

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

Name of person served: Nathan Dott

Date of development: July 8, 2021

For the annual period from: July 2021 to July 2022

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

Legal representative: Debra & Rick Dott, parents

Case manager: Lilia Vang, Handy Help LLC

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 Nathan is DTH services in a community environment that will transition to day support services and prevocational services when Nathan’s services renew this year. PAI works with Nathan to develop and implement achievable outcomes based on Nathan’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, data tracking and daily support related to his health, safety, and well-being as needed by Nathan.

# PAI

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:** Nate's long-term goal is to work in the community. In order to be successful at a job in the community, Nate needs to work on time management skills, staying on task, and following multi-step instructions.

"Nate will follow and complete 3 step/3 task instructions with one prompt or less, 60% of trials until next review."

**Outcome #2:** Nathan likes participating in activities out in the community and wants to choose where he goes. This outcome will encourage Nathan to make personal decisions for himself and integrate in his community in a manner of his choosing.

"Nathan will pick and participate in 1 community outings per month until next review."

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

Nathan is already utilizing technology including:

- iPads at PAI to play games and listen to relaxing music.
- Telephone at home to stay in communication with family and friends.
- Xbox and PlayStation at home to play video games.

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:

- None at this time.

# 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:

- **Preventative Screenings; Medical and Dental Appointments:** Nathan's parents assist Nathan with scheduling and attending medical appointments. If PAI staff have any medical concerns, Nathan's parents will be notified. Nathan's parents will follow up with Nathan's physicians as needed.
- **Self-administration of Medical or Treatment Orders:** Nathan does not take any routine medication or treatments at PAI. Should Nathan need a medication or treatment at PAI, staff trained in medication administration will administer the medication to Nathan per a signed physician order. Physician orders are valid for one year from the date signed.
- **Bathroom Assistance:** Staff will prompt Nathan to use the bathroom in both the morning and the afternoon at PAI. Staff will assist Nathan in changing his brief and thoroughly cleaning.
- **Community Survival Skills:** Staff are with Nathan in the community at all times. Staff will model safe pedestrian skills and prompt Nathan to follow these as needed. Staff carry identification material for Nathan when in the community and would provide this information to the authorities if required. Staff will supervise Nathan's interactions with strangers in the community and prompt/intervene if the situation became inappropriate in nature.
- **Water Safety Skills:** PAI does not offer swimming as a programming activity. Staff will be with Nathan for the duration of any activity around a large body of water (lake, pontoon, etc.). Nathan will be provided a life jacket.
- **Person-Centered Information:**

The **important to** Nathan items were: spending time with family, playing video games, listening to the radio, going out to eat, going shopping, having a friend to spend time with, finding a girlfriend, and getting a job and moving out of his parent's house someday.

The **important for** Nathan items were: staying safe and healthy, encouragement to be engaged in activities, and participating in his community.

A **good day** for Nathan would be when he gets to spend time with family and friends. Nathan would play video games, go shopping, and go out to eat at his favorite restaurant. Nathan would be in a comfortable setting. Nate would socialize with others on his own.

A **bad day** for Nathan would be when he is in an unfamiliar setting and does not know anyone. People would be telling Nathan what to do, which he dislikes, and Nathan may become stubborn and want to do the opposite of what is being asked or want to continue doing what he is currently doing.

# PAI

Nathan **likes** going shopping for clothes and going out to eat. Nathan favorite foods to eat are chicken nuggets, hot pockets, chicken sandwiches at Subway, tacos, and ice cream. Nathan's favorite drinks are milk and coke. Nathan likes going to McDonald's and Subway.

Nathan **dislikes** fruits and vegetables. Nathan does not like it when people yell and scream. Nathan does not like being told what to do. Nathan does not like feeling pressured to do something.

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**:

- Nathan has control over his schedule by choosing which classes he would like to participate in. Nathan chooses where he would like to go on community outings. Nathan chooses who to socialize with at PAI and spend time with.
- Nathan prefers to spend time with smaller groups of people or even just a close friend. When Nathan participates in an activity or tries something new, Nathan prefers to have a friend or trusted individual with for support.
- Nathan prefers that when he is doing something wrong, people are understanding and approach him in a calm manner. Nathan does not like it when people criticize him or tells him that he is wrong.
- Nathan prefers to spend time with people who are calm and refrain from yelling and screaming.
- Nathan prefers to go by Nate, though he also likes Nathan.
- Nathan prefers slower moving days and relaxing activities. Nate does not does always want to get up and move around, participate in activities he does not find interesting at the moment, or socialize with others. Nate like resting and taking it easy.

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 Nathan can choose to participate in. Nathan will be given a list of the classes available quarterly and can pick classes that fit his interests, preferences, or particular skills he would like to work on.
- Staff will ask for Nathan's input often and accommodate his 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. Nathan 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.

## PAI

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

- Nathan is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Nathan to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).
- Nathan can take classes, go on outings, work, and eat lunch with those of her choosing (at his 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 service providers in the area that offer similar services. If Nathan would like to enroll in employment supports exploration or support at PAI, PAI will coordinate with Nathan's case manager to obtain funding and start providing that service. If Nathan would like to begin searching for independent employment, Nathan can let his case manager know and they can help him make a referral to VRS.

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?

- Nathan's parents, PAI staff and case manager exchange information as it relates to Nathan's services and cares. Meetings and reports are shared with Nathan's team. Nathan's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Debra & Rick Dott are Nathan's legal guardians and parents, whom Nathan resides with. Debra and Rick Dott advocate on Nathan's behalf as well as make legal decisions for Nathan. Nathan's parents help Nathan will all supports he needs at home.
- Case manager, Lilia Vang from Handy Help LLC, develops Nathan's CSSP and completes Nathan's service agreements and communicates with Nathan's support team to ensure continuity of care.

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:

Debra & Rick Dott, Private Legal Representatives

Home Phone: 651-429-3175

Debra's Cell: 651-356-9625

Rick's Cell: 651-724-5179

Email: dottrr@comcast.net

Lilia Vang, Case Manager, Handy Help LLC

Phone: 651-760-3236

Email: Lilia.vang@handyhelpllc.com

Cortney Kelly, PAI

Phone: 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: Nathan is currently working on prevocational skills at PAI that he needs to develop to be successful at a job in the community. When Nathan's team feels that he is ready to begin searching for community employment, Nathan's team will meet and discuss next steps.

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 Nathan's parents 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 <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> </ol>



Staff Information
<p>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: N/A</p>

# 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