

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

Name of person served: Michelle Bergman

Date of development: August 30, 2021

For the annual period from: August 2021 to August 2022

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

Legal representative: Self Guardian

Case manager: Alora DePlacito, Brain Injury Association of MN

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 Michelle are Day Support Services and Prevocational Services in a community environment. PAI works with Michelle to develop and implement achievable outcomes based on Michelle’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 Michelle.

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: Michelle has taken computer classes in the past and wants to get a cellphone someday. Michelle has a tablet at home but says that she does not really know how to use it and would like to learn.

“Michelle with work on iPad/technology skills once a week, 75% 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:

- Michelle would like to work on iPad skills weekly and learn more about technology. Michelle's will start an outcome to begin working on this skill.

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:** Michelle is allergic to the medication Lisinopril. Michelle does not always remember the name of the medication she is allergic to. Michelle is currently not taking any medication at PAI. If staff were to help administer medication to Michelle in the future, a staff trained in medication administration would only administer medication per a signed physician order. Staff are trained on Michelle's allergies and know where to find them.
- **Special Dietary Needs:** Michelle does not like beef, pork, group turkey, ground chicken, or fish- it is more of a texture aversion than anything else. Michelle may not eat nutritionally incomplete meals if alternatives are not provided. Michelle packs and prepares her lunch from home. If Michelle is having additional food at PAI, staff will encourage Michelle to choose healthier options. Michelle will choose what she would like to eat and can avoid the foods she does not like. Michelle may need assistance cutting up some foods and will ask staff for assistance when needed.
- **Self-administration of Medication or Treatment Orders:** Michelle is currently not taking any medication at PAI. If staff were to help administer medication to Michelle in the future, a staff trained in medication administration would only administer medication per a signed physician order. Staff are trained on Michelle's allergies and know where to find them.
- **Preventative Screenings; Medical and Dental Appointments:** At Michelle's requests, Michelle's residential provider provides support with all medical appointments and provides transportation to and from. If any signs/symptoms of illness/injury are noted at PAI, staff will help Michelle follow up with her residential staff at home so that Michelle can see her physician if needed.
- **Chronic Medical Conditions; Risk of Falling; Mobility:** Michelle has a traumatic brain injury. Michelle can have trouble with her memory but has a system for helping her remember things (writing everything done, using a planner/calendar). Michelle uses a manual wheelchair for mobility and can propel herself independently with her right arm for short, level distances. Michelle can transfer to and from her wheelchair independently. Michelle has a history of falling, mostly out of bed or into a vehicle. Staff will be available to assist Michelle with propelling her wheelchair when Michelle requests, mostly with steep inclines and long distances. When taking NewTrax to and from PAI, Michelle will remain in her wheelchair and use the lift. If Michelle were to go out into the community in one of PAI's vehicles and transition to a seat in the vehicle, staff would stand near by and provide any support needed to help Michelle to make the transition.
- **Community Survival Skills:** Michelle has community alone time at home and has experience utilizing public transportation. Michelle uses a manual wheelchair for mobility and may need assistance with propelling her wheelchair for long distances or up inclines. Michelle prefers to be out and about with someone she knows and is more comfortable with this than being alone. Staff will always be with Michelle when in the community. Staff will be available to help Michelle propel her wheelchair when she requests.

PAI

- **Person Centered Information:**

- **Likes:** Peanut butter and apple sandwiches, pringles, going to the YMCA with her mom, spending time with friends and family, socializing, volunteering, theatre, plays, and watching TV.
- **Dislikes:** beef, pork, cottage cheese, and fish.
- **Important to:** family, art, and education.
- **Important for:** safety, assistance to being as independent as possible, and comfort (pain management).
- **Bad Day:** Michelle would say a bad day for her is when she is in pain and discomfort. Michelle said that on these days, she would feel less confident in doing transfers safety and would be distracted from work and activities all day.
- **Good Day:** Michelle said a good day for her would be with family out and about. Michelle would be in a good mood and would be pretty social with others. Michelle would be able to focus on her work and activities.

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**:

- Michelle has control over her schedule at PAI by getting to choose which classes and activities she would like to participate in. When community outings resume at PAI, Michelle will get to choose which community outings she attends and whether or not she would like to take advantage of some volunteer opportunities here.
- Michelle prefers to be as independent as possible and will ask for assistance when she needs it.
- Michelle has a lot of interest in the different classes available at PAI.
- Michelle prefers to be social and spend time around peers and staff.
- Michelle prefers to work over attending classes.
- Michelle prefers art classes and projects rather than classes on social skills and other topics she has mastered.

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 Michelle can choose to participate in. Michelle 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 Michelle'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. Michelle 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.

PAI

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

- Michelle is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Michelle to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).
- Michelle 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 Michelle would like to enroll in employment supports exploration or support at PAI, PAI will coordinate with Michelle's case manager to obtain funding and start providing that service. If Michelle would like to begin searching for independent employment, Michelle 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?

- Michelle, Michelle's residence, PAI, and case manager exchange information as it relates to Michelle's services and cares. Meetings and reports are shared with Michelle's team. Michelle's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Michelle is her own guardian and advocates on her own behalf and makes legal decisions for herself.
- Michelle resides in a REM group home. REM will provide Michelle with support for her daily cares and needs and support her health, safety, and wellbeing in the community. REM will provide Michelle will assistance with medical appointments and will let the team know about any changes in health or supports needed.
- Michelle's case manager, Alora DePlacito from Community alternatives for Disability Inclusion, develops Michelle's CSSP and completes Michelle's service agreements. Alora communicates with Michelle'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:

Alora DePlacito, Case Manager, Brain Injury Association of MN

Phone: 850-400-4370

Email: alorad@braininjurymn.org

Cortney Kelly, PAI

Phone: 651-747-8740

Email: ckelly@paimn.org

Carolyn Moses, REM

Email: Carolyn.moses@thementornetwork.com

Christina Wolford, REM

Phone: 651-777-1907

Email: christina.wolford@thementornetwork.com

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: Michelle recently moved into a group home and has been enjoying the group residential setting. Michelle is working on independent living skills at home that would be needed if Michelle does desire a more independent living situation in the future. Michelle is currently not interested in working at an independent job in the community. Michelle is taking classes and working on prevocational skills at PAI that she would need to develop if she were to want to find an independent job in the future.

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.

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 coordinate with letting Michelle's residence know 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

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:
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: Michelle may request physical assistance, such as a hand to hold onto or a hand on her arm or shoulder to help stabilize her, when transitioning in and out of a vehicle.
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:
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:
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:
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:
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: Michelle can propel her wheelchair independently, however if there is a threat of imminent harm, staff will propel Michelle's wheelchair to safety.
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:
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:
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: Michelle uses a manual wheelchair with a lap seat belt for mobility. Michelle wears an AFO on her left leg.

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