

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

Name of person served: Elizabeth Bourke

Date of development: July 16, 2021

For the annual period from: July 2021 to July 2022

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

Legal representative: Elizabeth Bourke

Case manager: Grace Thompson

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 Elizabeth is DT&H intensive supports in a community environment. PAI will work with Elizabeth to develop and implement achievable outcomes based on Elizabeth’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to his health, safety, and well-being as needed by Elizabeth.

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: Liz will journal daily at PAI, 75% of all trials until the next review period.

Outcome #2: Liz will tell someone when she’s feeling anxious, 75% of all trials until the next review period.

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:

Elizabeth uses a cell phone.

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:** Staff will be aware of Elizabeth's allergies.
- **Special dietary needs:** Elizabeth will carry around a water bottle with her. Staff will remind Elizabeth to keep drinking water. Elizabeth is encouraged to make healthy food choices. Elizabeth brings a lunch prepared from home according to her dietary needs. If Elizabeth purchases food in the community, staff will encourage Elizabeth to make a healthy food choice.
- **Chronic medical conditions:** Elizabeth has been diagnosed with hypertension, frequent sinus or ear infections, chronic pain, GERD, migraines, IBS, asthma, COPD and Multiple joint Osteo arthritis. Staff will be familiar Elizabeth's diagnoses.
- **Risk of falling, Mobility issues:** Elizabeth has an unsteady gait and often experiences pain in her knees, back, and right foot. Elizabeth also has been diagnosed with osteoarthritis. Elizabeth uses a walker as needed. Elizabeth may need to sit rather than stand while working.
- **Mental health:** Elizabeth is diagnosed with panic disorder, Bipolar 1, GAD, borderline personality disorder, eating disorder, and PTSD. Elizabeth works with a therapist and psychiatrist to manage her mental health. Staff will support Elizabeth by being mindful of her diagnoses. Elizabeth is good about using her coping skills when she struggles with her mental health.
- **Person-centered planning:**
 - **Important to Elizabeth:** Meeting new people, health, friends, keeping in touch with her daughter
 - **Important for Elizabeth:** Maintaining her health, having a part-time job
 - **A good day:** Being active, getting out of her apartment
 - **A bad day:** Isolating herself, not communicating with others, sleeping too much
 - **Likes:** Reading, word searches, watching movies, being with friends and her fiancé, coloring, journaling, time with her cats, writing, walking.
 - **Dislikes:**

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 for both skill building and leisure. Elizabeth has control over her schedule by picking how many classes she'd like to attend and chooses to work onsite when not in class or in the community. Elizabeth chooses which community activities and jobs she wants to participate in.
- Elizabeth prefers to be left alone when she is feeling sad.
- Elizabeth prefers to sit when the option is available.

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 Elizabeth can choose to participate in. Elizabeth 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 Carrie'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. Elizabeth will have the opportunity to choose which activities she would like to participate in by choosing 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?

- Elizabeth is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Elizabeth to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will always be with Elizabeth in the community and will encourage her to interact with trusted individuals.
- Elizabeth 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 interested in finding employment in the community and there are other organizations in the area that offer similar services. Elizabeth is currently not interested in finding a job in the community and is not enrolled in these services. However, she could enroll in these services at any time – with PAI or another organization.

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?

- Elizabeth's residence, guardians, PAI staff, and case manager exchange information as it relates to Elizabeth's services and cares. Meetings and reports are shared with Elizabeth's team. Elizabeth's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Elizabeth is her own guardian. She advocates for herself and makes legal decisions for herself.
- Case manager, Grace Thompson, develops Elizabeth's CSSP and completes Elizabeth's service agreements and communicates with Elizabeth's support team to ensure continuity of care.
- PAI will provide Elizabeth with employment opportunities onsite and help Elizabeth work on vocational training and skill building. PAI will communicate any health and medical concerns to Elizabeth.

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:

Grace Thompson, Case Manager
Pinnacle Services
grace.thompson@pinnacleservices.org
612.500.9201

Dayna Gordon, Program Supervisor
Phoenix Alternatives Inc.
dgordon@paimn.us
651-747-8740

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:

Elizabeth is aware that she can begin looking for a job in the community when she is ready by enrolling in these services at PAI or with another provider and she thinks that somewhere down the line she will be interested in doing so. Elizabeth's team will review her option of enrolling in employment services at PAI at minimum annually, but Elizabeth can enroll in these services (with funding) at any time.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A

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

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: Reminders for taking Medication.

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