

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

Name of person served: Meng Yang

Date of development: June 19, 2021

For the annual period from: June 2021 to June 2022

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

Legal representative: Mai Kou Yang, Lee Vang

Case manager: Mai Vang Xiong, 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 Meng is intensive support services in a day training and habilitation (DTH) community based program. The program works with Meng 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 Meng’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Meng. PAI works with Meng’s family 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: Meng will participate in a community activity of his choice three times a month for six consecutive months.

Outcome #2: Meng will gather all of his belongings to bring home with him at the end of the day 80% of all trials within six months.

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:

Meng enjoys listening to music as well as practicing sign language skills. iPads and computers are available at PAI if and whenever Meng would like to utilize those options.

PAI

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:

- **Seizures:** Should Meng have hiccups, PAI will notify his guardians and they will determine if Meng needs to be picked up. Should Meng have a seizure at PAI, staff will follow PAI Standard of Operation first aid procedure for seizures. Meng's guardians ask that should Meng need to be transferred to a hospital, that he be sent to the University of Minnesota Medical Center.
- **Special dietary needs:** Meng will bring his lunch prepared from home. PAI will not offer Meng beef.
- **Chronic medical conditions:** PAI will relay any concerns to Meng's family. Meng's guardians will follow up with his physicians as needed.
- **Self-administration of medication or treatment orders, Preventative screening, Medical and dental appointments:** Meng does not take any routine medications at PAI. PAI staff are trained in medication administration and will administer medication or treatment to Meng per a signed physician's order, which is valid for one year from the signed date. Meng's guardian will provide any medication. Medical and dental appointments are arranged and managed by Meng's family. Any signs or symptoms of a medical condition will be relayed to Meng's family, who will help him follow-up with his primary care provider as needed.
- **Risk of falling, Mobility issues:** Staff will provide verbal reminders for Meng to slow down and watch where he is going. Staff will offer their hand for Meng to hold to assist him when navigating slippery or uneven ground.
- **Community survival skills:** Meng is always with staff while in the community. When Meng is navigating uneven grounds in the community, staff will verbally remind Meng to use available railings or offer him their hand to assist him in maintaining balance.
- **Water safety skills:** Meng does not go swimming at PAI. Should Meng participate in an activity planned on or around a large body of water, Meng will be provided with a life jacket.
- **Sensory disabilities:** Meng wore hearing aids when he was younger. Meng currently does not wear hearing aids as they are currently not needed.
- **Person-centered information:**
 - **Important to Meng:** Sign language (practicing, reading ASL books, teaching others), family and friends (especially Mom and Dad), Hmong music, being in a community, art, organizing, work
 - **Important for Meng:** Opportunities to work and make money, opportunities at remaining and gaining independence, opportunities at using/continuing to learn/teaching sign language, having support in staying away from angry/mean people or anyone/anything that poses danger
 - **Good day for Meng:** Waking up in the morning to have his cup of coffee, taking his medications, and going to PAI; getting to work at Trane and attending sign language class in which he gets to learn sign language and teach it to others.
 - **Bad day for Meng:** Waking up late, missing out on morning coffee, having no work to do at PAI or having no favorite classes available, having a conflict with a peer
 - **Likes:** Sign language, Hmong music, pepperoni pizza, egg rolls, working, volunteering, spending time in the community, teaching others sign language, coffee, organizing and sorting
 - **Dislikes:** Mean people, disrespectful people, danger, waking too early in the morning

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. Meng has control over his schedule by picking how many classes he'd like to attend, and choosing to work onsite when not in class or in the community.
- Meng always prefers to work on or offsite or volunteer before attending classes when time is available at PAI.
- Meng prefers to take a break and talk with a trusted staff when he is feeling upset. It is important for staff to provide positive encouragement.

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**?

- Meng has control over his schedule at PAI by choosing how she would like to participate in the classes offered. Pre-COVID, Meng had control over his schedule by choosing how many classes he'd like to take and which ones. That said, once PAI is able to get back to full service day programming, Meng will meet with his Designated Coordinator and at least once per quarter to help set his quarterly schedule and indicate which classes he wants to take.
- Meng has daily opportunities to develop and maintain skills. To do so, he prefers to have a consistent routine. Meng enjoys to engage in activities that he is familiar with.

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

- Before COVID-19 and hopefully after the pandemic, Meng will be able to choose where he would like to go on community outings. His support staff discuss upcoming outings each month and help plan for any outings in which she would like to attend.

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

- After the COVID-19 pandemic is over, Meng will be able to choose where he would like to go on community outings. Meng takes classes at PAI to develop his skills and also to interact with his peers. Meng takes social skills classes at PAI and works on group projects in his cohort.

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. Meng is currently enrolled in employment services exploration and is exploring available career paths and jobs in the area. In a few weeks, Meng will move into development and start searching for a job with a job coach.

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?

- Meng’s family, PAI staff, and case manager exchange information as it relates to Meng’s services and cares. Meetings and reports are shared with Meng’s team. Meng’s team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Meng’s family advocates on his behalf and helps make legal decisions for him. Meng’s family helps with services at home and communicates any needed medical information and updates to PAI and the team.
- Meng’s case manager, Mai Vang Xiong from Ramsey County, develops Meng’s CSSP and completes Meng’s service agreements and communicates with Meng’s support team to ensure continuity of care.
- PAI will provide Meng with employment opportunities onsite and help Meng work on vocational training and skill building. PAI will communicate any health and medical concerns to Meng’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:

Guardians: Mai Kou Yang, Lee Vang

maikoutang@gmail.com

Mai Kou: 651-795-8569

Lee: 651-278-4343

Case Manager: Mai Vang Xiong

Maivang.xiong@co.ramsey.mn.us

651-266-4359

PAI: Dayna Gordon

dgordon@paimn.org

651-747-8740

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: Meng would like to find a job in the community and is currently in employment services- exploration and is exploring available career paths and jobs in the area. In a few weeks, Meng will move into development and start searching for a job with a job coach.

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.

PAI

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 and allergic reactions. PAI will notify Meng's family 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

PAI

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): 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