

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

Name of person served: Carrie Skinner

Date of development: July 1, 2021

For the annual period from: July 2021 to July 2022

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

Legal representative: Jane Foley, sister & Julie Kaine, sister

Case manager: Sheila Unzen

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 Carrie at PAI are Day Support Services, Employment Supports and Prevocational Services in a community environment. PAI works with Carrie to develop and implement achievable outcomes based on Carrie’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, employment opportunities onsite, data tracking and daily support related to her health, safety, and well-being as needed by Carrie.

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: Carrie will attend/participate in a weekly iPad class, 75% of all trials until next review.

Outcome #2: Carrie will practice counting/matching or budgeting money once a day, 70% of all trials until next review.

## 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:

Carrie has a cell phone that she carries with her and uses to contact her friends and access social media. Carrie has chosen to take a weekly iPad class to have time to do something she loves and to have the opportunity to work on her iPad skills.

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:** Carrie sometimes has a hard time cutting certain foods up into bite-size pieces (especially meat and pizza crust). Staff will assist Carrie in cutting up those foods so she can safely eat them.
- **Self-Administration of Medication or Treatment Orders:** Carrie does not take any medication at PAI. If the need arises, staff trained in medication administration will administer the medication to Carrie per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Carrie's house staff attend all appointments with Carrie. Staff will report any medical concerns to Carrie's sisters and house manager, who will help Carrie follow up with her physician as needed.
- **Community Survival Skills:** Staff are always with Carrie in the community and at PAI. Staff will model safe pedestrian skills and stranger safety and prompt Carrie to follow these as needed. Staff carry Carrie's ID information and basic health information with when in the community and would share with emergency personnel if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as a part of programming. If Carrie participates in an activity near a large body of water, staff will stay with Carrie the duration of the activity and ensure she wears a life jacket.
- **Physical Aggression/Conduct; Emotional/Verbal Aggression:** If Carrie is verbally or physically aggressive towards others, staff will remove Carrie from the area and give her a few minutes alone. Staff will talk to Carrie 1:1 and discuss what is bothering her and encourage Carrie to suggest ways to fix the situation.
- **Person-Centered Information:**
  - Important to Carrie: Spending time with friends, having the opportunity to go to work
  - Important for Carrie: Having patient staff that are receptive to Carrie's feelings, having the opportunity to make choices when available, having a set schedule that Carrie can depend on, having the opportunity to gain and maintain independence, improving social skills and self-advocacy skills
  - A good day for Carrie: Having the opportunity to be social with staff and all peers
  - A bad day for Carrie: Being asked to do something that wasn't originally on her schedule, not following a routine
  - Likes: Friends, going out to eat, going to the mall, volunteering, social media, arts and crafts, playing softball, 80s music, pizza, pasta, chicken
  - Dislikes: Being asked to do things she doesn't want to do or isn't in her typical schedule, meatloaf, having to attend extra classes, being teased or being asked too many personal questions, opera music

# 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**:

- PAI offers several classes for both skill building and leisure. Carrie has control over her schedule by picking how many classes she'd like to attend and chooses to work onsite when not in class or in the community. Carrie chooses which community activities and jobs she wants to participate in.
- Carrie prefers to have a consistent schedule and that staff let her know ahead of time when something is going to be different in her schedule.
- Carrie prefers to not talk with the staff with whom she is upset at the time during conflict.
- Carrie prefers to be left alone to process her feelings when she is upset.

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 Carrie can choose to participate in. Carrie 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 Carrie'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. Carrie will have the opportunity to choose which activities she would like to participate in by choosing 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?

- Carrie is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Carrie 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 Carrie in the community and will encourage her to interact with trusted individuals.
- Carrie can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

## 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 and there are other organizations in the area that offer similar services. Carrie is currently enrolled in employment services support and is working at an enclave job site with a job coach. Carrie knows that there are other opportunities to seek independent employment if she would like.

## 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?

- Carrie's residence, guardians, PAI staff, and case manager exchange information as it relates to Carrie's services and cares. Meetings and reports are shared with Carrie's team. Carrie's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Carrie's guardians, Jane Foley and Julie Kaine (Carrie's sisters), advocate on her behalf and help make legal decisions for her.
- Case manager, Sheila Unzen from Fraser, develops Carrie's CSSP and completes Carrie's service agreements and communicates with Carrie's support team to ensure continuity of care.
- Carrie's residence, REM, helps Carrie with services at home and communicates any needed medical information and updates to PAI and the team.
- PAI will provide Carrie with employment opportunities onsite and help Carrie work on vocational training and skill building. PAI will communicate any health and medical concerns to Carrie'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:

Jane Foley, guardian  
651-983-1592  
[Jane.foley62@yahoo.com](mailto:Jane.foley62@yahoo.com)

Julie Kaine, guardian  
763-442-2649  
[jkaine@centurylink.net](mailto:jkaine@centurylink.net)

Sheila Unzen, case manager  
952-737-6276  
[Sheila.unzen@fraser.org](mailto:Sheila.unzen@fraser.org)

Nancy Fondurulia (PS), REM  
651-698-6892  
[Nancy.fondurulia@thementornetwork.com](mailto:Nancy.fondurulia@thementornetwork.com)

Daniel Domres (PD), REM  
612-322-2799

Dayna Gordon, PAI  
651-747-8740  
[dgordon@paimn.org](mailto: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: Carrie is aware that she can begin looking for a job in the community when she is ready by enrolling in these services at PAI or with another provider and she thinks that somewhere down the line she will be interested in doing so. Carrie's team will review her option of enrolling in employment services at PAI at minimum annually, but Carrie can enroll in these services (with funding) at any time.

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: When and if, Carrie is on a work crew being services with Employment Supports, Carrie will be alone for a minimum of 30 minutes without direct supervision.

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.
- Monitoring for illness and injury. PAI will notify Carrie's guardians 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: 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: N/A

# 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