

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

Name of person served: Sarah Poulsen

Date of development: August 2, 2021

For the annual period from: August 1, 2021 to July 31, 2022

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

Legal representative: Laura and Gary Poulsen

Case manager: Jon Bentley

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 Sarah is intensive support services in a day training and habilitation (DTH) community based program. The program works with Sarah to develop and implement achievable outcomes that support her goals and interests, and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Sarah’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Sarah. PAI works with Sarah’s residential provider and transportation provider for continuity of care.

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 Sarah is offered in-house work Sarah will at least try it for an hour per pay period with 2 verbal cues, 75% of all trials for 6 months.

Outcome #2: Sarah will choose a friend to eat lunch with when she is at PAI 75% of times with just 1 verbal cue.

PAI

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:

Sarah enjoys having the opportunity to use the iPads at PAI with staff. Sarah watches movies and TV at home.

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:** Sarah has allergies to glycopyrrolate and Lamictal (lamotrigine). Sarah's allergies are listed on the Medication Administration Record (MAR) and in Sarah's client record. Staff only administer medications according to Sarah's signed physician's orders, and are trained by a registered nurse (RN) in medication administration. Concerns with medications or noted possible side effects are reported to Sarah's guardians for follow-up.
- **Seizures:** Sarah is diagnosed with epilepsy. In the event of seizure, trained PAI staff will follow PAI Standard of Operations for Seizure First Aid.
- **Choking, special dietary needs:** Sarah needs help cutting her food into bite sized pieces. Sarah will eat her lunch prepared from home. Staff will help her cut up her food into bite sized pieces as needed. Staff will give Sarah verbal reminders to slow down while she's eating as needed. Sarah needs help with food portion control. If Sarah participates in activities involving food, staff will help Sarah with portion sizes. Sarah will stop eating when she is full and sometimes will say she is not hungry. Staff will give Sarah verbal cues when it is time for lunch. Should Sarah exhibit a pattern of not eating her lunch, concerns will be communicated with her guardians.
- **Chronic medical conditions:** Sarah is diagnosed with constipation and osteopenia. Sarah is being treated by her health care provider. Should staff observe signs and symptoms affecting Sarah's daily activities at PAI, staff will communicate with her parents. Her parents will follow-up with her health care provider as needed.
- **Self-administration of medication or treatment orders, preventative screening, medical and dental appointments:** Sarah needs assistance with treatment orders, medications, and attending medical/dental appointments. Staff providing treatments or medications according to Sarah's signed physician's orders are trained by a registered nurse (RN) in medication administration. Physician's orders are valid from one year from the signed date or until replaced by a newer order. PAI does not have a nurse onsite though nursing support services are available for PAI staff to consult with as needed. Concerns with treatments are reported to Sarah's guardians for follow-up. Sarah's parents will help her with her medical and dental appointments. Should Sarah exhibit signs and symptoms of illness, staff will communicate with her parents. Sarah's parents will help her follow up with her health care providers as needed.
- **Risk of falling and mobility issues:** Sarah struggles with depth perception and balance. Sarah will use railings as available. Staff will offer their hands/arms for Sarah to hold to assist Sarah navigate curbs, stairs, and uneven terrains. Staff will give Sarah verbal cues to help her keep walking. Staff can also offer their elbow for Sarah to hold onto while walking. For long distance activities, Sarah will use a manual wheelchair. Sarah cannot propel the wheelchair herself. Staff will physically push the wheelchair for Sarah.
- **Regulating water temperature:** Sarah may struggle with regulating water temperatures safely. PAI maintains water temperatures at a safe degree.
- **Community survival skills:** Sarah is easily distracted and may go into areas unsafe for her. Sarah is with staff in the community. Sarah will use a manual wheelchair when participating in community activities requiring walking for long distances. Sarah engages in hair pulling. For community activities outdoors during the summer months, Sarah will wear a hat. Staff will provide verbal reminders for Sarah to wear her hat.
- **Water safety skills:** Sarah does not go into large bodies of water without supervision. Sarah gets nervous when on boats. Sarah will not participate in boating activities at PAI.
- **Sensory disabilities:** Sarah has strabismus which affects her vision. Sarah wears glasses to correct her vision. Staff will help her clean her glasses as needed.
- **Person-centered information:**
 - **Important to Sarah:** Cooking class, pet therapy class, music class, being around people with whom she is familiar, a quiet environment, consistency in her daily schedule and a set routine, when people are patient with her, family and friends, having choices, having the opportunity to work

PAI

- **Important for Sarah:** Having the opportunity to work, maintaining a set routine, doing activities with people she likes and trusts, having the opportunity to participate in the community, having time to respond and process, having the opportunity to make choices and have them respected
- **Good day for Sarah:** Being able to work at PAI, attending a favorite class at PAI (cooking, music, pet therapy, beading), sticking to her schedule/routine, doing a puzzle or word find, listening to music, and going out for McDonald's or Subway.
- **Bad day for Sarah:** A thunderstorm, a crowded and loud environment, disruption to her routines, not having her preferences and choices be respected
- **Likes:** Jigsaw puzzles, watching TV, church hymns and pop music, tortillas, cheese, cereal, going out to eat, going to a movie, being with family and friends
- **Dislikes:** Casseroles, when her food touches, crowds/congestion, loud noises, latex balloons, traffic jams, not being listened to.

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**:

- PAI offers several classes available for both skill building and leisure. Sarah has control over her schedule over her schedule by picking which classes she'd like to attend.
- Sarah prefers to be given choices and have her choices be respected.
- Sarah prefers when staff give her time to respond and process what is being said to her.

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

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

- Sarah's residence, guardians, PAI staff, and case manager exchange information as it relates to Sarah's services and cares. Meetings and reports are shared with Sarah's team. Sarah's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Sarah's guardians (parents) advocate on her behalf and help make legal decisions for her.
- Case manager, Jon Bentley from Ramsey County Human Services, develops Sarah's CSSP and completes Sarah's service agreements and communicates with Sarah's support team to ensure continuity of care.
- Sarah's residence, NER, helps Sarah with services at home and communicates any needed medical information and updates to PAI and the team.
- PAI will provide Sarah with employment opportunities onsite and help Sarah work on vocational training and skill building. PAI will communicate any health and medical concerns to Sarah's family and 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:

Laura and Gary Poulsen, Legal Guardians, Parents

Laura cell: 612-385-1956

Gary cell: 612-251-2063

Laura email: lpoulsen@gmail.com

Gary email: ggpoulsen1@mmm.com

Jon Bentley, Case Manager

651-900-5877

Jonathan.bentley@co.ramsey.mn.us

Michelle Hartmann, NER

651-246-8502

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: Sarah is not interested in community employment at this time and is happy with the services provided onsite at PAI. If Sarah and her team determine that Sarah would like to transition to community employment, Sarah 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- none needed at this time.

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 CPR and First Aid as applicable
- Monitoring for illness and injury. PAI will notify Sarah's parents and residence if any are noted.
- Monitoring for changes in vision function. PAI will notify Sarah's parents and residence if any are noted.

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: **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

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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
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: **N/A**
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: **N/A**
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: **N/A**
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: **N/A**

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