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

Name of person served: Tobias "Toby" LePage

Date of development: April 2nd, 2021 For the annual period from: April 2021 to April 2022

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

Legal representative: Charles and Sigrid LePage, Guardian

Case manager: Stephanie Brown

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum* based upon the *CSSP*.
- Within 45 calendar days of service initiation, the license holder must meet with the support team and make determination regarding areas listed in this addendum.
- Annually, the support team reviews the *CSSP Addendum*.

Services and supports

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 information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team.

The **scope of the services** to be provided to support the person's daily needs and activities include:

The scope of services provided for Toby are as follows: DT&H intensive supports, in a community environment as well as Employment Services specifically working on the work floor, with support, doing piece work. PAI works with Toby to develop and implement achievable outcomes based on Toby'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 Toby.

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: Toby will trace his name 4 times in the morning independently 80% of all trials within the 6 months review period.

Outcome #2: Toby will finish eating his lunch during the scheduled lunch time 75% of all trials within the 6 months review period.

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

Toby already uses technology by utilizing his tablet, a Nintendo Switch and other video game consoles. Toby will use the iPads here at PAI Commerce when he needs/wants to. Toby loves to watch movies especially and TV during down time.

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

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Chronic medical conditions:** Toby has been diagnosed with constipation and hypothyroidism. Toby does not take ANY medications at PAI at this time. Toby is taking medications for these conditions while at home and he is being monitored by his physician. Should Toby exhibit signs and/or symptoms of his illness, PAI will communicate with his guardians. Guardians will help Toby follow up with his physician as needed.
- **Self-administration of medication or treatment orders:** Should Toby need to take medications at PAI, staff trained in medication administration will administer medication to him per assigned physicians order. Toby's guardians will provide all needed medications.
- **Preventative Screening**: Toby needs help with all aspects of his preventative screening. Toby's parents help Toby with all his preventative screening. Should Toby exhibit signs and symptoms of illness or injury, PAI will communicate with his parents and they will help him follow up with his providers as needed.
- **Medical and Dental appointments:** Toby needs help with all aspects of his medical and dental appointments. Toby's parents help Toby with all his medical and dental appointments. Should Toby exhibit signs and symptoms of medical or dental concerns PAI will communicate with his parents and they will help him follow up with his medical or dental provider as needed.
- **Mobility issues:** Toby has flat feet. Staff will support Toby by giving verbal cues or physically assist Toby as needed when they encounter curbs and terrain changes.
- **Community Survival Skills:** Staff will always accompany Toby in the community. Staff will provide coaching with verbal prompts and modeling for pedestrian safety.
- **Water Safety Skills:** Staff will support Toby by ensuring Toby is wearing a life jacket when near water that he is able to jump into and is deep enough for Toby to drown.
- **Sensory disabilities:** Staff will support Toby by making sure he has is glasses on and cleaning them as needed.
- **Person-Centered Planning:**
    - **Important to:** Contribute to his community in a meaningful way, be active, swimming/fitness/yoga, family and friends
    - **Important for:** Having opportunities to volunteer, staying physically active, contributing to his community, maintaining physical health, being able to learn and maintain independence, being heard and listened to
    - **A good day:** Following his routine, working at PAI, being in the community with family, doing something active, watching a movie
    - **A bad day:** Not having a plan for the day, not spending time with parents, being sick
    - **Likes:** Watching movies and TV, playing video games, listening to music (Ed Sheeran and boy bands are his favorites!), cheeseburgers, root beer, being active (walking, swimming, yoga), spending time with family and friends.
    - **Dislikes:** Olives, most fruits, getting his hands dirty, noisy environments, big crowds

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:

Toby prefers to not be around crying babies or other loud noises. Toby prefers not to be around large crowds of people. Toby prefers to do work that is meaningful like giving back to his community or doing good things for people.

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

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?

- Toby's guardians and parents at home, PAI staff and case manager exchange information as it relates to Toby's services and care. Meetings and reports are shared with Toby's team. The team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Toby's parents as his guardians advocate on Toby's behalf and make legal decisions for him.
- Case manager, Stephanie Brown, develops Toby's CSSP, completes Toby's service agreements and communicates with Toby's support team to ensure continuity of care.
- Toby's parents at home, help Toby at home and communicate any needed medical information and updates to PAI and the team.
- PAI will provide Toby with support for any volunteering or off site if needed as well as employment opportunities onsite. PAI also supports Toby on vocational training and skill building. PAI will communicate any health and medical concerns to Toby's Parents if needed.

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:

Guardian Info:
Charles and Sigrid LePage
P: 651-436-6039
Charles Cell: 651-335-7696
Sigrid Cell: 651-329-8056
Email: cs_lepage@yahoo.com

Case Manager Info:
Stephanie Brown
P: 651-275-7285
Email: stephaniebrown@co.washington.mn.us

PAI Commerce Designated Coordinator Info:
Dayna Gordon, PAI
P: 651-747-8740 Ext. 101
Email: dgordon@paimn.org

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:

At PAI, Toby's DT&H Program Toby is never on-site or off site on community outings without the presence of staff.

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) are 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 Toby'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

If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

☐ Medication set up ☐ Medication assistance ☐ Medication administration

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.

Psychotropic medication monitoring and use

Is this person prescribed psychotropic medication?

☐ Yes ☒ No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

☐ Yes ☒ No

If yes, the following information will be maintained by the company:

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

   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 and procedures

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:

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:

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:

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 what these requirements are: 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

Staff ratio: For facility-based day services only
☐ **NA for residential services**

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):

Frequency of reports and notifications

*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:
☐ Quarterly ☒ Semi-annually ☐ Annually

2. Frequency of service plan review meetings, at a minimum of annually:
☐ Quarterly ☐ Semi-annually ☒ Annually

3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports,* this will be done quarterly unless otherwise requested:
☐ Quarterly ☐ Other (specify): ☒ NA

4. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):
☐ Quarterly ☐ Other (specify): ☒ NA

5. The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed. Please indicate any changes regarding this notification:
   No Changes

6. 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

7. Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here).
   ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Other (specify): ☒ NA