

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

Name of person served: Dan Ryan

Date of development: 04/20/2021

For the annual period from: 04/01/2021 to 04/30/2022

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

Legal representative: Carmen Sisson

Case manager: David Schwartz

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:
 Dan Ryan’s scope of services is intensive support services in a day training and habilitation (DTH) community based program. The program works with Dan 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 Dan’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Dan. PAI works with Dan’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: Dan will participate in a community activity of his choice twice a month within the six-month review.

A discussion of how **technology** may be used to meet the person’s desired outcomes has occurred: Yes No
 Dan uses technology by watching movies and TV during downtime. Dan has the opportunity to use the iPads at PAI Commerce when he wants/needs to.

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, Dan does not express desire to learn more about technology or use technology to work on his goals at this point in time.

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:

- **Allergies:** Dan is allergic to aspirin. Staff trained in medication administration will administer medication to Dan as needed per a signed physician's order. Dan's residence will provide all medications needed.
- **Special Dietary Needs:** Due to his diagnosis of osteoporosis, Dan is on a regular-high calcium (1500 mg) daily diet. He should drink diet tea, diet lemonade, and avoid carbonated drinks whenever possible. Caffeine free beverages are recommended for Dan. Dan should avoid dark sodas. Dan's residential staff prepares and sends in his lunch according to his dietary needs. Dan will eat his lunch prepared from home. He takes a calcium supplement daily at home. While at PAI, staff will encourage Dan to make healthy choices per his dietary needs.
- **Chronic Medical Conditions:** Dan has diagnoses of osteoporosis and high blood pressure. Dan takes medications to help with his conditions. Should staff observe signs and symptoms affecting Dan's daily activities, staff will report to Dan's residential staff. His residential staff will help Dan follow up with his medical provider as needed. Dan has limited sensation in his right leg and he does not have full use of his right arm. His blood pressure should be checked on his left side.
- **Self-Administration of Medication or Treatment Orders, Preventative Screening, Medical and Dental Appointments:** Dan currently does not take medications while at PAI. Medical and dental appointments are arranged and managed by Dan's residence. Staff at PAI are trained in medication administration and staff will administer the treatment and/or medication per the signed physician order. Signed physician orders are valid for one year from the date signed. All medications would be provided by Dan's residence. Any signs or symptoms of illness or medical concern will be relayed to Dan's residence who will help Dan follow up with his primary care provider as needed.
- **Risk of Falling, Mobility Issues:** Dan's diagnoses of arthritis, cerebral palsy, and osteoporosis affect Dan's mobility. Dan is weaker on his right side and has arthritis in his right knee. If staff notice that Dan appears to be weaker than usual, staff will offer him physical assistance either by offering him an arm to hold on to, or by putting a transfer/gait belt on him and escorting him. While in the community, staff will avoid the use of stairs and escalators, and instead use elevators whenever possible. When entering or exiting buses, staff will apply a transfer/gait belt, and physically assist Dan by holding onto it. Dan will use the lift to get on and off the bus so that he does not need to use the stairs. Whenever Dan needs to walk on uneven or slippery terrain, staff will either offer him an arm to hold onto, or apply the transfer/gait belt and physically escort him by holding onto the transfer/gait belt.
- **Community Survival Skills:** Dan is generally able to seek assistance while at PAI, but would have difficulty doing so in the community due to his soft-spoken nature and his speech being difficult to understand. Staff will support Dan by remaining with him during community outings and activities. Staff will assist Dan in navigating community locations and provide assistance as needed.
- **Water Safety Skills:** Though PAI does not offer swimming activities as a part of programming, Dan does not demonstrate water safety skills and cannot swim. Should Dan participate in an activity around a large body of water, staff will stay with Dan for the duration of the activity and Dan will be provided with a life jacket.
- **Sensory Disabilities:** Dan is developing small cataracts in his eyes. Should staff observe Dan having difficulty with seeing, staff will report to his residential provider. His residential provider will follow up with his health provider as needed. Dan may have increased risk of injury or pain in his right leg or injure it without knowing he has done so as he has lost sensation in his lower right leg from his shine to his foot. Dan's residential staff visually observe Dan's leg for swelling, irritation, and injuries on a regular basis. If PAI staff see Dan's right leg get bumped, they will visually inspect it for injuries, provide first aid as needed, and inform his residential provider.
- **Self-Injurious Behaviors:** When Dan is upset, he may hit things or throw things. As a result, he may injure himself in the process. If Dan becomes upset, staff will support him by offering him a quiet place to calm down. Staff will speak to Dan using a low, soft voice and help him problem solve as needed.
- **Person-centered information:**

PAI

- **Important to Dan:** To have opportunities to spend time with his family and friends. To try new things and meet new people. To have people listen to his wants and needs. To stay working at PAI.
- **Important for Dan:** To have people around him to keep him on task. To stay busy. To make healthy eating choices. To take care of his body.
- **Good day for Dan:** Going out into the community for coffee, socializing with family and friends, staying busy
- **Bad day for Dan:** People giving him attitude. Too much noise. Being bored.
- **Likes:** Dan likes corn dogs and chili dogs, pizza, country music, going out to eat, going shopping, bowling.
- **Dislikes:** Sitting around and being bored, onions, too many people talking at once, loud noises.

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:

Dan prefers when staff listen to his wants and needs. Dan prefers for staff to assist with keeping him on task while working by using friendly reminders. Dan prefers for staff to help engage him and keeping him active throughout his days.

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

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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?

- Dan Ryan’s residential staff at Riesco-Farrington, case manager David Schwartz, PAI staff, Dan’s family, and Carmen Sisson as Dan Ryan’s guardian, exchange information as it relates to Dan’s services and care. Meetings and reports are shared with Dan’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.
- Carmen Sisson, as Dan’s legal guardian advocates on Dan’s behalf and makes legal decisions for him.
- Case manager, Sarah Schaefer, develops Dan’s CSSP, completes Dan’s service agreements and communicates with Dan’s support team to ensure continuity of care.
- Dan’s residential staff at Riesco-Farrington help Dan at home and communicate any needed medical information and updates to PAI and the team.
- PAI will provide Dan with support for employment opportunities onsite. PAI also supports Dan on vocational training and skill building. PAI will communicate any health and medical concerns to Dan’s residential staff 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:

Case Manager Info:

Sarah Schaefer
P: 651-714-3907
Email: Sarah@redeemerservices.com

Guardian Info:

Carmen Sisson
P: 651-266-4894
Email: carmen.sisson@co.ramsey.mn.us

Residential Info:

Riesco-Farrington
Email: riescofarrington@gmail.com
Joey Moorman
P: 651-332-9671
Toni Larson
P: 651-604-7069

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:

N/A

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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."

N/A

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

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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:

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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

PAI

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