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

Name of person served: Crystal Ronning

Date of development: September 22, 2021 For the annual period from: September 2021 to September 2022

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

Legal representative: Quentin Stille, Lutheran Social Services

Case manager: Debra Thao, Handy Help LLC

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 Crystal is DT&H intensive supports in a community environment. PAI works with Crystal to develop and implement achievable outcomes based on Crystal'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 Crystal. Crystal has enrolled in employment services exploration. Crystal will begin meeting with an employment specialist weekly to explore the idea of finding employment in the community.

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: Crystal wants to work on a healthier lifestyle and wants to learn new skills to potentially live on her own someday.

Crystal will research and find a healthy recipe once a week, 75% of trials until next review.

Outcome #2: Crystal would like to be healthier and is focusing on diet and exercise. Crystal will have opportunities to take fitness classes or walk/stretch independently.

"Crystal will exercise for at least 10 minutes daily, 75% of trials until next review."

Outcome #3: Crystal would like maybe find a job in the community someday and knows that she needs to work on being less distracted by her phone.

"During work and class hours, Crystal will have her phone away in her purse, 75% of all 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:

- Crystal proficiently uses her cell phone and other electronics. Crystal cannot identify any other technology devices or use that would benefit her in reaching her goals at this point in time.

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:

- **Special Dietary Needs:** Crystal sometimes struggles with appropriate portion sizes and following a healthy diet. Crystal will pack and prepare her lunch from home. If Crystal is eating additional food at PAI, in a cooking class or on a community outing, staff will coach Crystal on appropriate portion sizes and suggest healthier options.
- **Chronic Medical Conditions:** Crystal is diagnosed with polycystic ovarian syndrome and insomnia. Crystal also has had bunions removed from her feet and standing for too long sometimes can be painful. Crystal has lost all of her teeth and has both top and bottom dentures but may or may not choose to wear them. If staff notice any signs/symptoms that any of these conditions are worsening or bothering Crystal, staff will report these to Crystal's residence who will help Crystal follow up with her physician as needed.
- **Self-Administration of Medication or Treatment Orders:** Crystal takes a medication at noon and does have a few PRN medications at PAI. A staff trained in medication administration can administer medication to Crystal per a signed physician's order. Crystal and her residence are responsible for providing PAI the doctor's order and any medication ahead of time. When administering Crystal psychotropic PRN for anxiety, staff will follow the psychotropic administration criteria form and report/track accordingly.
- **Preventative Screenings; Medical and Dental Appointments:** Crystal's residence helps Crystal schedule and attend all appointments. If staff notice any signs/symptoms of illness/injury, staff will report these to Crystal's residence who will help Crystal follow up with her physician as needed.
- **Community Survival Skills:** Crystal is not always exercise reasonable caution with strangers. When onsite and in the community, staff will always be with Crystal. Staff will remind Crystal to maintain appropriate boundaries with strangers and not share any of her personal information.
- **Verbal Aggression:** Crystal is diagnosed with an anxiety disorder and bipolar disorder. Crystal may yell and swear when she is upset and may insolate from others. Staff will encourage Crystal to use her DBT skills, which she knows what are. Staff will offer Crystal a break from her activity and a quiet place to talk as needed.
- **Self-Injurious Behaviors/Suicidal Ideation:** Crystal has a recent history of suicidal thoughts and ideation. Crystal has scratched her legs in the past until they have bled. If staff notice any signs or possible symptoms of suicidal ideation, staff will contact Crystal's guardian and residence. Crystal's residence will help Crystal follow up with her physician or therapist as needed.
- **Mental or Emotional Health Symptoms or Crisis:** Crystal is diagnosed with bi-polar disorder, dysthymic disorder, mixed anxiety- generalized and post traumatic, borderline personality disorder, and avoidant personality disorder. Crystal is taking medication at home to manage her mental and emotion health and sees her therapist and psychiatrist at regular intervals. If staff notice any signs or possible symptoms of a mental health crisis, staff will contact Crystal's guardian and residence. Crystal's residence will help Crystal follow up with her physician or therapist as needed.

- **Person Centered information:**

  The **important to** items for Crystal include: her relationship with her grandma, her cat Pumpkin, working, her fiancé Jim, and being more independent with her medications.

  The **important for** items for Crystal include: following a healthy diet, taking care of her mental health, and using her coping and DBT skills.

  A **good day** for Crystal would be when she has plans to spend time with her family or her fiancé. Crystal likes getting to do her preferred activities and hobbies. When Crystal is having a good day, Crystal will socialize with other peer and staff. Crystal will work efficiently and participate in class.

  A **bad day** for Crystal would be when things are not going her way and she experiences increased anxiety. Crystal experiences an increase in anxiety when she is having concerns with her mother. Crystal may yell at others or isolate in her room. When Crystal is not having a good day, Crystal may want to be alone with her fiancé in the hall. Crystal may talk really fast and jump from subject to subject.

  Crystal **likes** computers (playing games, Facebook, YouTube), manicures, getting her hair done, watching movies, spending time with family and friends, crafts, puzzles, coloring, going to the library, spaghetti, mac and cheese, pizza, hummus, and going shopping.

  Crystal **dislikes** when people do not answer her phone calls, broccoli, and peas.

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**:

- Crystal prefers that people are attentive when she tries talking to them or calls.
- Crystal prefers classes likes cooking, crafts, and art.
- Crystal prefers variety in her schedule and the choice of different jobs and activities to do.
- Crystal prefers to spend a lot of time with her fiancé at home and at work. Crystal will often times choose the same activities or opportunities as her fiancé whenever she can. Crystal will not attend PAI if her fiancé if taking the day off.
- Crystal prefers to check in with staff and let them know how she is doing and different challenges she may be facing.
- Crystal prefers to be reassured that she is doing a job correctly or that her feelings are valid.
- Crystal prefers to be verbal praised when she has done a good job, especially when it is about paid work.

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

PAI

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 Crystal can choose to participate in. Crystal 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 Crystal'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. Crystal 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?

- Crystal is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Crystal to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Crystal is a friendly person and likes talking to new people but does not always exercise appropriate caution around strangers. Staff will always be with Crystal to supervise her interactions with strangers. Crystal 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. Crystal is enrolling in employment services exploration to find out if employment in the community is something Crystal would like to pursue.

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?

- Crystal's residence, PAI staff, guardian, and case manager exchange information as it relates to Crystal's services and cares. Meetings and reports are shared with Crystal's team. Crystal's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Crystal is under the guardianship of Quentin Stille from Lutheran Social Services, who advocates on Crystal's behalf and makes legal decisions for her.
- Crystal's case manager, Kao Song Yang from Handy Help LLC, develops Crystal's CSSP and completes Crystal's service agreements and communicates with Crystal's support team to ensure continuity of care.
- Crystal's residence, REM, ensures Crystal has all needed supports at home including the coordination of Crystal's medical care and appointments. Crystal's residence will communicate with the team and update everyone if any of Crystal's supports or medical conditions have changed.
- PAI will provide Crystal with employment opportunities onsite and help Crystal work on vocational training and skill building.

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:

Quentin Stille, Guardian, Lutheran Social Services
P: 651-310-9432
E: quentin.stille@lssmn.org

Debra Thao, Case Manager, Handy Help LLC
P: 651-760-3236
E: debra.thao@handyhelpllc.com

Deborah Targ, Program Director, REM
E: Deborah.Targ@thementornetwork.com

Cortney Kelly, Program Supervisor/DC, PAI
P: 651-747-8740
E: ckelly@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: Crystal is on the fence about working in the community, so she is enrolling in employment services exploration to further explore this option and make an informed decision. Crystal would like to move out of her group home someday and potentially live with her boyfriend, but she does not feel ready for that step this year. Crystal is working on work skills and independent living skills at work and home to prepare herself for these decisions in the future.

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: When at PAI, Crystal will always be supervised by staff onsite and in the community, with the exception of Crystal taking a 15 minute smoke break outside in the designated area. Crystal does have home alone and community time at home, 3 and 4 hours, and is approved to leave PAI by Metro Mobility if set up in advance.

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."

- Monitoring for illness, injury, or symptoms of a mental health crisis. PAI will notify Crystal's residence and guardian if any are noted.
- Providing CPR and First Aid as applicable.
- Applying sunscreen and bug spray per bottle instructions when applicable.
- Administering scheduled medication and PRN medication as needed (with a doctor's order and medication provided).

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: Crystal has a scheduled daily medication at PAI, a PRN for pain, and a PRN for anxiety.

Hydroxyzine HCL 25mg tab, take 1 tablet by mouth two times a day for anxiety (noon)

Gabapentin 100mg, PRN take 1 tablet by mouth three times daily as needed for anxiety

Acetaminophen 325mg, PRN take 1-2 tablets every 4-6 hours as needed for pain and fever

A staff trained in medication administration will administer these medications per a signed doctor's order. When administering Crystal psychotropic PRN for anxiety, staff will follow the psychotropic administration criteria form and report/track accordingly. Crystal will request both PRN medications when she needs them. PAI staff do not need to call Crystal's house or report that she took Acetaminophen- Crystal is an accurate reported and would not ask for it to be administered if she has had it within the last 4-6 hours per her residence.

Psychotropic Medication Monitoring and Use
Does the license holder administer the person's psychotropic medication? ☒ Yes ☐ No • Gabapentin 100 MG If yes, document the following information: 1. Describe the target symptoms the psychotropic medication is to alleviate: • Anxiety (symptoms: racing heart rate, tightness in chest, talking fast and jumping from topic to topic). 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: • Crystal's residence does not require any tracking on PAI's part.

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:

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

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