

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

Name of person served: Tom Moreno

Date of development: August 15, 2021 For the annual period from: August 2021 to August 2022

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

Legal representative: Patricia Moreno/Elena Moreno

Case manager: Patrick Hiland

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 Tom is intensive support services in a day training and habilitation (DTH) community based program. The program works with Tom 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 Tom’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Tom. PAI works with Tom’s residential 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: Tom will wear/carry his communication device to PAI, the work floor, class, and to lunch 75% of all trials for the next review period.

Outcome #2: Tom will ask for help to use his communication device with one or less verbal prompts, 75% of trials until the next review period.

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: Tom will be continuing to learn how to use his communication device.

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, special dietary needs:** Tom eats his lunch prepared and sent from home. While at PAI, staff will not serve peanut butter, jelly, or apple butter to Tom.
- **Chronic medical conditions:** Tom experiences frequent bowel incontinence. Staff will verbally remind Tom to use the toilet right away in the morning and after lunch to help decrease instances of bowel incontinence. Staff will supervise Tom while he is changing, and staff will physically assist Tom in cleaning himself after bowel movements.
- **Self-administration of medication or treatment orders:** Staff trained in medication administration will administer treatment or medications to Tom per a signed physician's orders. Physician's orders are valid for one year from the signed date. Tom's guardian will provide all needed medication or treatments.
- **Preventative screening, medical and dental appointments:** Tom's guardian will assist Tom with his medical and dental appointments and preventative screening. PAI staff will communicate health concerns with his guardian. His guardian will help him follow up with his medical provider as needed.
- **Regulating water temperature:** Staff will help Tom adjust water temperature as needed.
- **Community and survival skills:** Staff will remain with Tom in the community to ensure he is safe. They will verbally redirect him as needed.
- **Water safety skills:** Tom will not participate in water activities at PAI per his guardian, including going on boats/pontoons.
- **Sensory disabilities:** Staff will verbally alert Tom of obstacles as needed. Should Tom's eyesight appear to be affecting his daily activities and work at PAI, Tom's guardian will be contacted. His guardian will help him follow up with his medical care provider as needed.
- **Person-centered planning:**
 - **Important to Tom:** Having the opportunity to go out into the community, being able to communicate his needs, when others work with him in using his communication book
 - **Important for Tom:** Learning to use his communication device, having increased opportunities to gain and maintain his independence
 - **A good day for Tom:** Shopping with Mom, staff and peers communicate with him using his communication book/device
 - **A bad day for Tom:** Not being able to communicate his immediate needs to others, being around large crowds
 - **Likes:** Going shopping, spending time with his mom, sandwiches, listening to music
 - **Dislikes:** Being in large crowds, not being able to communicate his needs to others

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 available for both skill building and leisure. Tom has control over his schedule by picking how many classes he'd like to attend and choosing to work on-site when not in class or the community.
- Tom loves choosing to participate in community events when possible.

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 Tom can choose to participate in. Tom will be given a list of the classes available quarterly and Tom's lead will walk Tom through the different options available and help Tom pick classes that fit his interests, preferences, or particular skills he would like to work on. Tom chooses which outcomes he would like to work on at PAI.

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. Tom 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.

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

- Tom is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Tom to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will supervise Tom's interactions in the community and make sure he is staying safe. Tom 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. Tom is currently not interested in finding a job in the community and is not enrolled in these services but could at any time.

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?

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

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:

Patricia Moreno and Elena Moreno, Legal Guardians

Patricia: 651-322-0445

Elena: 651-955-7632

Patrick Hiland, Case Manager

651-219-0774

philand@phoenixservicecorp.org

Dayna Gordon, PAI Designated Coordinator

651-747-8740

dgordon@paimn.org

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: N/A

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A

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

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: **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:
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): 1:5 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