

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

Name of person served: Brooke Shelstad

Date of development: August 12, 2021

For the annual period from: August 2021 to August 2022

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

Legal representative: Jackie and Stuart Shelstad

Case manager: Erin Gregoria, Meridian Services

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 Brooke at PAI are Day Support Services, Employment Supports and Prevocational Services in a community environment. PAI works with Brooke to develop and implement achievable outcomes based on Brooke’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 Brooke.

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: Brooke will utilize an iPad and a daily check-in worksheet where she will record the local White Bear Lake weather and news and also write how she is feeling for the day with a verbal prompt 75% pf the time.

Outcome #2: Brooke will practice her money skills while out in the community when prompted with <1 verbal question prompts (VQ) at 95% of all trials.

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:

Brooke enjoys using technology. She loves working with computers, on iPads, using a cell phone, and has a dream to be famous on YouTube.

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:** Staff will help Brooke cut up her meat as needed to reduce the risk of choking.
- **Chronic Medical Condition:** Brooke has hyperthyroidism. She is monitored by her physician and guardians. Should Brooke exhibit signs and symptoms of injury or illness that are not life threatening, staff will report to her guardians via phone. Her guardians will follow up with her physicians as needed.
- **Self-Administration of Medication and Treatment Orders:** Staff trained in medication administration will provide treatment and administer medication per a signed physician's order. Physician's orders are valid for one year from the signed date. All needed medication will be provided by her guardians. Brooke currently does not take medication while medication.
- **Community Survival Skills:** Brooke will be in the community with staff. Staff will help Brooke navigate unfamiliar or new surrounds. Staff will provide Brooke with needed coaching in social and life skills including pedestrian safety.
- **Water Safety Skills:** If Brooke is participating in community activities on a large body of water (such as on a boat or pontoon), Brooke will be provided with a life jacket.
- **Sensory Disabilities:** Brooke will wear her glasses. Staff will help her clean her glasses as needed.
- **Person-Centered Information:**
 - **Important to Brooke:** Having opportunities to be social, having opportunities to work in the community, working and earning a paycheck, people being mindful of her personal space.
 - **Important for Brooke:** Being supported and encouraged in eating healthy and staying safe. Having the opportunity to continue building relationships with others, working at PAI, attending classes at PAI, having opportunities to gain and maintain her independence.
 - **A good day for Brooke:** Lots of music and friends, singing and dancing, spaghetti and peaches, milk and apple juice
 - **A bad day for Brooke:** Having to be alone, loud storms, people being loud and inappropriate around her, being touched
 - **Likes:** Cooking class, music (Selena Gomez, Jonas Brothers, Thomas Rhett), fries, hot dishes, pasta, cheerleading, singing, playing basketball, dancing, being with her friends and family, the idea of becoming famous, BINGO, volunteering at the library, arts and crafts and going to the movies!
 - **Dislikes:** Spicy foods, salad, ketchup, being touched, being alone at night, when people yell or are inappropriate, people taking advantage of her, ticks and bugs, storms and loud noises

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. Brooke 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. Brooke chooses which community activities and jobs she wants to participate in.
- Brooke prefers to be listened to and being understood.
- Brooke prefers to do activities with others as she is very social.
- Brooke prefers to stay up late and sleep in.
- Brooke would prefer a community job if/when available.
- Brooke prefers not to be left alone when she is feeling upset or anxious.

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**?

- Brooke has control over her schedule at PAI by choosing how she would like to participate in the classes offered. Brooke meets with her Designated Coordinator at least once per quarter to help set her quarterly schedule and indicate which classes she wants to take.
- Brooke has daily opportunities to develop and maintain skills. To do so, she prefers to have a consistent and routine that includes time to rest and be social. Brooke prefers to engage in activities when she is familiar with the activity and was communicated to about the activity ahead of time by her support staff.

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. Brooke 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?

- Brooke is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Brooke 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 Brooke in the community and will encourage her to interact with trusted individuals.
- Brooke 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?

- Brooke has communicated that she is interested in competitive employment when an opportunity arises that suits her.
- Brooke currently maintains and attempts to gain more skills by doing various jobs in-house at PAI. Brooke remains on the list to meet with Employment Services continue the process of finding a job.

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?

- Brooke's parents (who are her guardians and with whom she lives), PAI staff, and case manager exchange information as it relates to Brooke's services and cares. Meetings and reports are shared with Brooke's team. Brooke's team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Brooke's parents (guardians, residence) advocate on her behalf and help make legal decisions for her. They communicate any needed medical information and updates to PAI and the team.
- Case manager, Jenna Monroe from Meridian Services, develops Brooke's CSSP and completes Brooke's service agreements and communicates with Brooke's support team to ensure continuity of care.
- PAI will provide Brooke with employment opportunities onsite and help Brooke work on vocational training and skill building. PAI will communicate any health and medical concerns to Brooke's family.

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:

Jackie and Stuart Shelstad, parents/guardians

Home: 651-653-1856

Jackie: 651-269-0699

sshelstad@msn.com

Jenna Moore, Case Manager, Meridian Services

612-400-6716

jmonroe@meridiansvs.com

Dayna Gordon, Designated Coordinator/Program Supervisor, PAI Commerce

651-747-8740

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: Brooke has communicated that she is interested in employment services and remains on the list for Employment Services to find a fitting competitive job opportunity.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A-There is no further research to be completed at this time.

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

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 Brooke's parents if any are noted.
- Monitoring for changes in vision function. PAI will notify Brooke's parents if any are noted.

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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: **N/A**
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: **N/A**
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: **N/A**

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): 1:7 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