

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

Name of person served: Mac Meron

Date of development: August 13, 2021 For the annual period from: August 2021 to August 2022

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

Legal representative: Pat and Cindy Meron

Case manager: Maria Knowlan, Washington 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 Mac at PAI include DTH Services that will transition to Day Support Services and Prevocational Services when Mac’s service agreement renews. PAI works with Mac to develop and implement achievable outcomes based on Mac’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, onsite employment opportunities, data tracking and daily support related to his health, safety, and well-being as needed by Mac.

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:** Mac wants to become more independent in making purchases in the community and wants to work on money skills.

“Mac will participate in making purchases in the community, 70% of all trials until next review.”

**Outcome #2:** Mac has been working on math skills in his free time and wants to work on addition and subtraction. Applying this to the real world, Mac would like to be more confident in using money.

“Mac will accurately match bills and coins to their values, 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: N/A, no interest or need at this 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:

- **Allergies:** Mac carries his own Epi-pen to and from PAI each day. Before leaving on a community outing, staff will ensure Mac has his Epi-pen with. Staff are trained on where Mac's allergies are listed. All PAI staff receive nurse training on how to use an Epi-pen.
- **Choking:** Mac packs and prepares his lunch from home. Staff are always in the same room as Mac when he is eating his lunch. Staff will assist Mac with cutting up his food as needed or requested.
- **Chronic Medical Conditions:** Mac's physicians are monitoring Mac's medical conditions. Staff will offer Mac breaks on long walks as needed. Any signs/symptoms of illness or injury will be reported to Mac's residence and parents.
- **Self-Administration of Medication and Treatment Orders:** Mac does not take any scheduled medication at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Mac per a signed physician's order. Mac brings his Epi-pen with him every day to PAI. Staff will ensure Mac has his Epi-pen with whenever Mac is participating in an activity offsite.
- **Preventative Screenings; Medical and Dental Appointments:** Mac's residence and parents schedule and attend all medical appointments with Mac. Any signs/symptoms of illness/injury will be reported to Mac's residence and parents who will help Mac follow up with his physician as needed.
- **Risk of Falling; Mobility Issues:** Staff will point out potential obstacles to Mac when walking, such as curbs or stairs. Staff will offer Mac a hand to hold onto when entering and exiting escalators. Staff will offer Mac breaks during long walks and when Mac gets tired.
- **Regulating Water Temperature:** PAI's water temperature is regulated to a safe degree for hand washing. When in the community, staff will help adjust the water temperature and check before Mac uses the sink for hand washing.
- **Community Survival Skills:** PAI staff are always with Mac when in the community. Staff will model safe pedestrian skills and stranger safety and prompt Mac to follow these as needed. Staff carry Mac's basic health information and ID information with when in the community and would provide this information to emergency personnel if the situation required.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Mac were to participate in an activity near or on a large body of water, staff would stay with Mac the duration of the activity and help Mac put on a life jacket.
- **Sensory Disabilities:** If any changes in Mac's vision are noted at PAI, Mac's residence and parents will be notified. If staff notice that Mac's glasses are dirty, staff will offer Mac help with cleaning them.
- **Person-Centered Information:**
  - The **important to** Mac items are: working and making a paycheck and his family and friends.
  - The **important for** Mac items are: having opportunities to work and stay involved in his community.
  - A **good day** for Mac would be when Mac gets to come to PAI and see his friends. Mac is very social and will spend time with his friends throughout the day. Mac is hard working and will be focused on his work when he's having a good day. Mac will participate in class.

# PAI

- A **bad day** for Mac would be when he's not feeling well, or peers are being disrespectful or annoying. Mac is usually pretty happy and most days he would say are good days. Mac may not be as social with peers if he is having a bad day and may not actively participate as much in class or work activities.
- Mac **likes** working (especially on greeting cards), playing games (Skipbo, Connect 4, and bean bag toss), county music, hanging out with his friends, spending time with his family, and the Vikings.
- Mac **dislikes** peers who are unkind and start drama, being sick, and being bored.

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**:

- Mac has control over his schedule by choosing how many classes he would like to take at PAI and which ones. Mac chooses where he would like to go on community outings.
- Mac prefers to have the opportunities to spend time and chat with his friends during down time at PAI.
- Mac prefers that staff give him verbal encouragement when he is doing a good job.
- Mac prefers that directions are simple and to the point, and that staff can show him how to do something if he does not understand.
- Mac prefers to give staff and friends fist bumps when he passes them in the hall. Mac is a friendly and social person.
- Mac prefers working with staff that he knows and is comfortable with or he may be shyer.

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 Mac can choose to participate in. Mac 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 (post covid-19 when cohorts can mix again).
- Staff will ask for Mac'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. Mac will have 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 on and off site. 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?

- Mac is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Mac to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).
- Mac can take classes, go on outings, work, and eat lunch with those of his 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 services in the area that offer similar services. Mac 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.

## 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?

- Mac's guardians, PAI, residence, and case manager exchange information as it relates to Mac's services and cares. Meetings and reports are shared with Mac's team. Mac's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Mac's guardians, Pat and Cindy Meron, advocate on Mac's behalf and make legal decisions for him.
- Mac's residence provides all in home care needed and attends all medical appointments with Mac. Mac's residence ensures all of Mac's needs are being met and provides any information to Mac's team about changes in supports needed.
- Case manager, Maria Knowlan from Washington county, develops Mac's CSSP and completes Mac's service agreements. Mac's case manager communicates with Mac's support team to ensure continuity of care.
- PAI will provide Mac with employment opportunities onsite and help Mac work on vocational training and skill building. PAI will communicate any health and medical concerns to Mac's residence and guardian. PAI will provide Mac with a group job coaching at enclave jobs in the community.

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:

Pat and Cindy Meron, Guardians

H: 651-429-6223

Pat C: 651-248-0307

Cindy C: 612-269-3268

Pat Email: p.meron@hotmail.com

Cindy Email: crmeron@hotmail.com

Maria Knowlan, Case Manager, Washington County

P: 651-430-6506

Email: maria.kowlan@co.washington.mn.us

Lamonica Haynes, The Mentor Network, Residential

P: 651-645-4173

Email: lamonica.haynes@thementornetwork.com

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: While Mac has enjoyed some enclave work sites in the community in the past at PAI, Mac has never expressed interest in finding competitive employment in the community. Mac is currently working on prevocational skills at PAI that he would need to be successful at a community job. PAI asks Mac about his interest in employment services at minimum annually. Mac can change his mind and enroll in employment services at PAI anytime.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A. If Mac and his guardians do decide to pursue competitive community employment, Mac can enroll in employment services at PAI or another program anytime.

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>• Providing CPR and First Aid as applicable.</li> <li>• Monitoring for illness and injury. PAI will notify Mac’s residence if any are noted.</li> <li>• Applying sunscreen and bug spray per bottle instructions as needed.</li> <li>• Administration of Mac’s epi-pen in the event of a serious allergic reaction.</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 (PRN only): Administration of Mac’s epi-pen in the event of a serious allergic reaction.</p>
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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
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Staff will offer Mac a hand to hold onto when entering and exiting escalators.</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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Mac wears foot orthotics for ankle support, which he wears to PAI daily and leaves on.</li> </ol>

# 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