

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

Name of person served: Sabrina Bower

Date of development: September 20st, 2021 For the annual period from: September 1<sup>st</sup>, 2021 – August 31<sup>st</sup>, 2022

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

Legal representative: Sabrina Brower

Case manager: Xia Vang

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 Sabrina at PAI are Day Support Services and Prevocational Services in a community environment. PAI works with Sabrina to develop and implement achievable outcomes based on Sabrina’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, employment opportunities onsite, data tracking and daily support related to her health, safety, and well-being as needed by Sabrina.

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: Sabrina will choose to have lunch with a friend when at work 75% of trials until the next review period.

Outcome #2: Sabrina will practice matching/calculating and budgeting utilizing worksheets while at work to strengthen her money skills 75% of trials until the next review period.

# 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:

Sabrina has all that she needs at this point as far as technology goes. Sabrina utilizes a tablet, cell phone, house phone and TV/DVD at home.

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:** Sabrina is allergic to Sulfa medications. Staff will only provide medications to Sabrina that have been prescribed by her physician.
- **Choking:** Sabrina is at risk of choking as she eats too fast. Staff will assist Sabrina by cutting her food into appropriate bite-sized pieces. Staff will remind Sabrina to slow down while eating, and to chew her food completely before swallowing.
- **Self-Administration of Medication or Treatment Orders:** Sabrina does not take any regularly scheduled medications at PAI. Sabrina's family administers medication to her at home. Should Sabrina need to take medications at PAI, staff will follow the signed physician's orders.
- **Preventative screening; medical and dental appointments:** Sabrina's family helps her schedule and attend all of her medical appointments. If staff at PAI observe any signs or symptoms of injury or illness, they will let Sabrina's family know. Sabrina's family will help her follow up with her physician as needed.
- **Bathroom cares:** Sabrina wears pull-ups and experiences incontinence. Sabrina is encouraged to participate in toileting as much as she is able. Staff will assist Sabrina with wiping. Staff will also assist Sabrina in the restroom with buttons, ties, and zippers. Sabrina also needs assistance to ensure she is properly washing her hands after using the restroom.
- **Community survival skills:** Sabrina understands that pedestrian safety is important, but requires staff to model for her the need to be safe when crossing the street or walking in a parking area. Sabrina does not have awareness of "stranger danger." Staff will help Sabrina understand and recognize what dangerous situations might be and what a "stranger" is so that she can remain safe.
- **Physical aggression/contact; verbal/emotional aggression:** Sabrina gets upset and frustrated and can be violent. Staff will continue to redirect Sabrina when she is acting aggressively toward other people and give her options for alternative ways to interact with others to keep herself safe.
- **Person Centered Information:**
  - **Important to Sabrina:** Her mom and grandma who have passed away, her family, electronics, staying busy and active
  - **Important for Sabrina:** Having someone to talk to when she needs it, increasing coping skills and socialization skills, attending community activities, decreasing aggressive interactions
  - **A good day:** Sleeping in, not having to do anything she doesn't want to do, eating whatever she wants, drinking pop all day, playing on electronic devices, hang out with her boyfriend
  - **A bad day:** Not cooperating with anything, poor language, instigating negative interactions
  - **Likes:** Electronics (iPad, Chromebook – likes to look up all things medical, phone), watching TV, going to the mall, open gym, spending time with family and boyfriend, TV shows (Fuller House, Glee, Vampire Diaries), spaghetti, going to Perkins and Dunn Brothers, babies and puppies, sports
  - **Dislikes:** Being told no, losing phone privileges, brushing her teeth or hair, cleaning at the house, getting up in the morning

# 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**:

- Sabrina has control over her schedule at PAI by choosing the balance in her schedule between classes and working onsite. Sabrina can choose which classes (with which peers and which instructor) she wants to participate in. Sabrina can choose where she would like to go on community outings and whether or not she would like to participate in volunteer opportunities at PAI.
- Sabrina is a visual learner and prefers slow, step by step instructions.
- Sabrina prefers to live with her family

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 Sabrina can choose to participate in. Sabrina 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 Sabrina'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. Sabrina will have 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?

- Sabrina is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Sabrina 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 Sabrina in the community and will encourage Sabrina to interact with trusted individuals.
- Sabrina 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 and there are other services in the area that offer similar services. Sabrina is currently not interested in finding a job in the community and is not enrolled in these services but could 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?

- Sabrina is her own Guardian although she does rely heavily on her father, Robert and her sister Rachel. Sabrina, her family, PAI, and case manager exchange information as it relates to Sabrina's services and cares. Meetings and reports are shared with Sabrina's team. Sabrina's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Sabrina's Father Robert and Sister, Rachel advocate on Sabrina's behalf and help to make legal decisions for her. Sabrina's Father helps to manage her finances and medical appointments. Sabrina's family oversee Sabrina's semi-independent living situation. Sabrina's Family ensure all of Sabrina's needs are being met and provide any information to Sabrina's team about changes in supports needed.
- Case manager, Xia Vang with Fraser, develops Sabrina's CSSP and completes service agreements. Xia communicates with Sabrina's support team to ensure continuity of care.
- PAI will provide Sabrina with day support services and vocational services onsite and in the community. PAI will communicate any health and medical concerns to Sabrina's dad. PAI will provide Sabrina with the supports in her plans (IAPP, SMA, CSSPA and CSSP created by the county) which are reviewed and signed by the team annually and each time changes are made.

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:

Robert Brower, Father  
Phone: 651-500-4861  
Email: rbsb8484@aol.com

Xia Vang, Fraser, Case Manager  
Phone: P: 952-737-6275  
Email: xia.vang@fraser.org

Dayna Gordon, PAI, Program Supervisor  
Phone: 651-747-8740  
Email: 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:** Sabrina 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. Sabrina is currently getting settled back into a routine after covid-19 and is working on finishing her transitional program. Sabrina's team will review her option of enrolling in employment services at PAI at minimum annually, but Sabrina 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

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."

- Providing CPR and First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Sabrina's guardian if any are noted.
- Applying sunscreen and bug spray per bottle instructions as 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: 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
<p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>1. To calm or comfort a person by holding that person with no resistance from the person.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Sabrina would be accepting of a hand on her should or a pat on the back when she is having a hard day and needs reassurance.</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</li> <li>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:</li> <li>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:</li> <li>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:</li> <li>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:</li> </ol>



Staff Information

## PAI

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

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