

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

Name of person served: Catherine (Katie) Lammers

Date of development: September 2, 2021
31, 2022

For the annual period from: September 1, 2021 to August

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

Legal representative: Sharon Lammers, Mother

Case manager: Alison Glodek, Washington County Community Services

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 Katie is intensive support services in a day training and habilitation (DTH) community based program. The program works with Katie 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 Katie’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Katie. PAI works with Katie’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: Katie will review her schedule with staff each morning she attends PAI, on 75% of all trials until next review period.

Outcome 2: Katie will stretch or do yoga daily each day that she attends PAI, on 75% of all trials until 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: Katie has the opportunity to use technology at PAI, such as using the iPads with staff.

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:** Katie is allergic to Sulfa drugs and wine. Katie's allergies are listed on her bus card, face sheet, and in her case file. When in the community, staff carry Katie's bus card with and would notify emergency personnel of Katie's allergies if needed. PAI is an alcohol-free environment.
- **Choking:** Katie is at risk for choking, especially with liquids as she tends to drink too fast. Staff will verbally remind Katie to drink slowly to prevent choking.
- **Chronic medical conditions:** Katie has been diagnosed with Ataxia which affects her balance and coordination. Katie also has short-term memory loss. Katie's medical conditions are being monitored by her physicians. Katie's Ataxia makes fine motor activities such as writing and working with small objects difficult. Staff will offer Katie assistance if it appears she is struggling or at Katie's request.
- **Self-administration of medication or treatment orders, preventative screening, medical and dental appointments:** Katie's guardian and residence manage Katie's medical appointments and medications/treatment orders. If required, PAI staff trained in medical administration will administer treatment orders to Katie per a signed physician's order, which is valid for one year from the date signed. PAI will communicate any medical concerns to Katie's residence.
- **Risk of falling, mobility:** Katie walks with an unsteady gait and is at risk of falling due to her Ataxia. Katie uses a wheelchair while at PAI but may also use a walker if her wheelchair is out of use. PAI staff will verbally remind Katie of any areas that may pose a hazard for her. Staff will offer Katie assistance as needed. It has been reported that Katie has learned how to fall in order to minimize injury.
- **Regulation of water temperature:** Katie may not always adjust the water temperature when washing her hands. PAI maintains a safe water temperature, preventing this from being a concern. When in the community, staff will check the water temperature before Katie's use.
- **Community survival skills:** Staff are always with Katie when she is in the community. Staff will remind Katie that she can tell the truth without worrying about pleasing others and will fact check what Katie says with her residence and guardian if necessary. Staff will work with Katie when she is upset and offer assistance in making good decisions.
- **Water safety skills:** PAI does not offer swimming activities. Should Katie be around large bodies of water, Katie will be provided a life jacket and will be supervised by staff for the duration of the activity.
- **Sensory disabilities:** Katie wears glasses to correct her vision. If Katie arrives at PA without her glasses, staff will assist Katie in navigating around. Staff will call Katie's residence and request that they bring Katie's glasses in.
- **Person-centered information:**
 - Important to Katie: Having the opportunity to work, having the opportunity to be social with peers and staff, being active, gaining and maintaining her independence
 - Important for Katie: Having the opportunity to socialize with friends, being included in the community through work or outings, gaining more independence
 - Good day for Katie: A good day for Katie would include working in the community (such as at Dynamic Air), socializing with her friends, and the opportunity to exercise.
 - Bad day for Katie: A bad day for Katie would mean not having the opportunity to work, not getting to see her friends, and a day stuck at home.
 - Likes: Biking, making bracelets, watching hockey, peppermint bonbon ice cream, pasta, all kinds of music, working at Dynamic Air, exercising
 - Dislikes: Spicy food, loud people, rude people

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**:

- PAI offers several classes available for both skill building and leisure. Katie has control over her schedule by picking how many classes she'd like to attend, and choosing to work onsite when not in class or in the community.
- Katie prefers working as opposed to attending class when possible.

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

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

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

Sharon Lammers, Legal Guardian (Mother)
651-439-6527

Alison Glodek, case manager
651-430-8329
Alison.glodek@co.washington.mn.us

Megan Lyons, REM
651-455-6300

Kaitlin Gorton, Program Supervisor at REM
651-500-8927
Kaitlin.gorton@thementornetwork.com

Dayna Gordon, PAI
651-747-8740
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: Katie is not interested in community employment at this time and is happy with the services provided onsite at PAI. If Katie and her team determine that Katie would like to transition to community employment, Katie 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.

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- none needed at this time.

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.
- Monitoring for illness and injury. PAI will notify Katie's residence if any are noted.
- Monitoring for changes in vision function. PAI will notify Katie's 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

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