

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

Name of person served: Rachel Moore

Date of development: September 26, 2021
August 31, 2022

For the annual period from: September 1, 2021 to

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

Legal representative: Kim and Rick Chase

Case manager: Anna Brubak

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 provided for Rachel are as follows: DT&H intensive supports, in a community environment as well as Employment Services with direct Support. PAI works with Rachel to develop and implement achievable outcomes based on Rachel’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 Rachel.

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: Rachel will practice counting, matching and/or budgeting money utilizing worksheets while at PAI, 70% of all trials until next review.

Outcome #2: Rachel will attend a volunteer or community activity once per month on 80% of trials.

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:

N/A, Rachel does not express desire to learn more about technology or use technology to work on her goals at this point in 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:

- **Seizures:** Rachel does not take her seizure medication while at PAI however staff can support Rachel by following her seizure protocol. PAI staff have not seen any instances of “seizure episodes”. During these episodes Rachel may become very smiley, blink slowly, dart her eyes to the upper left or look to the left, roll her head, and say: “Ahhh”. Rachel might appear dazed and confused OR she may appear normal and wander aimlessly. These episodes typically last no longer than one hour. Staff will verbally re-direct Rachel to a safe location using a low calm voice. Rachel had a grand mal seizure in her sleep at 10:00 pm on June 4, 2021. The seizure lasted for 7 minutes. Her bloodwork at the ER showed that she had low sodium, so the seizure may have been caused by that. Rachel’s family will report any other seizure activity to Rachel’s primary care doctor who is monitoring her seizures. Rachel was prescribed a seizure PRN; PAI is waiting for a physician’s order to have that PRN on site. If Rachel were to have a seizure at PAI prior to getting a physician’s order for her PRN, staff will follow PAI’s standard seizure protocol which says to call 911 in the event of a seizure.
- **Special Dietary Needs:** Rachel’s residence is responsible for sending Rachel’s lunch from home. Staff will remain in eyesight of Rachel when eating to supervise Rachel while eating to make sure she is not overeating, eating others’ food and a verbal reminder for eating small portions.
- **Chronic Medical Condition:** Rachel has a seizure disorder as well as a hemangioma. Staff will not have Rachel engage in activities that could cause injury to her head. Rachel’s family maintains a low profile regarding this issue and does not limit activities for Rachel.
- **Self-administration of Medications, Preventative Screening and Medical and Dental appts:** Rachel does not take any meds at PAI.
- **Regulating Water Temperature:** Staff will support Rachel by being in eyesight when trying to regulate the water temperature.
- **Community Survival Skills:** Staff will remain within auditory or visual range of Rachel while at PAI on community outings with PAI. In the community Staff remain within visual range of Rachel except while she is in the bathroom or at her community job. Staff will remain outside the bathroom and wait for her in the community. Staff carry Rachel’s bus card which has her emergency info. If Rachel were to become lost, staff will search the immediate area for 5 minutes. If Rachel is not found in 5 minutes, staff will call 911 and the member of her team.
- **Water Safety Skills:** PAI does not offer water activities as a part of programming. If in the event PAI programming includes being around bodies of water Staff will support Rachel by providing her with a life jacket and helping her put it on.
- **Sensory Disabilities:** Rachel is diagnosed with myopia and has difficulty seeing things at a distance. As staff observe Rachel having trouble seeing or if her glasses are broken or missing staff will notify her family.
- **Self-Injurious Behaviors:** Staff will support Rachel by verbally redirecting Rachel when they observe her picking or pulling on her hair.
- **Person-Centered Planning:**

The ‘important to’ items were Rachel likes to be able to do her own thing. Social interactions and being in the community with staff and friends are important to Rachel. Rachel’s mother, coffee and shopping are all important to Rachel. Rachel says that it is important to be with people who are important to her.

The ‘important for’ items were: It is important for Rachel to have as much independence as she can be offered. It is important for Rachel to have plenty of opportunity to be social and be in the community. It is important for Rachel to have trusting and safe people in her life.

A Good Day for Rachel might be getting to do her favorite job at Trane. Being able to go out for coffee with a staff and spend an evening with her family.

A Bad Day for Rachel might include a non-workday without any outings planned and not getting to see or speak to any family or friends.

Rachel likes Rachel likes Books, movies, playing games and Christian music. Rachel likes pizza, pasta and mac and cheese with hot dogs. Rachel likes to work with paper, like making cards and the Trane job!

PAI

Rachel dislikes spicy or fried foods, Rock and Rap music. Rachel also does not like to be outside when it is too hot! Rachel does not like to be stared at or when her parents tell her she cannot go anywhere because she is not listening!

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**:

Rachel prefers to be in quiet when she is trying to work. Rachel's prefers to be as independent as possible.

Staff will allow for quiet space to work when Rachel is working. Staff will also allow space and time for Rachel when she needs to vent or process.

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

- Rachel is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Rachel to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will supervise Rachel's interactions in the community and make sure she is staying safe. Rachel can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

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. Rachel is currently not interested in finding a job in the community and is not enrolled in these services but could at any time.

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?

- Rachel's home, Guardian, PAI Staff and case manager exchange information as it relates to Rachel's services and care. Meetings and reports are shared with Rachel'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.
- Rachel's Guardians advocate on Rachel's behalf and make legal decisions for her.
- Case manager, Anna Brubak, develops Rachel's CSSP, completes Rachel's service agreements and communicates with Rachel's support team to ensure continuity of care.
- Sarah and Kevin Hansen, Sarah's sister and brother-in-law with whom she lives, help Rachel at home and communicate any needed medical information and updates to PAI and the team.
- PAI will provide Rachel with support in the community as well as at PAI. PAI also supports Rachel on vocational training and skill building. PAI will communicate any health and medical concerns to Rachel's Team 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:

Guardian Info:

Kim and Rick Chase

P: 763-7843012

Email: clutterqueenkim@yahoo.com

Case Manager Info:

Anna Brubak

P: 612-262-1347

Email: anna.brubak@allina.com

Residence Information:

Sarah and Kevin Hansen

Sarah P: 763-482-6785

Kevin P: 763-432-2096

Email: moore.sarah15@gmail.com

PAI Commerce Designated Coordinator Info:

Dayna Gordon, PAI

P: 651-747-8740 Ext. 101

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: Rachel is not interested in community employment at this time and is happy with the services provided onsite at PAI. If Rachel and her team determine that Rachel would like to transition to community employment, Rachel 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**

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."

N/A

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