

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

Name of person served: Andy Berkowitz

Date of development: February 16th, 2021

For the annual period from: February 2021-February 28th, 2022

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

Legal representative: Sandy Berkowitz

Case manager: Kristen Fuller

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 Andy is intensive support services in a day training and habilitation (DTH) community based program. The program works with Andy 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 Andy’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Andy. PAI works with Andy’s family 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: Andy will greet or say goodbye to a co-worker at work and/or a community member while in the community working or working out.

Outcome #2: Andy will call a family member twice a week.

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:

Andy has the opportunity to use iPads with staff 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:

- **Allergies, special dietary needs, chronic medical conditions:** Andy has Celiac disease and is allergic to gluten. Andy is on a gluten-free diet. Andy will bring his lunch from home prepared according to his dietary requirements and staff will serve him this food for lunch and snacks. If food is going to be prepared or given at PAI staff will check with his mother to see if he can have it. His mother provides treats for Andy following his diet for special events. Andy's allergies are listed on his bus card and in his main file.
- **Treatment orders, medication:** Andy does not currently take any routine medication while at PAI nor does he have any treatment orders currently. If she should have a treatment order or need to take medication at PAI a trained staff member will administer the medication or treatment order per a signed physician's order. All staff administering medication are trained in medication administration, and have access to side effects.
- **Medical and dental appointments, preventative screening:** Andy's mother schedules all medical appointments/follow up care and accompanies to him to appointments. PAI staff report any health concerns to Andy's mother by telephone call and/or written illness or injury report so that this information can be relayed to Andy's doctor.
- **Community survival skills:** Staff are with Andy in the community and will model pedestrian safety skills when negotiating streets, crosswalks, parking lots and situations where traffic poses a risk. Staff will verbally cue Andy as necessary so that he is safe when walking in the community.
- **Water safety skills:** PAI does not offer swimming as part of programming. Should a situation arise in which Andy is near water, staff will provide Andy with a life jacket and assist him in putting it on to ensure proper fit.
- **Person-centered information:**
 - **Important to Andy:** Working out, mall walking, music and dancing, cleaning, being social with peers and staff, family, being happy
 - **Important for Andy:** Having opportunities to be included in the community, being social with peers and staff, eating a gluten-free diet, having the opportunity to advocate for himself, practicing ignoring people who bother him
 - **A good day for Andy:** Having the opportunity to work in the community (Dynamic Air, Armory, Admin office), attending gardening class, spending time with mom, dancing, ignoring when people bother him
 - **A bad day for Andy:** Not being able to attend PAI or work, accidentally eating food with gluten, getting irritated by coworkers
 - **Likes:** Working out, bowling, flowers, playing bocce, MN Twins, playing checkers, country music and dancing, pizza, cleaning jobs, Two and a Half Men
 - **Dislikes:** Foods that give him a stomachache, when people tell him to stop staring, when coworkers shake their fist at him.

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**:

- PAI offers several classes available for both skill building and leisure. Andy has control over his schedule by picking how many classes he'd like to attend, and choosing to work on-site when not in class or the community.
- Andy prefers to work as opposed to attending class when possible, especially cleaning jobs in the community.
- Andy likes when staff help him to ignore peers that bother him. It is important for staff to provide encouragement and support so that Andy can advocate for himself.

PAI

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 Andy can choose to participate in. Andy will be given a list of the classes available quarterly and Andy's lead will walk Andy through the different options available and help Andy pick classes that fit his interests, preferences, or particular skills he would like to work on. Andy chooses which outcomes he would like to work on at PAI.

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. Andy 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.

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

- Andy is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Andy to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will supervise Andy's interactions in the community and make sure he is staying safe. Andy can take classes, go on outings, work, and eat lunch with those of his choosing (at his 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. Andy is currently not interested in finding a job in the community and is not enrolled in these services but could at any time.

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?

- Andy's guardians (mom and sister), PAI staff, and case manager exchange information as it relates to Andy's services and cares. Meetings and reports are shared with Andy's team. Andy's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Andy's guardians advocate on his behalf and help make legal decisions for him. His mom (guardian and with whom he lives) helps Andy with services at home and communicates any needed medical information and updates to PAI and the team.
- Case manager, Kristen Fuller, develops Andy's CSSP and completes Andy's service agreements and communicates with Andy's support team to ensure continuity of care.
- PAI will provide Andy with employment opportunities onsite and help Andy work on vocational training and skill building. PAI will communicate any health and medical concerns to Andy's mom.

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:

Sandy Berkowitz, guardian and residence (mom)

H: 651-777-0406

C: 6510-216-2302

Sandyb55128@gmail.com

Kate Amlee, guardian (sister)

651-592-2255

Kristen Fuller, case manager

651-430-4142

Kristen.fuller@co.washington.mn.us

Paige McKenzie, Personal Supports Manager, Orion ISO

820 Lilac Drive, Ste 200

Golden Valley, MN 55422

Phone: 612-400-6440

Email: pmckenzie@orionassoc.net

Dayna Gordon, PAI

651-747-8740

dgordon@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: Andy is not interested in community employment at this time and is happy with the services provided onsite at PAI. If Andy and her team determine that Andy would like to transition to community employment, Andy can enroll in employment services at PAI anytime.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A- none needed at this time.

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

PAI

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 Andy's mom 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**

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: **N/A**

Medication assistance: **N/A**

Medication administration: **N/A**

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

PAI

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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: **N/A**
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: **N/A**
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: **N/A**

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