

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

Name of person served: Dawn Line

Date of development: September 20<sup>th</sup>, 2021 For the annual period from: September 1<sup>st</sup>, 021 – August 31<sup>th</sup>, 2021

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

Legal representative: Brenda Line, Robin Line

Case manager: Kyla Riley

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 Dawn at PAI are Day Support Services and Prevocational Services in a community environment. PAI works with Dawn to develop and implement achievable outcomes based on Dawn’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 Dawn.

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: Dawn will utilize a skill when reactive and attempt to get back to baseline with just two cues 75% of the time.

Outcome #2: Dawn will Set a boundary and assert her needs so that she is able to regulate her emotions with two cues 70% of the time.

## PAI

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

- Dawn has the use of all technology that is safe for her to use currently in her life.

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:

- Dawn has struggled significantly with boundaries when it comes to the use of technology like a cell phone, the internet, and a tablet. Since this is such a struggle for Dawn, safety is priority over use of technology currently.

## 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:** Dawn has allergies to dust. She is aware of these allergies, knows to avoid dusty areas if possible, and can report her allergies to others. Staff are aware of Dawn's allergy and will assist her in avoiding dust as necessary.
- **Chronic Medical Conditions:** Dawn is diagnosed with Susac's Syndrome (an autoimmune disease where the smallest blood vessels in the brain, retina, and inner ear can become blocked, which can affect memory, thought processing, cognition, eye sight, and inner ear issues including hearing loss, vertigo, or ringing). Dawn suffered balance issues when diagnosed but these appear to have been resolved. She suffers from impaired vision in her right eye. At the time of her diagnosis, she suffered a series of mini strokes. She has a history of ear aches and has ear vents. Dawn has issues with boils due to a compromised immune system. Dawn also has a diagnosis of GERD. She may also occasionally experience incontinence, but this is typically not an issue. Staff are aware of Dawn's health conditions and relay any information as necessary to medical personnel.
- **Self-Administration of medication or treatment orders:** Dawn has a history of forgetting to take her medication. She lives in a foster home and receives assistance to set up and administer her medications according to doctors' orders. Dawn will not be taking medications during program time. Should the need arise, Staff are trained in the proper administration of medications and will administer medications to Dawn's per her doctors' instructions.
- **Preventative Screening/Medical and Dental Appointments:** Dawn receives assistance from her residence in scheduling and attending any medical or dental appointments. Should PAI staff notice any signs or symptoms of illness or injury, they will notify Dawn's residence.
- **Risk of Falling/ Mobility Issues:** Dawn has a history of dizziness and balance issues due to her Susac's diagnosis, however these symptoms have resolved and do not continue to be a long standing issue. Staff are aware that Dawn may be at risk of falling or mobility issues if these symptoms were to return. Any concerns in this area will be reported to Dawn's team.
- **Community Survival Skills:** Staff accompany individuals on all community outings during program time. Staff will use natural teaching opportunities and modeling to demonstrate appropriate behaviors, safety skills, and interactions with community members. Should Staff observe Dawn participating in a potentially dangerous situation, they will intervene per policy. Any incidents will be reported to the team.
- **Sensory Disabilities:** Dawn could benefit from wearing glasses but chooses not to. Dawn may also be sensitive to smell and can communicate this as needed. Any concerns regarding a change in Dawn's vision will be reported to her team.
- **Self-Injurious Behaviors:** According to her CSP, Dawn self-reports a history of SIB, however this has not been a recent concern. Should Dawn communicate that she is feeling like hurting herself, Staff will attempt to redirect her and offer her opportunities to communicate about what may be bothering her. Any concerns or incidents will be reported to her team.
- **Physical Aggression/Conduct:** Dawn has a history of physical aggression toward others, however this has not been an issue as of late. Should Dawn display agitation or staff observe her becoming escalated or threatening physical aggression, they will attempt to redirect her to a quiet area to take a break and to communicate with staff. Any concerns or incidents will be reported to her team.
- **Verbal/Emotional Aggression:** When agitated or escalated, Dawn may engage in verbal or gestural aggression, including intimidation, staring, slamming doors, yelling, or swearing. Should Dawn display agitation or staff observe her becoming escalated or engaging in this type of aggression, they will attempt to redirect her to a quiet area to take a break and to communicate with staff. Any concerns or incidents will be reported to her team.
- **Other safety concerns:** Dawn has a history of manipulation from men. Dawn is at risk of manipulation or abusive behavior in this area. Staff are present during all program hours both on site and during community outings and will maintain supervision of Dawn to ensure that she not become involved in potentially dangerous situations. Any concerns in this area will be reported to her team.

# PAI

- **Criminal or unlawful behavior:** Dawn has a charge of disorderly conduct. She has since been law abiding. Staff will encourage Dawn to continue to engage in appropriate behaviors.
- **Mental/Emotional Health Symptoms and Crises:** Dawn is diagnosed with Fetal Alcohol Syndrome, PTSD, ADHD, Reactive Attachment Disorder, and borderline intellectual functioning. Dawn may struggle with boundaries and displays difficulty regulating her emotions. She may isolate when she is upset; she may need alone time to decompress. She has a history of disregarding her personal safety, financial impulsivity, being easily influenced by others, and engaging in high risk behaviors, however her team reports that she has improved in this area. Dawn may experience anxiety in new areas, with new people, and crowds. Dawn has a history of experiencing paranoia. Staff are aware of Dawn’s diagnosis and symptoms. Any concerns regarding Dawn’s mental health will be immediately reported to her team.
  - **Person Centered Information:**
  - **Important to Dawn:** The Vikings, independence, things to look forward to. Animals. Her two dogs at her parents’ house. Horse therapy. Softball. Relationships.
  - **Important for Dawn:** Horse therapy, activities to keep Dawn busy. DBT skills.
  - **A good day:** A day that the Vikings win, Dawn can have plenty of caffeine and gets to see her family.
  - **A bad day:** If the Vikings lose, Dawn must stay in the house all day and isn’t able to see anyone outside of her home.
  - **Likes:** horses, Vikings, DBT, working, animals, caffeine.
  - **Dislikes:** Being told what to do, Vikings losing football games.

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:**

- Dawn has control over her schedule at PAI by choosing the balance in her schedule between classes and working onsite. Dawn can choose which classes (with which peers and which instructor) she wants to participate in. Dawn 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.
- Dawn is a visual learner and prefers, step by step instructions.
- Dawn prefers conversations with staff in a 1:1 setting rather than in a group setting.

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 Dawn can choose to participate in. Dawn 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 Dawn’s input often and accommodate her preferences whenever possible.

## 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. Dawn 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?

- Dawn is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Dawn 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 Dawn in the community and will encourage Dawn to interact with trusted individuals.
- Dawn 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 and there are other services in the area that offer similar services. Dawn 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.

## 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?

- Dawn's guardian, PAI staff, and case manager exchange information as it relates to Dawn's services and cares. Meetings and reports are shared with Dawn's team. Dawn's team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Dawn's guardian, Brenda Line, who is her mother, advocates on her behalf and helps make legal decisions for her. Dawn's mother helps Dawn with services at home and communicates any needed medical information and updates to PAI and the team.
- Case manager, Kyla Riley, develops Dawn's CSSP and completes service agreements. Kyla communicates with Dawn's support team to ensure continuity of care.
- PAI will provide Dawn with day support services and vocational services onsite and in the community. PAI will communicate any health and medical concerns to Dawn's team. PAI will provide Dawn 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:

Brenda Line, parent/guardian  
651-439-9711  
651-235-9390  
[Linebrenda1966@gmail.com](mailto:Linebrenda1966@gmail.com)

Kyla Riley, case manager, Washington County  
651-430-6644  
[Kyla.riley@co.washington.mn.us](mailto:Kyla.riley@co.washington.mn.us)

Malissa Costanzo, foster parent  
651-226-7442  
[Kmcottage844@gmail.com](mailto:Kmcottage844@gmail.com)

Dayna Gordon, PAI, Program Supervisor  
Phone: 651-747-8740  
Email: [dgordon@paimn.org](mailto: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:** Dawn 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. Dawn's team will review her option of enrolling in employment services at PAI at minimum annually, but Dawn 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 Dawn'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: 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
<p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>To calm or comfort a person by holding that person with no resistance from the person.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>To facilitate a person’s completion of a task or response when the person does not resist, or it is minimal:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>Is a restraint needed as an intervention procedure to position this person due to physical disabilities?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>Is positive verbal correction specifically focused on the behavior being addressed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>Is temporary withholding or removal of objects being used to hurt self or others being addressed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> </ol>

Staff Information
<p>Are any <b>additional requirements</b> requested for staff to have or obtain in order to meet the needs of the person?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A</p>

# 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