

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

Name of person served: Dan Petersdorf

Date of development: May 15, 2021

For the annual period from: May 2021 to May 2022

Name and title of person completing the *CSSP Addendum*: Dayna Gordon, Designated Coordinator/Program Supervisor

Legal representative: Carol Petersdorf

Case manager: Keirsten Travaline

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 Dan is intensive support services in a day training and habilitation (DTH) community based program. The program works with Dan 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 Dan’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Dan. PAI works with Dan’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: Dan will learn PAI’s address by copying it at least four times per week.

Outcome #2: Dan will learn his place of employment Culver’s address and phone number by copying it daily at PAI.

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:

Dan uses technology by utilizing his phone to text. Dan uses the iPads at PAI Commerce when he needs to. Dan enjoys playing video games during down 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:** Dan is allergic to whole tomatoes; he has a sensitivity to the skin on tomatoes. Any concerns related to Dan's allergies will be relayed to his mother, Carol Petersdorf, via phone or email.
- **Preventative screening, medical and dental appointments:** PAI staff will visually observe Dan for any signs or symptoms of injury or illness (such as an unusual lack of interest or withdrawal from activities). If anything is noted, staff will notify Dan's mother and/or seek assistance as needed. If Dan reports an injury or illness, staff will assess his symptoms and call his mother to verify his report as needed. Should Dan be presenting symptoms of cardiac distress or if there is any other evidence of need for critical care, 911 will be called and his mother will be notified as soon as possible. If Dan's symptoms are of non-critical nature but likely to require medical care (i.e., sprains, strains, wounds, needing stitches, etc.), staff will provide first aid. Dan's mom will then be called to arrange the most efficient means of transportation to obtain the care needed. If staff are unable to reach Dan's mother, they will consult with the PAI nurse consultant to determine what to do.
- **Community survival skills:** If Dan is in the community with staff, and interactions with a stranger become inappropriate, staff will intervene and either verbally redirect or physically intervene to remove Dan from the situation and keep him safe.
- **Sensory disabilities:** Dan wears glasses to correct his vision to normal. Staff will notify Dan's mother if his glasses need repair or if they notice changes in his visual abilities.
- **Person-centered information:**
 - **Important to Dan:** His mom/family/friends, his house, working, the PAI staff, positivity
 - **Important for Dan:** Remaining busy, having the opportunity to work at his job, interacting with friends and family, having support to remain as independent as possible
 - **Good day for Dan:** Starting his day at PAI greeting staff and friends, a full schedule at work, taking the dog for a walk, having spinach pizza for dinner
 - **Bad day for Dan:** Being sick and stuck at home, unable to see friends, not going to work, not getting to leave the house for an activity
 - **Likes:** Music, attending classes at PAI (cooking), going for walks in the neighborhood, taking dog for walks, playing video games, the band Imagine Dragons, spinach pizza, flaming hot Cheetos, going to the apple orchard, exercising at Lifetime Fitness.
 - **Dislikes:** Tomatoes. Negativity. When his peers mess with him or others. Getting yelled at.

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**:

- Dan prefers to choose how many classes he would like to attend.
- Dan prefers to have a choice to work on-site when not in class or in the community.
- Dan prefers to have the opportunity to process with staff and supervisors when conflict arises so that he can take in feedback and hear what he did well.
- Dan prefers to work with people.
- Dan prefers to live with his mom.

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 Dan can choose to participate in. Typically, before COVID-19, Dan would be given a list of the classes available quarterly and Dan's designated lead staff would walk him through the different options available and help Dan pick classes that fit his interests, preferences, or particular life skills he would like to work on. At Dan's semi-annual and annual time of year, Dan's designated coordinator talks to him to discuss goals for the next review period and adjust outcomes accordingly.

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

- Community outings are currently on hold at PAI but will resume when COVID-19 health and safety concerns have subsided. PAI usually offers community outings on a daily basis to several community locations. Dan 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?

- Dan is encouraged to communicate and associate with those if his choosing onsite at PAI and when in the community. Dan has many good social skills and is very friendly! When appropriate, staff will introduce Dan to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc). Staff will remind Dan of appropriate social skills and boundaries as needed.

PAI

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 finding employment in the community. Dan is currently enrolled in employment services – exploration and is exploring available career paths and jobs in the area.

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?

- Dan's mom/guardian, case manager, and PAI staff exchange information as it relates to Dan's services and care. Meetings and reports are shared with Dan's team. The team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Dan's mom, Carol Petersdorf, is his guardian and advocates on Dan's behalf and makes legal decisions for him. They help Dan at home and communicate any needed medical information and updates to PAI and the team.
- Case manager, Keirsten Travaline at Dungarvin, develops Dan's CSSP, completes Dan's service agreements and communicates with Dan's support team to ensure continuity of care.
- PAI will provide Dan with support for his job off-site if needed as well as employment opportunities onsite. PAI also supports Dan on vocational training and skill building. PAI will communicate any health and medical concerns to Dan's mother if needed.

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:

Guardian: Carol Petersdorf, mother
Home: 651-773-5749
Cell: 651-214-4042

Case Manager: Keirsten Travaline
651-789-5824
ktravaline@dungarvin.com

PAI Designated Coordinator: Dayna Gordon
651-747-8740
dgordon@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: Dan has had a job in the community since before COVID-19. Dan would like to continue to work at this job in the community. Dan is currently in employment services – development and is exploring available career paths and jobs in the area with PAI.

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.

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

PAI

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

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: N/A

Medication assistance: N/A

Medication administration: N/A

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

PAI

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:
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:

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): 1:7 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