

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

Name of person served: Linda Scherrer

Date of development: September 23, 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: Steve Scherrer

Case manager: Ma Xiong, Ramsey County

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 Linda is DT&H intensive supports in a community environment. PAI works with Linda to develop and implement achievable outcomes based on Linda’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 Linda.

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: Linda is aware of germs and the current situation with covid-19. Linda can verbalize that she wants to stay healthy and not get sick, but Linda sometimes is not aware of germs and ways that she can consistently protect herself.

“Linda will be mindful of germs and not pick things off the floor or from the garage, 70% of trials until next review.”

Outcome #2: Linda likes participating in community outings and wants to try new places. This outcome will encourage Linda to stay active and try out new opportunities.

“Linda will pick and participate in 1 community activity per month until next review that is different than where she went the previous month.”

PAI

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

- Linda uses the phone at home to stay in contact with friends and family. Linda uses an Ipad occasionally at PAI for games and class enrichment.

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:

- N/A, Linda does not have interest increased her technology use or using it to achieve her goals at this 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:

- **Choking:** Linda is at risk of vomiting when she eats or drinks too fast. Staff will verbally remind Linda to slow down when she is eating. Linda's lunch is packed and prepared from home. PAI will notify Linda's residence of any incidents of vomiting while at PAI.
- **Self-Administration of Medication or Treatment Orders:** Linda does not take any medication or treatments while at PAI. If the need did arise, a staff trained in medication administration would administer the medication to Linda per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Linda's residence schedules and attends medical appointments with Linda. Any signs/symptoms of illness/injury will be reported to Linda's residence. Linda's residence will help Linda follow up with her physician as needed.
- **Risk of Falling:** Linda can ambulate independently, but when Linda gets distracted and stops being observant of her surroundings, Linda may be at risk of falling. When navigating slippery or uneven terrain, staff will prompt Linda to be careful and offer a hand if needed.
- **Community Survival Skills:** Staff are always with Linda in the community and will advocate on her behalf. Staff will model safe pedestrian skills and stranger safety and prompt Linda to follow these as needed. Staff will prompt Linda to stay with the group. Staff carry Linda's basic health information and ID information with when in the community and would provide this information to emergency personnel in the event of an emergency if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Linda participates in a community event near a large body of water, staff would prompt Linda to be observant of her surroundings. Linda would be provided a life jacket and staff would stay with her the duration of the event.
- **Sensory Disabilities:** Staff will encourage Linda to make eye contact when talking and to wear her hearing aids. If PAI staff notice a decline in Linda's hearing, staff will relay this information to Linda's residence.
- **Person-Centered Planning:**

The **important to** Linda items are: going shopping, her personal belongings, and working.

The **important for** Linda items are: having job opportunities, staying active, and incorporating into her community.

A **good day** for Linda would be when Linda comes in in the morning, is able to greet everyone, and then makes her way to her homeroom to get her belongings situated and start settling in for the day. Linda has better days when she can slow down and focus on what she is doing. Linda will chat with peers and staff and be social. Linda loves going out for coffee, and volunteering.

PAI

A **bad day** for Linda would be when Linda is having trouble focusing and is a bit frazzled. Linda may talk at others without making eye contact and without listening to what the other person is saying. Linda doesn't like it when peers are mad or yelling.

Linda **likes** music, dancing, working, going on outings at PAI and home, going shopping, and going out for coffee.

Linda **dislikes** when peers are angry and yelling and doing laundry.

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**:

- Linda has control over her schedule by picking how many classes she would like to attend and choosing to work on-site when not in class or the community. Linda is supplied with verbal class descriptions and photos to choose which classes she would like to take.
- Linda will choose which community activities she wants to participate in monthly.
- Linda prefers to take her time transitioning.
- Linda prefers to be able to say hi to everyone in the morning before going to her homeroom.
- Linda prefers a balance between work and class; enjoying both.
- Linda is very social and is not as successful if she is not allowed time to socialize with others throughout the day.

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 Linda can choose to participate in. Linda will be given a list of the classes available quarterly and Linda's lead will walk Linda through the different options available and help Linda pick classes that fit her interests, preferences, or particular skills she would like to work on. At Linda's semi-annual and annual time of year, Linda's designated coordinator talks to Linda and discusses her goals for the next review period and adjusts 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. Linda 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.

PAI

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

- Linda is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. Linda is a friendly individual. When appropriate, staff will introduce Linda to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will coach Linda to not over share and help her get to know others and build relationships when desired and appropriate.

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. Linda is not interested in finding competitive employment in the community at this time. If Linda changes her mind, Linda can enroll in employment services at PAI anytime.

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?

- Linda's residence, PAI staff, guardian and case manager exchange information as it relates to Linda's services and cares. Meetings and reports are shared with Linda's team. Linda's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Linda is under the private guardianship of her brother, Steve Scherrer, who advocate on Linda's behalf and make legal decisions for her.
- Case manager, Angel Gonzalez-Mitchell from Ramsey County, develops Linda's CSSP and completes Linda's service agreements and communicates with Linda's support team to ensure continuity of care.
- Linda's residence ensures Linda has personal assistance at home and communicates any concerns and changes to Linda's team.
- PAI will provide Linda with employment opportunities onsite and help Linda work on vocational training and skill building and offer leisure classes.

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:

Steve Scherrer, guardian

P: 651-770-7831

Ma Xiong, Case Manager

P: 651-266-4358

Email: ma.xiong@co.ramsey.mn.us

Ally Carr, Res Care

P: 651-249-6584

E: Ally.Carr@rescare.com

Cortney Kelly DC, PAI

P: 651-747-8740

Email: ckelly@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: Linda is not interested in finding competitive employment in the community at this time and would like to continue living in her group home. Linda is working on job skills and independent living skills at work and home if she were to ever change her mind.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A- If Linda decides to pursue competitive community employment, Linda can enroll in employment services at 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.

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."

- Monitoring for illness and injury. PAI will notify Linda's residence and guardian if any are noted.
- Providing CPR and First Aid as applicable.
- PAI will apply sunscreen and bug spray per bottle instructions when 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:
- 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
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 1. 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: 2. 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: 3. 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: 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Linda is likely to evacuate on her own in the event of an emergency, but can get very distracted at times. In the event of imminent harm, staff will help Linda evacuate in the least restrictive manner possible. 8. 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: 9. 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: 10. 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: 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used

Staff Information
<p>Are any additional requirements 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