

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

Name of person served: Linda Schroeder

Date of development: June 1st, 2021 For the annual period from: Initial draft for intake

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

Legal representative:

Case manager: Vicky Borsgard

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 Linda at PAI are Day Support Services and Prevocational Services in a community environment. PAI works with Linda to develop and implement achievable outcomes based on Linda’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 Linda.

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: N/A- will be developed at 45 day meeting.

Outcome #2: N/A- will be developed at 45 day meeting.

A discussion of how **technology** may be used to meet the person’s desired outcomes has occurred:  Yes  No

- N/A- will be discussed at Linda’s 45 day meeting.

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- will be discussed at Linda’s 45 day meeting.

## 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:** Linda is allergic to penicillin and strong scented perfume. Staff will only give Linda medications that she has been prescribed by a doctor. Staff will limit their use of strong scented perfumes.
- **Special dietary needs:** Linda follows a low-calorie diet. Staff at Linda's residence pack a lunch for her according to her dietary needs. PAI staff will ensure Linda eats the lunch that is packed for her. Should Linda purchase food in the community, staff will help Linda make healthy food choices.
- **Choking:** Linda will have coughing spells at times while eating as she does not chew her food properly. Staff will verbally prompt Linda to slow down while eating and chew her food thoroughly.
- **Chronic medical conditions:** Linda has a history of breast cancer. Staff at PAI will be aware that this is a part of Linda's health history.
- **Self-administration of medication or treatment orders; preventative screening; medical and dental appointments:** Linda may not want to take medications if she does not fully understand why she needs to take it. Should she need to take medication at PAI, staff will explain to her what the medication is for. Linda's residence staff will schedule appointments for Linda and accompany Linda to her appointments. PAI staff will notify Linda's residence for any signs of illness or injury for her residence staff to follow up on.
- **Mobility issues:** Linda does not tolerate standing for long periods of time. Staff will help Linda choose jobs and community outings that allow her to sit down when needed. Staff will remind Linda to use handrails on stairs.
- **Mental or emotional health symptoms:** Linda is diagnosed with schizoaffective disorder. She may hear voices at times. These symptoms are made easier by staying busy and being around other people. Staff will help Linda stay engaged with other people and help her continue to be active and busy while at PAI.
- **Person Centered Information:**
  - More to be added for Linda's 45 day meeting.
  - Important to: Living with females around her age, attending church with her family
  - Important for: Maintain a low calorie diet, be physically active, having structure and stability in her life, managing her mental health, staying active and being around others (helps with hearing voices), advocating for herself
  - **Likes:** taking vacations or going to the cabin/camping, shopping, attending church with her brother and his family. Crafts and art projects. Linda likes playing bingo, spending time with family (her brother and his family).
  - **Dislikes:** unclear expectations, mean people and feeling like others are upset with her.

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**:

- Linda has control over her schedule at PAI by choosing the balance in her schedule between classes and working onsite. Linda can choose which classes (with which peers and which instructor) she wants to participate in. Linda 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.
- Linda is a social extroverted person and prefers to be around people whom she can have conversation with.
- Linda prefers a slow paced environment.
- Linda prefers to sit when working as she can only tolerate standing for short periods of time.
- Linda prefers that she has scheduled things to do- this has proven to have a positive effect on Linda's mental health as well as her happiness.
- Linda prefers to have her own bathroom.
- Linda prefers to not live far away from her brother John and his family.

## PAI

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 Linda can choose to participate in. Linda 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 Linda'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. Linda 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?

- Linda is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Linda 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 Linda in the community and will encourage Linda to interact with trusted individuals.
- Linda 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. Linda 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?

- Linda, Linda's family, PAI, and case manager exchange information as it relates to Linda's services and cares. Meetings and reports are shared with Linda's team. Linda's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Linda advocates on her own behalf and makes her own legal decisions. Linda manages her finances and medical appointments with support of a Red Payee from Dungeness and she will advocate for herself to get the support she will need.
- Case manager, Vicky Borsgard with Des Moines Valley Health & Human Services, develops Linda's CSSP and completes Linda's service agreements. Vicky communicates with Linda's support team to ensure continuity of care.
- PAI will provide Linda with day support services and vocational services onsite and in the community. PAI will communicate any health and medical concerns to Linda's team. PAI will provide Linda 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:

Linda Schroeder, Guardian  
Phone: 651-731-5808

Vicky Borsgard, Des Moines Valley Health & Human Services, Case Manager  
Phone:  
O: 507-831-1274  
C: 507-831-0126  
Email: Vicky.borsgard@dvhhs.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:** Linda 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. Linda is currently getting settled back into a routine after covid-19 and is working on finishing her transitional program. Linda's team will review her option of enrolling in employment services at PAI at minimum annually, but Linda 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 Linda'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:
- Medication assistance:
- Medication administration:

## 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