

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

Name of person served: Ann Strassburg

Date of development: May 18, 2021 For the annual period from: May 2021 to May 2022

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

Legal representative: Sue Teegarden

Case manager: Cheyenne Wilson, Thomas Allen Inc.

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 Ann is DT&H intensive supports in a community environment that will transition to Day Support Services and Prevocational Services when Ann’s services renew this year. PAI works with Ann to develop and implement achievable outcomes based on Ann’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 her health, safety, and well-being as needed by Ann. Ann is enrolling in employment services development at PAI as of her annual meeting May 18, 2021. Ann will start working with an employment specialist 1:1 weekly at PAI to find a job in the community.

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:

“Ann will research and find a healthy recipe once a week, 75% of trials until next review.”

Outcome #2:

“Ann will go out into the community with PAI’s employment specialist at least once per month to work on finding a community job until next review.

PAI

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

- Ann utilizes technology in a few ways already. Ann has an outcome to find a healthy recipe at least weekly that she would like to try- Ann utilizes an iPad at PAI for this outcome. Ann has a house phone to stay in contact with family and friends.

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:

- Ann has a lot of interest in utilizing an iPad and would like to continue finding ways to learn more.

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:

- **Special Dietary Needs:** Ann packs and prepares her lunch from home. If Ann attends an activity at PAI where food will be purchased, Ann's house will be notified of the outing when a funds request form is sent home to request money for the outing. Staff will encourage Ann to pick healthier options.
- **Chronic Medical Conditions:** If Ann indicates she is having arm tremors or if staff notice, Ann will be offered a break and an alternate activity/job.
- **Self-Administration of Medication or Treatment orders:** Ann does not take any medication while at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Ann per a signed physician's order.
- **Preventative Screening; Medical and Dental Appointments:** Ann's residence schedules and attends all medical appointments with Ann. If PAI staff notice any signs/symptoms of illness/injury, staff will let Ann's residence know who will help Ann follow up with her physician as needed.
- **Hepatitis B Carrier:** Staff are trained at time of hire and annually thereafter on infectious diseases and treat all blood exposures/needle pricks the same. Staff are trained on where blood exposure kits are stored and how to safely use them.
- **Community Survival Skills:** Staff are always with Ann in the community and will verbally remind her to stay with the group as needed. Staff will model safe pedestrian skills and stranger safety skills. Staff will help Ann make good decisions through coaching and explaining potential negative consequences as applicable.
- **Sensory Disabilities:** If staff notice that Ann is having trouble completing an activity or job at work due to her eye sight, staff will encourage Ann to wear her glasses then or the next day if they're at home. If staff notice a decline in Ann's vision, staff will notify Ann's residence who will help Ann follow up with a physician as needed.
- **Person-Centered Information:**
The **important to** Ann items are: working and trying new jobs, social relationships with peers, her family, and staying active in her community.

The **important for** Ann items are: maintaining good health through eating well and stabilizing blood sugar levels and continuing to have opportunities in the community to work and for leisure activities.

A **good day** for Ann would be when there is a job at PAI to do that's new or more challenging or when Ann has a job in the community to attend. Ann also enjoys when she gets to go on an outings at PAI or when her cooking class is scheduled. Ann can have a good day when she does not have any conflicts with peers and can hang out and do activities/work with other people who have the same motivations as her. Ann is pretty social with staff and peers.

PAI

A **bad day** for Ann would be when there's drama or a conflict with a peer or friend. There are a few peers at PAI who consistently do not get along well with Ann, and when something is happening with this group of peers it can really impact and ruin Ann's day. Ann may be less social and not as motivated to work hard. Ann may not want to go to certain classes, do certain jobs, or go on certain outings if she is trying to avoid these peers.

Ann **likes** working (especially in the community), spending time with her family, Asian food, music, cooking, and using an iPad.

Ann **dislikes** drama with peers/friends, working on some of the easier jobs (artist 1 or 2), taking a lot of classes at PAI, people interrupting her when she is trying to work, and people who are rude.

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**:

- Ann has control over her schedule by choosing how many classes she would like to take at PAI and which ones. Ann chooses where she would like to go on community outings. Ann helps chooses which enclave job sites offsite she would like to work at when opportunities are available.
- Ann prefers to focus on work and the have the staff support to do so.
- Ann prefers to work offsite when possible, or on jobs onsite that are more challenging or new.
- Ann prefers to have consistent staff to talk to and open up about some of her concerns with peers.
- Ann prefers that people leave her alone when she is doing a job and ask her questions on a break or lunch.
- Ann prefers to not take classes at PAI but does enjoy cooking class weekly.
- Ann prefers to not be assigned to work or do activities with a few certain peers who have a history of being rude and potentially bullying Ann.
- Ann prefers when she is having trouble with a peer that staff are discrete when handling the situation and careful to not cause retaliation from the peer.
- Ann prefers that staff do not over assist her, especially at job sites. Once Ann knows how to do a job, Ann needs little support and can consistently do the job independently with little oversight.

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 Ann can choose to participate in. Ann 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 Ann'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. Ann 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?

- Ann is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Ann to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).
- Ann 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 service providers in the area that offer similar services. Ann will be enrolling in employment services development after discussing it with Ann's team at her annual meeting.

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?

- Ann's guardian, residence, PAI, and case manager exchange information as it relates to Ann's services and cares. Meetings and reports are shared with Ann's team. Ann's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Ann's guardian, Sue Teegarden, advocates on Ann's behalf and makes legal decisions for her.
- Ann resides at a REM group home. REM provides all in home care needed and attends all medical appointments with Ann. Ann's residence ensures all of Ann's need are being met and provides any information to Ann's team about changes in supports needed.
- Case manager, Cheyenne Wilson from Thomas Allen Inc., develops Ann's CSSP and completes Ann's service agreements. Cheyenne communicates with Ann's support team to ensure continuity of care.
- PAI will provide Ann with employment opportunities onsite and help Ann work on vocational training and skill building. PAI will communicate any health and medical concerns to Ann's residence. Ann is enrolled in employment services development at PAI and will work with a job coach or employment specialist to find an independent job in the community.

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:

Sue Teegarden, Guardian

P: 651-739-1281

Email: sue.teegarden@gmail.com

Cheyenne Wilson, Case Manager, Thomas Allen Inc.

P: 651-789-1233

Email: Cheyenne.wilson@thomasalleninc.com

Sarah Clay, REM

P: 651-206-1704

Email: sarah.clay@thementornetwork.com

Cortney Kelly, PAI

P: 651-747-8740

Email: 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: Ann would like to enroll in employment services at PAI. Funding will be obtained through Ann's case manager and Ann will begin working with an employment specialist weekly here at PAI to being searching for a job in the community. Ann has thought about living more independently, but for the time being would like to continue living at her REM group home. Ann said she is working on independent living skills at her group home that will help her get ready for the transition is she chooses to do so in the future.

Describe any further research or education that must be completed before a decision regarding this transition can be made: PAI will send Ann's case manager a new 6790 to obtain funding for employment services.

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

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

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:</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