

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

Name of person served: Molly Harnett

Date of development: July 28, 2021 For the annual period from: July 2021 to July 2022

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

Legal representative: Gabbi and Barb Harnett

Case manager: Chris McGonagle, Ramey 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 Molly is DT&H intensive supports that will transition to day support services and prevocational services when Molly’s service agreement renews this year. PAI works with Molly to develop and implement achievable outcomes based on Molly’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to her health, safety, and well-being as needed by Molly.

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: Molly would like to feel more confident in telling time and managing her schedule.

“Molly will accurately identify important times in her schedule with one prompt or less, 60% of trials until next review.”

Outcome #2: Molly wants to work on being more independent when making purchases in the community.

“Molly will personally hand her money to the cashier when purchasing items in the community at least once a month, 80% of trials until next review.”

PAI

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

- Molly utilizes technology in a few ways already. Molly uses an iPad at work for class activities and games. Molly has a phone at home to use to stay in contact with family and friends.

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, Molly does not desire using technology to achieve her outcomes at this point in 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:

- **Choking:** Molly packs and prepares her lunch from home and Molly's lunch should come cut into bite sized pieces. If Molly's lunch is not cut up or if Molly is eating additional food at PAI, from a cooking class or on a community outing, staff will cut up Molly's food into bite sized pieces. Staff are always in the same room as Molly when she is eating, and in the event that Molly were to choke, would provide first aid and CPR as needed.
- **Self-Administration of Medication or Treatment Orders:** Molly does not take any medication at PAI. If the need arise, a staff trained in medication administration would administer the medication to Molly per a signed physician's order.
Preventative Screenings; Medical and Dental Appointments: Molly's parents schedule and attend all medical appointments with Molly. Any signs/symptoms of illness/injury will be reported to Molly's parents. Molly's parents will help Molly follow up with her physician as needed.
- **Restroom Assistance:** Staff will check in with Molly after using the restroom and check if she needs assistance cleaning up or buttoning her clothes. When Molly has her period, staff will help Molly change her pad.
- **Risk of Falling:** Staff will point out slippery surfaces and uneven terrain to Molly. Molly has knee surgery in May 2021 but it has not impacted her mobility long term. Staff will over Molly a hand or arm to hold on to if Molly chooses to.
- **Regulating Water Temperatures:** PAI's water temperature is regulated to a safe temperature for hand washing. When in the community, staff will let Molly turn on and adjust the temperature of the water but will check the temperature themselves before letting Molly use the water to wash her hands.
- **Community Survival Skills:** Staff will always be with Molly in the community. Staff will model safe pedestrian skills and stranger safety and remind Molly to follow these as needed. When in the community, staff carry Molly's basic health information and ID information with and would provide this to emergency personnel as needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Molly were to participate in an activity near or on a large body of water, staff would stay with Molly the duration of the activity and provide Molly a life jacket to wear.
- **Self-Injurious Behaviors; Physical Aggression:** If Molly seems upset or frustrated, staff will offer Molly a quiet place or a different activity to do. Staff will ask Molly what is wrong and break is down into yes and no questions if Molly is having a hard time expressing herself. If Molly hits herself in the head or is aggressive to others, staff will ask Molly to stop and redirect her.

PAI

- **Person-Centered Information:**

The **important to** Molly items are: her family and living with them, having fun activities to do, and staying busy.

The **important for** Molly items are: having continued opportunities to work and new and varied activities in the community.

A **good day** for Molly would be when Molly is being social with peers and staff. Molly like sharing what she does at home with others. Molly has a great smile and laugh.

A **bad day** for Molly would be when Molly is getting frustrated over the little things that usually do not bother her. When Molly is not having a good day and a task is hard, Molly may get upset and frustrated. Molly may also stutter and have trouble expressing what she is trying to say if there is too much going on for Molly to process.

Molly **likes** taking classes at PAI (especially cooking class and gardening), cooking with her mom and helping her mom clean, music (especially Ed Sheeran, Taylor Swift, Carrie Underwood, and Kelly Clarkson), playing board games, watching tv, and going shopping.

Molly **dislikes** some vegetables, people who are loud, hard questions, and feeling stressed.

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**:

- Molly has control over her schedule by choosing how many classes she would like to take at PAI and which ones. Molly chooses where she would like to go on community outings. Molly chooses to work on the work floor at PAI but knows that PAI offers employment services if Molly is ever interested in exploring community employment.
- Molly prefers that when she is feeling overwhelmed or stressed, that staff ask her simple questions and give her time to answer.
- Molly prefers that is she is feeling overwhelmed with a certain task that staff offer her alternatives.
- Molly prefers that staff give her time to explain what she is trying to say, because Molly enjoys sharing details of her life at home with peers and staff.
- Molly prefers to stay busy and loves hands on activities.
- Molly prefers to sometimes hold the arm or hand of the individual she is talking to.
- Molly prefers 1:1 connections with others and also enjoys group activities.
- Molly prefers art projects and likes doing them with staff who also like art.

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

PAI

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 Molly can choose to participate in. Molly 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 Molly'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. Molly has 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?

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

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?

- Molly's guardians, PAI, respite care provides, PCA service, and case manager exchange information as it relates to Molly's services and cares. Meetings and reports are shared with Molly's team. Molly's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Molly's lives with her guardians/parents, Gabi and Barb Harnett. Molly's parents advocate on Molly's behalf and make legal decisions for her. Molly's parents provide all in home care needed and attends all medical appointments with Molly along with the help with in-home PCA services, provided by Thomas Allen Inc. Molly's parents ensures all of Molly's needs are being met and provides any information to Molly's team about changes in supports needed. Molly receives respite services through Companion Linc.
- Case manager, Chris McGonagle from Ramsey County, develops Molly's CSSP and completes Molly's service agreements. Chris communicates with Molly's support team to ensure continuity of care.
- PAI will provide Molly with employment opportunities onsite and help Molly work on vocational training and skill building. PAI will communicate any health and medical concerns to Molly's parents.

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:

Gabbi and Barb Harnett, Guardians

P: 651-481-9008

Gabbi W: 651-488-0251

Barb C: 612-867-3338

Email: gabbibarbarnett@gmail.com

Chris McGonagle, Case Manager, Ramsey County

P: 651-266-4286

Email: Christine.mcgonagle@co.ramsey.mn.us

Cortney Kelly, PAI

P: 651-747-8740

Email: ckelly@paimn.org

Companion Linc, Respite

P: 612-434-5962

Thomas Allen Inc, PCA

P: 651-240-1963

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: Molly is currently happy with her services at PAI and does not want to pursue community employment. Molly is currently working on prevocational skills at PAI that she needs to develop to be successful at a job in the community if she does change her mind in the future.

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 Molly'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 use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 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: 2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: When walking on uneven or slippery terrain, staff may offer Molly a hand or arm to hang on to for stability. Molly sometimes like to hold onto people's hand or arm when she is talking to them. 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: 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: 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: 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: 7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 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: 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: 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:

PAI

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

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