

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

Name of person served: Jovita (Josie) Hernandez

Date of development: August 31, 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: Mary and Nicholas Hernandez

Case manager: Taylor Ipsen, Phoenix Service Corporation

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 Josie at PAI are Day Support Services and Prevocational Services in a community environment. PAI works with Josie to develop and implement achievable outcomes based on Josie’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, employment opportunities onsite, data tracking and daily support related to her health, safety, and well-being as needed by Josie.

PAI

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: Josie finds that taking time in the morning to settle in has been beneficial to Josie. Josie wants to continue working on doing this daily to have better days at PAI.

"Josie will independently complete a worksheet to help her settle in in the morning at PAI, 75% of trials until next review."

Outcome #2: Josie would like to practice being more independent with money.

"Josie will participate in making transactions when in the community, 75% of all opportunities."

Outcome #3: Josie would like to explore different volunteer opportunities available in the area.

"Josie will volunteer once a month, 75% of trials until next review."

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:

- No additional technology use has been identified as being beneficial to Josie at this time. Josie does use an iPad at PAI.

PAI

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 or Treatment Orders:** Josie independently takes her medication using a “Dose Flip” that someone at home helps her fill and her parent’s monitor. Josie carries a medication on her while at PAI, clonazepam, for anxiety and panic attacks. Josie can decide when and administer this medication independently but may want to consult a staff and ask for advice before she does.
- **Preventative Screenings/Medical and Dental Appointments:** Josie’s parents help Josie schedule and attend all medical appointments. If staff at PAI observe any signs/symptoms of injury/illness they will let Josie’s parents know. Josie’s parents will help Josie follow up with her physicians as needed.
- **Community Survival Skills:** Josie understands basic pedestrian safety but requires verbal prompts and coaching to follow them consistently. Josie is unable to use a phone to call for help in the event of an emergency. Josie has anxiety about knowing how to respond in all situations. Staff will always be with Josie onsite at PAI and when in the community. Staff will model safe pedestrian skills and remind Josie to follow these as needed. Staff carry Josie’s basic identification information in the community and would share this information with emergency personnel in the event of an emergency.
- **Sensory Disabilities:** Crowds, loud noises, and alarms may cause Josie anxiety. Staff will check in with Josie if she is participating in an activity or job in a loud, busy environment. Staff will offer Josie a break somewhere quiet if available.
- **Mental or Emotional Health Symptoms and Crises:** Josie is diagnosed with major depressive disorder, bi-polar II, and a general anxiety disorder. Josie is unable to schedule and manage her own medical appointments. Josie has had challenges with mental health, especially anxiety, in the past and has needed to take time off and stay home for a period of time (historically in October). If staff notice that Josie is having a lot of anxiety or is having trouble focusing and participating at PAI, staff will notify Josie’s parents with the concern. Josie carries a medication on her while at PAI, clonazepam, for anxiety and panic attacks. Josie can decide when and administer this medication independently but may want to consult a staff and ask for advice before she does.
- **Person Centered Information:**
 - **Important to:** family, staying busy and engaged in activities, social events and scheduled outings.
 - **Important for:** mental health support and Josie’s support team (family, PCA, ILS worker, case managers, doctors, PAI).
 - **Likes:** going to the library, using Zoom, going to the Highland Friendship Club for social events, taking art classes, playing bingo, spending time with family (her sister’s family and her parents), crafts and looking at Pinterest for new projects and recipes to try, going out in nature and walking on the trails
 - **Dislikes:** unclear expectations, loud noises, crowds, and feeling like others are upset with her.

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**:

- Josie has control over her schedule at PAI by choosing the balance in her schedule between classes and working onsite. Josie can choose which classes (with which peers and which instructor) she wants to participate in. Josie can choose where she would like to go on community outings and whether or not she would like to participate in volunteer opportunities at PAI.
- Josie is a visual learner and prefers slow, step by step instructions.
- Josie prefers to keep busy.
- Josie prefers that she has scheduled things to do- this has proven to have a positive effect on Josie's mental health.
- Jovita prefers to go by the name Josie.
- Josie prefers to have a trusted staff to meet with when she is feeling anxious.
- Josie prefers to have something to do in the morning to help her settle in.
- Josie prefers classes like geography and cooking.

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 Josie can choose to participate in. Josie 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 Josie'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. Josie will have 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.

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

- Josie is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Josie to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will always be with Josie in the community and will encourage Josie to interact with trusted individuals.
- Josie can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

PAI

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 services in the area that offer similar services. Josie is currently not interested in finding a job in the community and is not enrolled in these services but could at any time- with PAI or another organization.

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?

- Josie's guardians, family, PAI, and case manager exchange information as it relates to Josie's services and cares. Meetings and reports are shared with Josie's team. Josie's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Josie's guardians/parents, Mary and Nicholas Hernandez, advocate on Josie's behalf and make legal decisions for her. Josie's parents manage her finances and medical appointments. Josie's parents oversee Josie's semi-independent living situation with another family member. Josie's parents ensure all of Josie's needs are being met and provide any information to Josie's team about changes in supports needed.
- Case manager, Taylor Ipsen with Phoenix Service Corporation, develops Josie's CSSP and completes Josie's service agreements. Taylor communicates with Josie's support team to ensure continuity of care.
- PAI will provide Josie with day support services and vocational services onsite and in the community. PAI will communicate any health and medical concerns to Josie's parents. PAI will provide Josie with the supports in her plans (IAPP, SMA, CSSPA and CSSP created by the county) which are reviewed and signed by the team annually and each time changes are made.

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:

Mary and Hernandez, Guardian
Phone: 651-426-7081
Email: maryalice.hernandez@gmail.com

Nicholas Hernandez, Guardian
Phone: 612-384-4460
Email: njhernandez@gmail.com

Taylor Ipsen, Phoenix Service Corporation, Case Manager
Phone: 651-279-3325
Email: Tlpsen@phoenixservicecorp.org

Cortney Kelly, PAI, Program Supervisor
Phone: 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: Josie is aware that she can begin looking for a job in the community when she is ready by enrolling in these services at PAI or with another provider and she thinks that somewhere down the line she will be interested in doing so. Josie is currently getting settled back into a routine after covid-19 and is working on her mental health. Josie's team will review her option of enrolling in employment services at PAI at minimum annually, but Josie can enroll in these services (with funding) at any time.

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.

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 notify Josie's guardian 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

PAI

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: Josie would be accepting of a hand on her should or a pat on the back when she is having a hard day and needs reassurance.
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: 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): 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