

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

Name of person served: Melanie Nyvold

Date of development: September 22, 2021
September 2022

For the annual period from: September 2021 to
September 2022

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

Legal representative: Mark and Sue Nyvold

Case manager: Tracy Mitchell

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:
DT&H intensive supports, in a community environment as well as Employment Services with indirect Support. PAI works with Melanie to develop and implement achievable outcomes based on Melanie’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 Melanie.

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: Melanie will ask for more work for 70% of all trials.
- Outcome #2: Melanie will greet a person of her choice, 70% of all trials.

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:
Melanie uses a phone to keep in touch with her family and friends. Melanie will also use the iPads at PAI Commerce when she wants/needs to. Melanie is not interested in exploring any further technology usage at this time.

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:** Melanie has seasonal allergies. Melanie receives over the counter allergy medication as needed for her allergies. If Melanie needs to take medication while at PAI, staff trained in medication administration will assist her to make sure she receives the correct medication and dose at the appropriate time via the appropriate route.
- **Special dietary needs:** Melanie does not consume MSG, soda, or juice. Melanie's family prepares and sends in a lunch according to her needs. PAI staff serve the food that is sent in. If special treats were to be brought in (for example, for a birthday), or if Melanie would eat something out in the community, staff would check the ingredients to ensure it does not contain MSG.
- **Self-administration of medication or treatment orders:** Melanie does not take routine medications or have any routine treatment orders at PAI. If Melanie needs to take medication or follow a treatment order, staff trained in medication passing will assist her to make sure she receives the correct medication and dose at the appropriate time via the appropriate route.
- **Medical and dental appointments, Preventative screening:** Melanie needs assistance in making and attending medical appointments. Melanie's parents arrange all medical appointments. PAI staff will communicate health-related concerns to her parents so that this information can be shared with Melanie's physician. This information will be communicated by telephone call or written report.
- **Regulating water temperature:** Melanie may not adjust water to a safe temperature. Water temperatures are maintained at a safe temperature at PAI. When Melanie is in the community, staff will check on her if she is using the restroom too long. If she is using the sink, staff will check the water temperature to make sure it is at a safe temperature and if not, will physically adjust the taps for her.
- **Community survival skills:** Melanie may not independently display pedestrian safety skills. Staff accompany Melanie in the community and will model safe pedestrian practices. If Melanie engages in unsafe practices, staff will verbally or physically redirect her.
- **Water safety skills:** PAI does not offer water activities, and so it is unlikely that she would be near bodies of water while at PAI. However, if the situation arises, staff will provide Melanie with a life vest and will assist her in putting it on if needed.
- **Sensory disabilities:** Melanie may engage in self-talk, pinch others, giggle or laugh at inappropriate times, touch her breasts in front of others, or repeatedly flap the sleeve of her coat or her mittens when she is anxious. Staff will redirect Melanie when she begins to do any of these actions. Staff will use "social stories" as needed.
- **Person-centered information:**
 - **Important to Melanie:** Job at US Bank, family, laptop, being able to go outside for 20 minutes when it is too loud around me
 - **Important for Melanie:** Going outside, going to work every day at PAI and US Bank, following a routine and schedule
 - **A good day for Melanie:** Going to work at US Bank, going to the Dollar Tree, visiting Mom and Dad's house
 - **A bad day for Melanie:** Being around people who are yelling and mad, being in a noisy environment, being too hungry, being offered food with ranch dressing
 - **Likes:** Yoga, going to church, spending time with family, Bob Dylan, fish, chicken
 - **Dislikes:** Mayonnaise, ranch dressing, when peers are having loud or disruptive behaviors

PAI

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**:

- Melanie has control over her schedule at PAI by choosing how many leisure and skill building classes she would like to take and which ones. When PAI is able to resume activities and volunteering in the community, Melanie will be able to choose what she would like to participate in. Melanie can try out different jobs available onsite at PAI and continue to pursue employment services and finding a job in the community.
- Melanie prefers to be given a heads up if her routine/schedule is to be changed.
- Melanie prefers to be given time to process.
- Melanie prefers to be given space when others around her are being loud or disruptive.

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 Melanie can choose to participate in. Typically, before COVID-19, Melanie would be given a list of the classes available quarterly and Melanie's designated lead staff would walk Melanie through the different options available and help Melanie pick classes that fit her interests, preferences, or particular skills she would like to work on. At Melanie's semi-annual and annual time of year, Melanie's designated coordinator talks to Melanie to discuss goals for the next review period and adjusts outcomes accordingly.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities?

- Community outings are currently on hold at PAI but will resume when COVID-19 health and safety concerns have subsided. PAI usually offers community outings on a daily basis to several community locations. Melanie 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?

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

PAI

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. Melanie is currently enrolled in employment services- exploration and is exploring available career paths and jobs in the area.

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?

- Melanie's residence, Mark and Sue as her parents and guardians Tracy Mitchell from Anoka County, and PAI staff exchange information as it relates to Melanie's services and care. Meetings and reports are shared with Melanie's team. The team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Melanie's parents as her guardians advocate on Melanie's behalf and make legal decisions for her.
- Case manager, Tracy Mitchell, develops Melanie's CSSP, completes Melanie's service agreements and communicates with Melanie's support team to ensure continuity of care.
- Melanie's residence, REM, helps Melanie at home and communicates any needed medical information and updates to PAI and the team.
- PAI will provide Melanie with support for her job off-site if needed as well as employment opportunities onsite. PAI also supports Melanie on vocational training and skill building. PAI will communicate any health and medical concerns to Melanie's parents if needed.

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:

Guardians: Mark and Sue Nyvold

Home: 763-786-9136

Sue cell: 763-228-9277

Mark cell: 763-228-9270

smdisalvo@aol.com

Case Manager: Tracy Mitchell

763-324-1475

Tracy.mitchell@co.anoka.mn.us

Residence: Grant, Denise Grover (PD)

Grant: 612-865-2966

Denise: 763-227-0340

PAI: Dayna Gordon

651-747-8740 Ext. 101

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: Melanie had a job in the community pre-covid-19. Melanie would like to continue to work at a job in the community. Melanie is currently in employment services- development and is exploring available career paths and jobs in the area with PAI.

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.

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

PAI

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

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

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:
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

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