

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

Name of person served: Paul Shaw

Date of development: September 7, 2021 For the annual period from: September 2021 to September 2022

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

Legal representative: Margarita Godina, Ramsey County

Case manager: Becca Schiffman, Pinnacle 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 Paul is DT&H intensive supports that will transition to day support services and prevocational services when Paul’s services renew this year. PAI works with Paul to develop and implement achievable outcomes based on Paul’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, data tracking and daily support related to his health, safety, and well-being as needed by Paul.

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: Paul likes using an iPad daily and likes online shopping. Paul wants to learn more about online shopping and budgeting his money.

“Paul will use an iPad daily to practice online shopping and will accurately complete the prompt/task given, 75% of all trails until next review.”

Outcome #2: Paul likes participating in community activities and staying active is important to Paul. This outcome will encourage Paul to follow through and attend planned outings.

“Paul will pick and participate in one community activity per month until next review.”

PAI

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

- Paul uses a phone at home to stay in contact with friends and family. Paul uses an iPad at work.

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:

- Paul has already been using an iPad daily for the last six months to practice iPad skills. Paul will start a new outcome to specifically watch a video on house design/decorating on an iPad daily to help Paul achieve his goal of learning more about house design.

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:

- **Self-Administration of Medication and Treatment Orders:** Paul does not take any medication while at PAI. If the need did arise, staff trained in medication administration would administer the medication per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Paul's residence schedules and attends all appointments with Paul. Any signs/symptoms of illness/injury will be reported to Paul's residence who will assist Paul in seeing his physician if needed.
- **Community Survival Skills:** Staff are with Paul in the community at all times. Staff will model safe pedestrian skill and stranger safety and prompt Paul to follow these as needed. Staff carry Paul's basic health information and ID information with in the community and would share this information with emergency personnel if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Paul were to ever participate in an activity near or on a large body of water, staff would stay with Paul the duration of the activity and provide Paul a life jacket.
- **Sensory Disabilities:** Paul has moderate mid-high frequency hearing loss. Staff will make eye contact with Paul when speaking to him. Staff will repeat what they said as needed.
- **Person-Centered Planning:**

The **important to** Paul items are: helping around the house, living with his foster parents, going shopping, and working.

The **important for** Paul items are: having opportunities to try new/more complex jobs and having opportunities to incorporate in his community.

A **good day** for Paul would be when Paul is in a good mood. Paul would get to work offsite or on a preferred job like Park Tool or Trane. Paul would socialize with peers and staff. Paul has a great sense of humor and would joke around with others.

A **bad day** for Paul would be when Paul is sad or mad. Paul likes to be left alone when he is mad, and if people keep bothering him anyway, this could be frustrating for Paul. Paul does not prefer to do cards on the work floor and does not like to take some classes.

Paul **likes** helping around the house, living with his foster parents, pop and snacks, work, and country music.

Paul **dislikes** chow mien, doing cards on the work floor, when people pass away, and when people will not leave Paul alone.

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**:

- Paul has control over his schedule by picking how many classes he would like to attend and choosing to work on-site when not in class or the community.
- Paul is supplied with verbal class descriptions and photos to choose which classes he would like to take. Paul can choose which classes to take based on the class topic, the instructor, and which peers are also taking the class.
- Paul will choose which community activities he wants to participate in monthly and has an outcome to attend at least one monthly.
- Paul prefers to work over attending classes and helps create his schedule quarterly.
- Paul prefers jobs that are more complex, that include multiple pieces or steps. Paul will be offered these jobs when available.
- When Paul does attend classes, Paul prefers art classes.
- Paul prefers to have his opinions heard and likes when others are receptive listeners.
- If Paul is upset or having a rough day, Paul prefers that people leave him alone and give him time to process his feelings.
- Paul usually prefers to converse with staff during down time but does have a few close friends at PAI that he likes to spend time with. Paul will independently approach a peer when he wishes to talk to them.
- Paul prefers to hang out on the work floor during break or check in with staff in their office.
- Paul prefers to arrive to work early. Paul prefers to use an iPad in the mornings before work starts. Paul has an outcome to use the iPad daily, as he would like to get better at finding content that interests him.
- Paul communicates verbally.
- Paul learns best through verbal instructions paired with modeling. When teaching new skills or learning a new job, staff will use both methods.

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 Paul can choose to participate in. Paul will be given a list of the classes available quarterly and Paul's lead will walk Paul through the different options available and help Paul pick classes that fit his interests, preferences, or particular skills he would like to work on. At Paul's semi-annual and annual time of year, Paul's designated coordinator talks to Paul and discusses his goals for the next review period and adjusts his outcomes accordingly.

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. Paul 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.

PAI

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

- Paul is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. Paul has many good social skills and is a friendly individual. When appropriate, staff will introduce Paul to new peers and to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).

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. Paul is not interested in finding competitive employment in the community at this time. If Paul changes his mind, Paul can enroll in employment services at PAI or another service anytime.

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?

- Paul's residence, PAI staff, guardian, and case manager exchange information as it relates to Paul's services and cares. Meetings and reports are shared with Paul's team. Paul's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Paul is under the guardianship of Margarita Godina from Ramsey County, who advocates on Paul's behalf and makes legal decisions for him.
- Case manager, Becca Schiffman from Pinnacle Services, develops Paul's CSSP and completes Paul's service agreements and communicates with Paul's support team to ensure continuity of care.
- Paul's residence/foster parents ensure Paul has personal assistance at home with daily living and communicates any concerns and changes to Paul's team.
- PAI will provide Paul with employment opportunities onsite and help Paul work on vocational training and skill building and offer leisure classes.

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:

Margarita Godina, Case Manager, Ramsey County

P: 651-266-4275

Email: margarita.godina@co.ramsey.mn.us

Becca Schiffman, Case Manager, Pinnacle Services

P: 612-500-9202

Email: rebecca.schiffman@pinnacleservices.com

Pat and Annette Casey, Foster Parents

P: 651-408-170

Email: caseyhouse43@frontiernet.net

Cortney Kelly Program Supervisor, 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: Paul is not interested in finding competitive employment in the community at this time. If Paul changes his mind, Paul can enroll in employment services at PAI anytime. Paul is working on job skills at PAI that he would need to find a job in the community. Paul is happy with his current living situation and does not want to live more independently. Paul is working on independent living skills at home and at PAI that would help him live independently some day if he chose to.

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.

Health Needs
<p>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."</p> <ul style="list-style-type: none">• Monitoring for illness and injury. PAI will notify Paul's residence and guardian if any are noted.• Providing CPR and First Aid as applicable.• PAI will apply sunscreen and bug spray per bottle instructions when needed. <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">• 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

<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 type="checkbox"/> Medication administration:</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">1. Describe the target symptoms the psychotropic medication is to alleviate: N/A2. 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"/> No3. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 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:

Staff Information
<p>Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A</p>

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): 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