

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

Name of person served: Raynisha Watson

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

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

Legal representative: Sue Watson

Case manager: Lauren Otanez, Ramsey 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 Raynisha is intensive supports in a community environment. PAI works with Raynisha to develop and implement achievable outcomes based on Raynisha’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite work, data tracking and daily support related to her health, safety, and well-being as needed by Raynisha.

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:** Raynisha knows her bills and coins and their values but has the goal of being more independent when it comes to adding money up and paying for items in the community.

“Once a day during break, staff will give Raynisha some money (coins and bills) and Raynisha will accurately count the money and verbally give staff the total, 60% of trials until next review.”

**Outcome #2:** Raynisha wants to be more independent in accessing the community and choosing the experiences she has in her community.

“Raynisha will initiate a conversation once a month with her service designate and identify an experience in the community that she would like to have that month.”

## PAI

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

- Raynisha uses technology in many ways already. Raynisha has a personal cellphone and is proficient in making calling, texting, and emailing.

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: N/A

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:

- **Choking:** Raynisha packs and prepares her lunch from home and her lunch should come cut into bite sized pieces. If staff notice that Raynisha's lunch is not cut into bite sized pieces or if Raynisha is having additional food at PAI (from cooking class or a community outing), staff will help Raynisha cut her food into bite sized pieces. Staff are always in the lunchroom when Raynisha is having lunch and will remind her to slow down when eating as needed. In the event that Raynisha chokes, staff will administer first aid and CPR as needed.
- **Special Dietary Needs:** If staff are serving something in a cooking class or if Raynisha is on a community outing purchasing food, staff will let Raynisha know if an item contains pork as an ingredient. Raynisha can choose if she wants to eat the item or decline. A staff trained in medication administration administers Raynisha Lactaid with lunch every day.
- **Chronic Medical Conditions; Risk of Falling; Mobility Issues:** Raynisha diagnoses of Quadriplegia Cerebral Palsy requires that Raynisha receives assistance with many physical tasks. Staff will assist Raynisha with steering her electric wheelchair on and off the bus and into the building. In the community, staff will point out physical obstacles to Raynisha and offer Raynisha help navigating around them. Raynisha needs her lap tray or lap seat belt on at all times. Raynisha needs full assistance in the restroom with changing her depend. A two person hoist lift and sling will be used to transfer Raynisha to a mat table. Staff will assist Raynisha with fine motor tasks when Raynisha indicates she would like the help (dressing, preparing food, using her phone, getting things in and out of her backpack, etc.)
- **Self-Administration of Medical or Treatment Orders:** PAI staff trained in medication administration will administer Raynisha's medication per a signed physician's order. Raynisha's residence will supply PAI with the medication and PAI will request refills as needed.
- **Preventative Screenings; Medical and Dental Appointments:** Raynisha's residence schedules and attends all medical appointments with Raynisha. Any signs/symptoms of illness/injury will be relayed to Raynisha's residence who will help Raynisha follow up with her physician as needed.
- **Regulating Water Temperature:** Staff will help Raynisha position herself in front of the sink as needed. Staff will turn on and adjust the water temperature to a safe degree before Raynisha washes her hands.
- **Community Survival Skills:** Staff will always be with Raynisha in the community. Staff will model safe pedestrian skills and remind Raynisha to follow these as needed. Staff will point out obstacles and uneven terrain to Raynisha and help with steering her wheelchair. Staff carry Raynisha's basic medical information and ID information with in the community and would provide this information to emergency personnel if needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Raynisha was to participate in an activity near or on a large body of water, staff would stay with Raynisha the duration of the activity and provide and help Raynisha put on a life jacket.
- **Sensory Disabilities:** If staff notice that Raynisha's glasses are dirty or if Raynisha indicates they are, staff will offer to help clean them. Any noticeable changes in Raynisha's vision will be reported to Raynisha's residence who will help Raynisha follow up with her physician as needed.

## PAI

- **Personal Cares:** Raynisha needs full assistance in the restroom with changing her depend. A two person hooyer lift and sling will be used to transfer Raynisha to a matt table for full assistance with personal cares.
- **Person-Centered Information:**

The **important to** Raynisha items are: her family (especially her aunt), working, and working towards her goal of living more independently.

The **important for** Raynisha items are: having the everyday physical supports she needs and having continued opportunities to explore jobs and new experiences in the community.

A **good day** for Raynisha would be when things are running smoothly at home and Raynisha gets to come to PAI to work and see her friends. Raynisha is social with others and has a great sense of humor. Raynisha enjoys when she has an outing scheduled, with bowling and coffee being some of her favorites. Raynisha is usually in a good mood if she has a visit with her aunt scheduled that she is looking forward to.

A **bad day** for Raynisha would be when things at home are not running smoothly or Raynisha is not feeling well. Raynisha's back is sometimes sore which can impact her having a good day. If Raynisha's morning was rushed at her house or if she feels staff did not meet her needs adequately, Raynisha may come to PAI upset in the morning. Raynisha may need a quiet place to call her aunt or case manager. When Raynisha is upset, Raynisha is less social with others and may just need time alone in an office to process her feelings with a trusted staff member.

Raynisha **likes** getting her nails done, shopping, hanging out with her aunt, going bowling, working to make money, using her cell phone to call and text friends, going to church, baking, hip hop and R&B music, taking metro rides to meet friends, painting, and going out to eat.

Raynisha **dislikes** loud noises and atmospheres, being bored and sitting around, when plans fall through due to staffing, the police, going to the hospital, and staff not supporting her adequately.

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**:

- Raynisha has control over her schedule by choosing how many classes she would like to take and which ones. Raynisha chooses where she would like to go on community outings.
- Raynisha prefers that you let her know ahead of time when there will be changes to her schedule.
- Raynisha prefers that you listen to her about how she likes assistance to be given, even if you have read her support plan and understand the logistics.
- Raynisha prefers to stay busy and not sit around.
- Raynisha prefers to try to do most tasks independently and will ask when she needs your help.
- Raynisha prefers to work when she can and is a hard worker and likes making money.
- Raynisha prefers talking to a trusted staff when she is upset.
- Raynisha prefers to work and attend class in quieter atmospheres.
- Raynisha prefers to try out new work, volunteer, and outing opportunities when available.

## PAI

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 Raynisha can choose to participate in. Raynisha 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 Raynisha's input often and accommodate 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. Raynisha will have 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?

- Raynisha is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Raynisha to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will always be with Raynisha in the community and will encourage Raynisha to interact with trusted individuals.
- Raynisha 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. Raynisha 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- if she obtained the funding to do so.

## 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?

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

Sue Watson, Guardian

P: 651-417-6762

Email: suewatson38@gmail.com

Taja Watson, Guardian

P: 651-417-6762

Lauren Otanez, Case Manager, Ramsey County

P: 651-266-3735

Email: lauren.otanez@co.ramsey.mn.us

Niki Novak, Phoenix Residence

P: 651-279-3305

Email: nnovak@Phoenixresidence.org

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: Raynisha is interested in living more independently. Raynisha will work with her guardian and case manager to pursue a more independent living situation. Raynisha is not interested in working in the community at this time but has indicated that she may be interested in the future. Raynisha could obtain the needed funding with the help of her case manager and enroll in employment services at PAI or another program anytime. Raynisha continues to work on work skills at PAI.

Describe any further research or education that must be completed before a decision regarding this transition can be made: Continue actively pursuing a more independent living situation with the help of her team.

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
<p>Indicate what <b>health service responsibilities</b> 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.”</p> <ul style="list-style-type: none"> <li>• Medication administration.</li> <li>• Providing CPR and First Aid as applicable.</li> <li>• Monitoring for illness and injury. PAI will notify Raynisha’s residence if any are noted.</li> <li>• Applying sunscreen and bug spray per bottle instructions as needed.</li> </ul> <p>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</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> <li>• Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)</li> <li>• The person’s refusal or failure to take or receive medication or treatment as prescribed</li> <li>• Concerns about the person’s self-administration of medication or treatments</li> </ul>

<p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration:</p> <ul style="list-style-type: none"> <li>• Lactase 3000 units, take 1 Tab 3x daily with meals for lactose intolerance.</li> </ul>
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Psychotropic Medication Monitoring and Use
<p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> <li>1. Describe the target symptoms the psychotropic medication is to alleviate: N/A</li> <li>2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>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</li> </ol>

## 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: Raynisha may request hand over hand assistance with some tasks that require fine motor skills that Raynisha cannot do independently- such as hand washing, setting up her lunch or workplace, using her cellphone, wiping her hands, or getting things in and out of her backpack. Staff will assist minimally as requested by Raynisha.
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: Raynisha may appropriately evacuate herself, however, if Raynisha 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 Raynisha 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?  
 Yes  No If yes, explain how it will be used: Raynisha uses an electric wheelchair with a lap seat belt or lap tray for mobility. Raynisha's feet are strapped into her foot holds on her electric wheelchair during transportation for safety.
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: When Raynisha needs to be transferred from her wheelchair to use the restroom, a hooyer and sling will be used.

Staff Information
Are any <b>additional requirements</b> 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: NA

Does a staff person who is <b>trained in cardiopulmonary resuscitation (CPR)</b> 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
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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
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Frequency Assessments
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
2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually
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
4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i> , this will be done quarterly unless otherwise requested: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input type="checkbox"/> NA