

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

Name of person served: Alyssa Saniti

Date of development: August 2021

For the annual period from: August 2021 to August 2022

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

Legal representative: Rick Saniti

Case manager: Alyssa Berg, Fraser

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

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: Alyssa will check in with staff each morning she attend PAI Commerce to discuss any problems or concerns she may have experienced the night before.

PAI

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

Alyssa is already utilizing technology in the following ways:

- Talking on the phone w/ friends and family
- Using iPads at work to enrich programming
- Watching TV/movies at work and at home

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**

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:

- **Special dietary needs:** Alyssa is not always be mindful of how her food choices will affect her health. Staff will support Alyssa by encouraging her to make healthy food choices.
- **Chronic medical conditions:** Alyssa experiences migraines at times. Staff will support Alyssa by allowing her a relaxing and quiet area, as well as notifying her residence of her migraine.
- **Self-administration of medication or treatment orders:** Alyssa does not currently take any medications at PAI. Should she need any medications, staff trained in medication administration will assist Alyssa in taking her medications.
- **Community Survival Skills:** Staff will support Alyssa by accompanying her in the community. Staff will model and discuss with Alyssa the importance of using caution when interacting with others.
- **Self-injurious behaviors:** Alyssa picks at scratches, bug bites, and skin irritations. Staff will support Alyssa by verbally reminding her to make healthy choices when she begins to pick at her skin.
- **Person-Centered Planning:**
 - **Important to Alyssa:** Family, fishing with Dad, living near family, working on "Artist 4", going on outings in the community.
 - **Important for Alyssa:** Making a plan for the day and sticking to it, be spoken to directly but in private, allowing for healthy food options to choose from and encouraging her to make healthy food choices.
 - **A good day for Alyssa:** Going to Starbucks before work, working on Artist 4, visiting her dad
 - **A bad day for Alyssa:** Rainy days, cancelled plans, no outings in the community
 - **Likes:** Being with family, being treated with respect, having as much independence as possible, Starbucks coffee, music, most foods
 - **Dislikes:** Coffee at PAI and at her group home, onions, exercising, working on Park Tool Trays, being bored

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. Alyssa 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 the community.
- Alyssa prefers to be separated from certain peers while working at PAI.
- Alyssa prefers to be spoken to in private rather than be called out in a group.
- Alyssa prefers to do things in a group rather than by herself.
- Alyssa prefers for staff to allow her space when she is doing her work. She prefers for staff to approach her separately and privately when she needs to be redirected.
- Alyssa prefers to choose where she sits and spends her time at 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 Alyssa can choose to participate in. Alyssa will be given a list of the classes available quarterly and Alyssa's lead will walk Alyssa through the different options available and help Alyssa pick classes that fit her interests, preferences, or skills she would like to work on. Alyssa 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. Alyssa 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?

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

- Alyssa's home, guardian and PAI Staff and case manager exchange information as it relates to Alyssa's services and care. Meetings and reports are shared with Alyssa'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.
- Alyssa's father as his guardian advocates on Alyssa's behalf and makes legal decisions for her.
- Case manager, Alyssa Berg, develops Alyssa's CSSP, completes Alyssa's service agreements and communicates with Alyssa's support team to ensure continuity of care.
- De Leikam and Carissa Johnson with Prospect House at Alyssa's residence helps Alyssa at home and communicates any needed medical information and updates to PAI and the team.
- PAI will provide Alyssa with support for her in the community as well as at PAI. PAI also supports Alyssa on vocational training and skill building. PAI will communicate any health and medical concerns to Alyssa'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:

Rick Saniti, guardian
952-484-1519
Kodak328@comcast.net

Alyssa Berg, case manager at Fraser Home and Community Supports
952-737-6201
Alyssa.berg@fraser.org

De Leikam, Prospect House
651-690-0120, 612-719-5281
deanna.leikam@thementornetwork.com

Carissa Johnson, Prospect House
651-637-2281

Dayna Gordon, PAI Commerce
651-747-8740 ext 101
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: N/A

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.

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