

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

Name of person served: Michelle Barrows

Date of development: May 21, 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: Judy Barrows and Kathy Picha

Case manager: Paula Goeldner, Washington 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 Michelle is DT&H intensive supports in a community environment. PAI works with Michelle to develop and implement achievable outcomes based on Michelle’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 Michelle.

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:

“Michelle will recite her mom’s phone number from memory each morning in her homeroom, 50% of all trials until next review.”

Outcome #2:

“When in the community making a purchase Michelle will hand her money to the cashier and obtain the receipt and change, 75% of all trails until next review.”

PAI

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

- Michelle already utilizes technology in a few ways. Michelle has an iPad at home to use for leisure activities and also used an iPad at work occasionally for classes or games. Michelle has a phone at home to use 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:

- Michelle does not wish to utilize technology to work on her outcomes and goals at this point in time or learn more about technology.

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:** Staff are trained on Michelle's allergies and where Michelle's allergies are listed. Michelle packs and prepares her lunch from home. If Michelle purchases food or a drink on an outing in the community, staff will ensure Michelle does not have raspberries. PAI only administers medication per a signed physician's order.
- **Choking:** Michelle packs and prepares her lunch at home, and all food items should come cut up into bite-sized pieces. If staff notice that Michelle's food is not cut up or if Michelle is purchasing food to eat in the community, staff will assist Michelle with cutting up her food into bite-sized pieces. Staff are always in the same room with Michelle when she is eating and would administer CPR and first aid if Michelle were to choke.
- **Special Dietary Needs:** Michelle is lactose intolerant and on a 1250 calorie diet. Michelle packs and prepares her lunch from home in accordance with her diet. Michelle's residence will be notified when Michelle is participating in an outing involving purchasing food at PAI when funds are requested for the activity. Staff will help Michelle make food choices that are lactose free and coach Michelle to choose healthier options.
- **Chronic Medical Conditions; Risk of Falling; Mobility Issues:** Michelle uses a manual wheelchair at PAI, unless she needs to use the restroom. When Michelle needs to use the restroom, staff will use a gait belt and have Michelle use a grab bar, as they use a one person assist pivot transfer to help her to the toilet. Staff will verbally remind Michelle to sit down gently to avoid landing hard and potentially falling. Staff can give Michelle privacy, but will stay inside the restroom until Michelle is ready for help cleaning up and getting back into her wheelchair. Staff will point out obstacles to Michelle when accessing the community and physically help Michelle navigate potentially dangerous situations. If staff notice that Michelle is getting tired on longer walks, staff will ask Michelle if she would like help propelling her wheelchair. If staff notice that Michelle's general strength and stamina are decreasing, staff will let Michelle's residence guardian know, who will help Michelle follow up with her physician as needed.
- **Self-Administration of Medication or Treatment Orders:** Michelle does not take any medication at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Michelle per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Michelle's residence scheduled and attends all appointments with Michelle. If PAI staff notice any signs/symptoms of illness/injury, staff will let Michelle's residence know who will help Michelle follow up with her physician's as needed.
- **Community Safety Skills:** Staff will always be with Michelle in the community. Staff will model safe pedestrian skills and stranger safety and prompt Michelle to follow these as needed. Staff will point out physical obstacles to Michelle and offer to help Michelle navigate around them by propelling her chair. Staff carry Michelle's basic health information and ID information with when in the community and would provide this to emergency personnel if the situation warranted.

PAI

- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Michelle were to participate in an activity near or on a large body of water, staff would staff will Michelle the duration of the activity and remind and help Michelle put on a life jacket.
- **Sensory Disabilities:** If staff notice that Michelle's glasses are dirty, staff will offer Michelle help with cleaning them. If Michelle breaks her glass while at PAI, staff will contact Michelle's residence who will help Michelle fix them or get another pair.
- **Restroom Assistance:** When Michelle needs to use the restroom, staff will use a gait belt and have Michelle use a grab bar, as they use a one person assist pivot transfer to help her to the toilet. Staff will verbally remind Michelle to sit down gently to avoid landing hardly and potentially falling. Staff can give Michelle privacy, but will stay inside the restroom until Michelle is ready for help cleaning up and getting back into her wheelchair.
- **Person-Centered Information:**

The **important to** Michelle items are: her family, her favorite foods and drinks, staying busy, and doing fun activities.

The **important for** Michelle items are: consistent and reliable supports at home and continued opportunities to work and incorporate in her community.

A **good day** for Michelle would be when Michelle says she gotten enough sleep at home and is in a good mood. Michelle likes to be social with peers and staff and has a good sense of humor. Michelle likes it when she gets to go on a community outing.

A **bad day** for Michelle would be when she gets to PAI and says she is tired. Michelle may not be as social with others. If Michelle is not feeling well, she would prefer to stay home or have a home staff come and pick her up.

Michelle **likes** going to the fair, going shopping, going swimming, using her iPad, Pepsi, chocolate milk, country music, pizza, and spaghetti.

Michelle **dislikes** living away from her family, going to appointments, when people fight, and when people are in her personal space or in the way of her propelling her wheelchair.

PAI

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**:

- Michelle has control over her schedule by deciding how many classes she is like to take at PAI and which ones. Michelle chooses where she would like to go on community outings. Michelle chooses to work on-site on the work floor but knows other jobs are out there.
- Michelle prefers that staff verbally encourage her when she is doing a good job.
- Michelle prefers that staff help her keep track of her schedule and remind her what is next.
- Michelle prefers that staff talk to her and explain concerns to her before relaying them to her house and guardian and does not like to feel like she is "in trouble."
- Michelle prefers to work but enjoys a balanced schedule with a few classes a week.
- Michelle prefers to stay up late, meaning she may come to PAI some days and indicate she is tired.
- Michelle prefers to take her time and not be rushed.
- Michelle prefers something good to drink in her lunch, like Pepsi or chocolate milk, and will probably not drink water if it is offered.
- Michelle is social and friendly but sometimes will not initiate conversations on her own with peers. Michelle prefers that staff help Michelle initiate conversations.

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 Michelle can choose to participate in. Michelle will be given a list of the classes available quarterly and Michelle's lead will walk Michelle through the different options available and help Michelle pick classes that fit her interests, preferences, or particular skills she would like to work on.
- Staff will be receptive to Michelle's thoughts and feelings and honor her preferences whenever possible.

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. Michelle 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.

PAI

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

- Michelle is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Jodi to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).
- Michelle can choose who to spend her time with at PAI (which staff and peers to take classes with, who to go on outings with, where to sit at lunch, etc.)

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

- PAI and other service providers in the area offer employment supports. If Michelle chooses to pursue community employment, PAI can offer support in this venture along with Michelle's residence and family. Michelle could enroll in employment services at PAI or elsewhere if she obtained the necessary funding.

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?

- Michelle's guardians, residence, PAI, and case manager exchange information as it relates to Michelle's services and cares. Meetings and reports are shared with Michelle's team. Michelle's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Michelle's guardians, Judy Barrows and Kathy Picha, advocate on Michelle's behalf and make legal decisions for her.
- Michelle resides at a Phoenix Residence group home. Phoenix Residence provides all in home care needed and attends all medical appointments with Michelle. Michelle's residence ensures all of Michelle's need are being met and provides any information to Michelle's team about changes in supports needed.
- Case manager, Paula Goeldner from Washington County, develops Michelle's CSSP and completes Michelle's service agreements. Paula communicates with Michelle's support team to ensure continuity of care.
- PAI will provide Michelle with employment opportunities onsite and help Michelle work on vocational training and skill building. PAI will communicate any health and medical concerns to Michelle's residence.

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:

Judy Barrows, Guardian

P: 715-808-0677

C: 715-671-3183

Email: valmerbarrows@gmail.com

Kathy Picha, Guardian

P: 651-470-7759

Email: spicha@att.net

Paula Goeldner, Case Manager, Washington County

P: 651-27-5903

Email: paula.goeldner@co.washington.mn.us

Joe Nelson, Phoenix Residence

H: 651-777-6754

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: Michelle said she is currently happy living in her group home and is not looking to transfer to a more independent living situation. Michelle is not interested in pursuing community employment.

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) 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 Michelle'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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Michelle may appropriately evacuate herself, however, if Michelle does not do so independently or cannot do so fast enough in the event of an emergency where imminent risk of harm is present, staff will assist Michelle in safely evacuating the building in the least restrictive manner possible. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Michelle uses a manual wheelchair for mobility with a lap seat belt for safety. When Michelle needs to use the restroom, a transfer belt and a one person pivot transfer is used to transition Michelle to the toilet.

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>
<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 type="checkbox"/> 1:8 <input checked="" 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 checked="" type="checkbox"/> Semi-annually <input 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>