

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

Name of person served: Dawn Roy

Date of development: May 17, 2021

For the annual period from: May 2021 to May 2022

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

Legal representative: Dawn Roy, self-guardian

Case manager: Ntianu Carter, Brain Injury Alliance

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 Dawn is DHT intensive supports in a community environment, which will transition to Day Support Services and Prevocational Services when Dawn’s services renew this year. PAI works with Dawn to develop and implement achievable outcomes based on Dawn’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, seeking employment onsite and in the community, data tracking and daily support related to his health, safety, and well-being as needed by Dawn.

# PAI

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:** Dawn wants to work on money skills and feels she has been shorted change when making purchases on her own in the community. This outcome will help Dawn learn and practice making change daily.

"Dawn will accurately practice making change and get the majority of practice scenarios right, 50% of all trials until next review."

**Outcome #2:** Dawn wants to get out into the community more and has an interest in exploring volunteer opportunities. This outcome will encourage Dawn to explore and try out different volunteer opportunities offered at PAI.

"Dawn will participate in a volunteer opportunity at PAI once a month until next review."

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: Dawn has been working on learning more about technology, specifically how to use an iPad and has had an outcome to help her achieve this goal for the last year. Dawn is now an expert at using YouTube but would like to continue her outcome and start learning how to look up information on the tablet such as bus schedules, American Indian events, and food delivery places in her area.

# 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:

- **Chronic Medical Conditions:** Any signs/symptoms of illness/injury will be shared with Dawn's cousin, Stephany, as Dawn agrees they should be. Stephany will help Dawn follow up with her physician as needed.
- **Self-administration of Medication and Treatment Orders:** Dawn does not take any scheduled medication at PAI. Should the need arise for Dawn to take medication at PAI, a staff trained in medication administration would administer the medication per a signed physician order. Physician orders are valid for one year from the date signed.
- **Preventative Screenings; Medical and Dental Appointments:** Dawn's cousin, Stephany, assists Dawn with scheduling and attending medical appointments. If PAI staff have any medical concerns, Stephany will be notified. Stephany will help Dawn follow up with Dawn's physician as needed.
- **Community Survival Skills:** Dawn's cousin, Stephany, helps Dawn make big purchases and helps Dawn manage her finances. AT PAI, staff will always be with Dawn at PAI and in the community and will help advocate on Dawn's behalf as needed and make sure she is not taken advantage of, financially or otherwise.
- **Water Safety Skills:** PAI does not offer swimming activities as a part of programming. Dawn exhibits good water safety skills, PAI staff will just ensure Dawn is provided and wears a life jacket during any activities near large bodies of water (ex. lake, on a pontoon.)
- **Verbal/Emotional Aggression-Anxiety:** When Dawn is experiencing high anxiety, staff will ask Dawn if she would like to step aside and talk through the activity/event causing anxiety. Dawn may become verbally aggressive when anxious or may make efforts to avoid the cause of the anxiety- new activity or job, etc. Staff will reassure Dawn that they will be with her at all times and provide Dawn the opportunity to opt out of the activity/job is desired. Dawn also experiences higher anxiety when she disagrees with an individual and an argument occurs. If this occurs, staff will help Dawn leave the individual she is having an argument with and take her somewhere quiet to talk with staff 1:1. Staff will give Dawn a few minutes to calm down and process her feelings before returning to the activity she was doing. If a staff member is the one having a disagreement with Dawn, staff will drop the topic when appropriate and let Dawn process the situation on her own or with another staff and then move on. If staff hear Dawn say "please back off," staff will recognize this as a sign that Dawn is near her breaking point. If Dawn leaves an activity alone to cool off, staff will give Dawn 5 minutes before approaching her to ask if she is ok. Dawn has identified a few activities that she says help her when she is experiencing anxiety or is upset: listening to music, researching for music and artists online, performing acts of kindness for others, searching the internet for funny things, cleaning up garbage outside, and getting together with friends.
- **Person Centered Information:**

The **important to** Dawn items are: maintaining a level of independence that allows Dawn to live independently, having Stephany's support, hanging out with family and friends, trust, coping skills, going out to eat and shopping, and having the opportunity to work and make money.

The **important for** Dawn items are: having access to work, having opportunities to incorporate in her community, and having the support (strongly preferred from her cousin, Stephany) to stay safe living independently.

A **good day** for Dawn would be when she knows her schedule- Dawn appreciates consistency and notice about changes. Dawn also appreciates when peers, coworkers, and staff are polite and understanding. Explaining things that Dawn does understand in a patient and sensitive manner, helps Dawn build her confidence and trust in others and help make her feel more comfortable. When Dawn is having a good day, Dawn likes to socialize with peers. When Dawn has plans to spend time with her friends and family in the evenings and weekends, this makes Dawn happy and in a good mood.

# PAI

A **bad day** for Dawn would be when her day is completely unpredictable and no one is involving Dawn in making decisions or telling her what she is doing next. Dawn's anxiety plays a large role in her having a bad day. Dawn might get into an argument with a peer who will not drop the subject, which would upset Dawn and raise her anxiety. Dawn might yell and argue with this individual and eventually shut down and not want to talk to anyone.

Dawn **likes** all animals, her cat, hanging out with friends and family (especially her cousin Stephany and her children), going fishing, going bowling, using an iPad to listen to rock/county/blues music, spaghetti, lasagna, and pizza.

Dawn **dislikes** asparagus, cream of corn, changes to her routine, people pushing her out of her comfort zone, aggressive and argumentative people, and undefined tasks and expectations.

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**:

- Dawn has control over her schedule by choosing how many classes she would like to take and choosing which classes. Dawn chooses where she would like to go on community outings and where she would like to volunteer. Dawn chooses to work on site but knows that employment services and jobs in the community are available for exploring if Dawn ever chooses to do so.
- Dawn said she prefers when staff talk to her and explain things in a calm manner.
- Dawn prefers to have things explained to her and to not be left alone when she is unsure of something new she is doing.
- Dawn prefers to be around people who are not argumentative and do not hold grudges or prolong arguments/conflict.
- Dawn prefers that new things/opportunities are ran past her cousin, Stephany, before she makes any decisions or signs anything.
- Dawn has identified a few ways that help her cope when she is upset or overwhelmed and prefers that staff remind her to use these methods when needed: listening to music, researching for music and artists online, performing acts of kindness for others, searching the internet for funny things, cleaning up garbage outside, and getting together with friends.

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 Dawn can choose to participate in. Dawn will be given a list of the classes available quarterly and can pick classes that fit her interests, preferences, or particular skills she would like to work on.
- Staff will ask for Dawn's input often and accommodate her preferences whenever possible.

## 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. Dawn has the opportunity to choose which activities she would like to participate in by choosing about 1-2 locations a month that interest her. 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?

- Dawn is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Dawn to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Dawn is a friendly person but is very cautious of strangers and their intentions. Staff will always be with Dawn in the community and will encourage Dawn to interact with trusted individuals.
- Dawn can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

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 and there are other services in the area that offer similar services. Dawn is currently not interested in finding a job in the community and is not enrolled in these services but could at any time- with PAI or another organization.

# 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?

- Dawn, Dawn's cousin Stephany, PAI staff and case manager exchange information as it relates to Dawn's services and cares. Meetings and reports are shared with Dawn's team. Dawn's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Dawn is her own legal guardian, however, Dawn's cousin Stephany Curtis works closely with Dawn to provide assistance as needed and has applied for formal guardianship.
- Stephany advocates on Dawn's behalf as well as helps make legal decisions with Dawn.
- Case manager, Ntianu Carter from Brian Injury Alliance, develops Dawn's CSSP and completes Dawn's service agreements and communicates with Dawn'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:

Dawn Roy, Self-Guardian  
C: 612-559-1029

Stephany Curtis, Cousin  
C: 651-334-9769  
Email: scgodchild@gmail.com

Ntianu Carter, Case Manager  
P: 651-444-8663  
Email: ntianu@braininjurymn.org

Cortney Kelly, PAI  
P: 651-747-8740  
Email: ckelly@painn.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: Dawn is not interested in employment services or finding a job in the community at this time.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A- none needed 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.

# 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 Dawn's residence 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:
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: When Dawn is experiencing high anxiety and being verbally aggressive to others, staff will verbally redirect Dawn and encourage Dawn to leave the area and go somewhere quiet to talk and process her feelings.
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:

# 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