prefers to spend a lot of his time listening to music, printing pictures, and adding to his picture book. Justin is able to make his own choices throughout the day and decide what he does and does not want to participate in.

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**?

Justin has daily opportunities to develop and maintain skills.

PAI offers a large variety of leisure and skill building group/activities. Justin is able to work on outcomes that are important for and to him. Justin makes choices throughout the day of what activities, outings, and groups he would like to participate in.

Justin enjoys shredding and prefers to do so multiple times a week.

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

Justin chooses what outings or community activities he wants to participate in. Justin is encouraged to interact with community members as he is comfortable.

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

Justin has the opportunity to volunteer and spend time in the community. Justin is encouraged to interact with community members as he is comfortable. Staff support Justin in building and maintaining relationships in the community.

# PAI

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

Justin's team has communicated that they are not interested in competitive employment at this time. Opportunities to seek competitive employment are available via enrollment in Employment Services.

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?

- Justin's guardian, residential staff and PAI staff collaborate to share necessary information as it relates to Justin'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.
- Justin receives residential services through Meridian Services. PAI works with his home staff for supplies needed at PAI.
- Kate Wurm is Justin's guardian and advocates on his behalf as well as makes legal decisions. His legal guardian provides information and direction on Justin's services and supports in collaboration with other members of his support team.
- Hannah Jones, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and Meridian Services and assists Kate in advocacy and finding additional opportunities for community involvement. Hannah also completes Justin'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](mailto:knorwick@paimn.org)  
Phone: 651-426-2484  
Fax: 651-426-3789
- Meridian Services  
Michael Gilbert  
[mgilbert@meridiansvs.com](mailto:mgilbert@meridiansvs.com)  
Phone: 763-233-7456
- Case Manager  
Hannah Jones  
[HJones@meridiansvs.com](mailto:HJones@meridiansvs.com)  
Phone: 612-400-6773
- Guardian  
Kate Wurm  
Kate.wurm@co.anoka.mn.us  
Phone: 763.324.1494 or 763.691.5102

# 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:

Justin's team has communicated that they are not interested in competitive employment at this time.

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

N/A

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) are 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."

- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Provide first aid and CPR, 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

# PAI

If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

Medication set up     Medication assistance     Medication administration

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

Is this person prescribed psychotropic medication?

Yes     No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

Yes     No

If yes, the following information will be maintained by the company:

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

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 and procedures

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:

# PAI

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: Positive verbal correction will be used to re-direct Justin when he is having a difficult day
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 what these requirements are: 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

## Staff ratio: For facility-based day services only

NA for residential services

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):

## Frequency of reports and notifications

# PAI

\*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:  
 Quarterly     Semi-annually     Annually
2. Frequency of service plan review meetings, at a minimum of annually:  
 Quarterly     Semi-annually     Annually
3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:  
 Quarterly     Other (specify):     NA
4. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):  
 Quarterly     Other (specify):     NA
5. The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed. Please indicate any changes regarding this notification: N/A
6. 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
7. Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here).  
 Quarterly     Semi-annually     Annually     Other (specify):     NA

K