

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

Name of person served: Amy McVary

Date of development: July 13, 2021

For the annual period from: July 2021 to July 2022

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

Legal representative: Brian and Holly Andrekus

Case manager: Katy Brandt

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 Amy is intensive supports in a community environment. PAI works with Amy to develop and implement achievable outcomes based on Amy’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, data tracking and daily support related to her health, safety, and well-being as needed by Amy.

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: Amy will check in with staff each afternoon to talk to staff about any problems or concerns she may have experienced during the day that did not directly involve her with one prompt, 75% of trials.

Outcome #2: Amy will participate in at least one community outing of her choosing per month.

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:

Amy is comfortable using technology such as cell phones and computers.

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:** Amy has allergies to Betadine, Dilantin, and Nickel. Staff will monitor and report and unusual reactions to medications. Her allergies are listed on her face sheet as well as in her file.
- **Seizures:** Amy has seizure-like activity related to her traumatic brain injury. Staff will follow PAI's seizure protocol in the event of one of these occurrences. Staff will contact Amy's sister to let her know the details.
- **Choking:** Amy has a history of choking. In the event that Amy starts choking and it becomes an emergency situation, staff will call 911 and provide first aid until emergency personnel arrives.
- **Chronic medical conditions:** Amy has drop foot and regularly experiences tingling and pain in her legs that comes and goes. Staff will verbally remind Amy to use her walker when transitioning, and to sit down if she is experiencing any pain or tingling that is affecting her physical abilities.
- **Self-administration of treatment or medication orders, preventative screening, medical and dental appointments:** Amy is able to comply with treatment orders and medication orders with staff support. Staff will follow Physician's signed orders on Amy's behalf. Physician's orders are valid for one year from the signed date. Staff will verbally explain any new orders to Amy. Should Amy need to take medication at PAI, staff will administer the medication per a signed Physician's order. All staff giving medication are trained in medication administration, and have access to side effects. Amy is also able to attend medical and dental appointments with support from her sister. Amy and her sister are responsible for medical and dental appointments. PAI staff will convey medical or dental concerns to Amy's sister via phone.
- **Risk of falling, mobility issues:** Amy experiences balance issues and has weakness on her left side. To decrease the risk of injury due to a fall, staff will verbally remind Amy to use her walker when in the community and sit down if she begins to experience a migraine. Staff will contact Amy's sister with any concerns regarding her balance or migraines.
- **Community survival skills, water safety skills:** Amy relies on staff support when out in the community. Staff will always accompany Amy when out in the community. Staff will model safe pedestrian skills and stranger safety skills, and will prompt Amy to follow these as needed. If Amy were to participate in an activity near a large body of water, staff will help Amy with a life jacket.
- **Sensory disabilities:**
 - Blurred vision: To decrease the risk of injury due to blurred vision, staff will verbally remind Amy to sit down if she is experiencing migraines. Staff will follow-up verbally via phone to her sister.
 - Sound sensitivity: Staff will attempt to remove sounds from Amy's environment that might cause increased pain.
- **Person-centered information:**
 - Important to Amy: Having the opportunity to participate in community outings, getting to work and attend classes, following the rules, happiness and positivity, having staff support and listen to her, reducing stress/migraines/episodes
 - Important for Amy: Having the opportunity to work, having the opportunity to participate in the community, staying relaxed, having a positive attitude
 - Good day for Amy: Attending beading class and relaxation class at PAI, working on puzzles, watching the MN Twins, listening to music, getting to be creative, having happy/positive/encouraging people around her
 - Bad day for Amy: Noisiness, getting annoyed or stressed with co-workers, not getting to attend class or work, being bossed around or surrounded by negative people
 - Likes: Doing puzzles, MN Twins, country music (Alan Jackson, The Chicks, Shania Twain), pasta, tacos, swimming with dolphins, being creative, smiles, being listened to, spending time with her family
 - Dislikes: When people don't follow the rules, noise or chaos (leads to headaches), negative people, bossy people

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**:

- Amy has control over her schedule by choosing where she would like to go on community outings, which classes she would like to take, and which on-site jobs she would like to work on.
- Amy likes to be supported by staff; she prefers to be listened to and reminders to stay positive.

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

- Amy is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Amy to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will supervise Amy's interactions in the community and make sure she is staying safe. Amy can take classes, go on outings, work, and eat lunch with those of her choosing (at her 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. Amy 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?

- Amy's sister (who is her guardian and with whom she lives), PAI staff, and case manager exchange information as it relates to Amy's services and cares. Meetings and reports are shared with Amy's team. Amy's team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Amy's sister advocates on her behalf and helps make legal decisions for her. Amy's sister helps Amy with services at home and communicates any needed medical information and updates to PAI and the team.
- Case manager, Katy Brandt from Minnesota Brain Injury Alliance, develops Amy's CSSP and completes Amy's service agreements and communicates with Amy's support team to ensure continuity of care.
- PAI will provide Amy with employment opportunities onsite and help Amy work on vocational training and skill building. PAI will communicate any health and medical concerns to Amy's sister.

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:

Brian and Holly Andrekus
Holly: 612-817-9263
Brian: 612-810-0505
hollybonjovi@gmail.com

Katy Brandt
612-378-2742
katyb@braininjurymn.org

Dayna Gordon, PAI
651-747-8740
dgordon@paimn.org

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

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A

PAI

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

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 First Aid and CPR as applicable
- Monitoring for illness and injury. PAI will notify Amy's sister 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

PAI

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

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:
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