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PAI

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

Name of person served: Sara Grahn

Date of development: August 15, 2021 For the annual period from: August 2021 to August 2022

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

Legal representative: Josie Gephart

Case manager: Pa Chang

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 Sara is DT&H intensive supports in a community environment. PAI will work with Sara to develop and implement achievable outcomes based on Sara's goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite work, data tracking and daily support related to her health, safety, and well-being as needed by Sara. Sara is enrolled in employment services exploration to start looking at what jobs are out there and available.

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: When Sara participates in a community outing involving money Sara will hand her own cash to the cashier and obtain the change and receipt which she will immediately give to the staff member with her.

Outcome #2: When Sara attends PAI, Sara will practice counting money with staff.

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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:

Sara already uses technology by utilizing her phone to text/call her home and extended family. Sara also carries and iPod that she uses often. Sara will use the iPads here at PAI Commerce when she needs/wants to. Sara also watches TV and movies during down time at home. Sara does not express desire to learn more about technology or use technology to work on her goals at this point in time.

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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:

- **Chronic Medical Conditions:** Sara is diagnosed with Hypotonic Cerebral Palsy and Hypothyroidism. Sara's Hypotonic Cerebral palsy can cause spastic, extremely stiff muscles. Sara is being treated and monitored by her physician for her diagnosis. Any noted health concerns will be reported to Sara's family.
- **Self-Administration of Medications, Preventative Screening, Medical and Dental Appointments:** Sara does not currently take any medications at PAI. Medical and dental appointments are arranged and managed by Sara's residence. Staff at PAI are trained in medication administration and staff will administer the treatment and/or medication per the assigned physicians order. Signed physicians orders are valid for one year from the date signed. All medications are provided by Sara's residence. Any signs/symptoms of illness of a medical concern will be relayed to Sara's residence who will help Sara follow-up with her primary care provider as needed.
- **Mobility Issues:** Due to Sara's diagnosis of Cerebral Palsy, Sara is weaker on the right side of her body. When on long walks in the community PAI staff will allow times for Sara to rest.
- **Community Survival Skills:** Sara is generally able to seek assistance while at PAI, but would have difficulty doing so in the community due to her trusting nature. Staff will support Sara by remaining within auditory and/or visual range of Sara while in the community with PAI. The exception to this is when Sara is in the bathroom. Staff will remain outside the bathroom and wait for Sara.
- **Water Safety Skills:** Though PAI does not offer swimming activities as a part of programming Sara does not demonstrate water safety skills. Should Sara is participate in an activity around a large body of water staff will stay by Sara the duration of the activity and Sara will be provided a life jacket.
- **Sensory Disabilities:** Sara wears glasses to correct her vision. If it appears that Sara is having trouble seeing or if her glasses are broken or missing, PAI staff will notify Sara's home staff and family. Sara's group home staff is responsible for scheduling routine eye care appointments.
- **Person-centered information:**
    - **Important to Sara:** To obtain a job in the community. Being as independent as possible. Having supports to help her. Feeling safe. Staying healthy and making healthy eating choices. Being a good friend, doing the right thing, going out for coffee, going out to eat, taking a break when needed, positive encouragement.
    - **Important for Sara:** Having those around me support and motivate me. Being healthy and making better eating choices. Limited caffeine intake, having consistent supports to talk through concerns. Staff provider Sara with choices and making decisions.
    - **Good day for Sara:** Happy and laughing throughout the day, going into the community with her peers and being motivated to work toward her goals. Getting to interact and socialize with others and using the phone often to talk to those who support her.
    - **Bad day for Sara:** Being disrupted while working. Feeling anxious and not getting to interact with others or having an attitude.
    - **Likes:** Coffee, bowling, playing games, Dollar Tree, going to 5 below, talking with others on the phone, listening to music and arts and crafts.
    - **Dislikes:** Mushrooms or spicy food, taking out the garbage. Being disrupted while working, people telling her what to do.

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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**:

- Sara has control over her schedule at PAI by choosing how many leisure and skill building classes she would like to take and which ones. Sara can try out different jobs available onsite at PAI and choose to pursue employment services and finding a job in the community if she chooses.
- Sara prefers to work as opposed to attending class when possible.
- Sara likes to take a break and talk with a trusted staff when she is feeling upset. It is important for staff to provide positive encouragement.

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 Sara can choose to participate in. Sara is given a list of available classes quarterly. Sara's lead will walk Sara through the different options available and help Sara pick classes that fit her interests, preferences, and skills she would like to work on. At Sara's semi-annual and annual meetings, Sara's designated coordinator talks with her to discuss her goals for the next review period and adjust her outcomes accordingly.

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. Sara 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?

- Sara is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. Sara has many good social skills and is a friendly individual. When appropriate, staff will introduce Sara to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Sara can sometimes overshare with strangers and may share personal information. Staff will remind Sara of appropriate social skills and boundaries as needed.

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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. Sara is currently not interested in finding a job in the community and is not enrolled in these services but could at any time.

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?

- Sara's residence, guardian, PAI staff, and case manager exchange information as it relates to Sara's services and cares. Meetings and reports are shared with Sara's team. Sara's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Sara's guardian Josie Gephardt advocates on her behalf and helps to make legal decisions for her.
- Case manager, Pa Chang with Thomas Allen Services, develops Sara's CSSP and completes Sara's service agreements and communicates with Sara's support team to ensure continuity of care.
- Sara's residence, Mainsl Services, helps Sara with services at home and communicates any needed medical information and updates to PAI and the team.
- PAI will provide Sara with employment opportunities onsite and help Sara work on vocational training and skill building. PAI will communicate any health and medical concerns to Sara's residence.

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:

Josie Gephardt, Guardian
763-732-3129
strandlien@yahoo.com

Pa Chang, Case Manager
651-789-1218
pa.chang@thomasalleninc.com

Deena Robertson, Mainsl
612-419-9160
dmrobertson@mainsl.com

Jennifer Stamm, Mainsl
763-416-9138
jastamm@mainsl.com

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

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

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

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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."

N/A

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

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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

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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

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