

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

Name of person served: Nicholas “Nick” Seng

Date of development: October 7, 2021 For the annual period from: October 2021 to October 2022

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

Legal representative: Donna and Patrick Seng (parents)

Case manager: Jamie Brodd, Thomas Allen Inc.

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 Nick at PAI include Day Support Services and Prevocational Services. PAI works with Nick to develop and implement achievable outcomes based on Nick’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, onsite employment opportunities, data tracking and daily support related to his health, safety, and well-being as needed by Nick. Nick is also enrolling in employment services support to begin working with an employment specialist weekly.

## PAI

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:** Nick wants to work on his social skills and building the habit of interacting with his peers.

"Nick will verbally greet a peer each morning he attends PAI with one prompt or less, 50% of trials until next review."

**Outcome #2:** Nick has an iPad at home and would like to increase his technology abilities. Technology skills could help Nick in his search for community employment.

"Nick will work on iPad/technology skills once a week, 75% of all trials until next review."

**Outcome #3:** Nick has the goal of finding a competitive job in the community. Nick is enrolling in employment services exploration and would like to begin meeting weekly with an employment specialist.

"Nick will work with an employment specialist once a week to explore career opportunities and options, 75% of trials until next review."

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: Nick is going to start an outcome on working on technology and iPad skills. No other adaptive technology equipment is needed at this 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:

- **Special Dietary Needs:** Nick has Celiac disease and is on a gluten free diet. Nick packs and prepares his lunch from home. If Nick is having any additional food at PAI, staff will help Nick choose options that are gluten free.
- **Self-Administration of Medication and Treatment Orders:** Nick does not currently take any medication while at PAI. If the need were to arise, staff can administer medication per a signed physician's order. Nick's family would be responsible for supplying all medication to PAI in advance.
- **Preventative Screenings; Medical and Dental Appointments:** Nick's parents attend all medical appointments with Nick. If staff notice any signs of illness/injury, staff will notify Nick's parents who will help Nick follow up with his physician as needed.
- **Community Survival Skills:** Staff will always be with Nick when in the community. Staff will verbally prompt Nick to follow pedestrian safety rules and stranger safety as needed. Staff will encourage Nick to advocate on his own behalf. Staff carry Nick's basic ID and health information with when in the community and would share this information with emergency personnel in the event of an emergency.
- **Water Safety Skills:** PAI does not offer swimming as an activity at PAI. If Nick were to participate in an activity near a large body of water, staff would be with Nick the duration of the activity and would help Nick put on a life jacket.
- **Sensory Disabilities:** Nick has mild hearing loss in both ears and should be wearing hearing aids but does not like to wear them. Nick wears glasses to correct his vision. Staff will report any concerns or changes in Nick's hearing or eyesight to his parents.
- **Employment Services-Exploration:** Nick's supports in the community exploring career opportunities, mirror the support he needs onsite here at PAI. Nick does not have any alone time and will be in the presence of staff at all times.
- **Person Centered Information:**
  - **Important to:** His family and being a good brother, church, leading an active life and being a part of different groups, and staying active.
  - **Important for:** a gluten free diet, building independence skills and working towards community employment.
  - **Likes:** playing sports (flag football, bowling, basketball, and swimming), going to the dog park, performing at Art of Me, going to the zoo, volunteering, watching movies, and going to the Science Museum.
  - **Dislikes:** participating in more academic classes, being bossed around, getting up early, and doctors' appointments.
  - A **bad day** for Nick would be when Nick is upset about something. Nick may yell, not want to participate in anything, and want to be left alone.
  - A **good day** for Nick would be a day that he gets to do preferred activities like arts and crafts, going outside, listening to music, and watching tv. Nick would be receptive to directions and would help out with his chores/tasks.

## 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**:

- Nick has control over this schedule at PAI by getting to choose which classes he would like to participate, who he would like to spend his time with, and whether he would like to participate on community and volunteer opportunities.
- Nicholas prefers to go by "Nick."
- Nick prefers active activities like sports and theater.
- Nick prefers to contribute and feel helpful to others.
- Nick prefers to stay busy.
- Nick prefers to have some alone time when he is upset.
- Nick prefers to do hands on activities like art projects and dancing.

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 Nick can choose to participate in. Nick will be given a list of the classes available quarterly and can pick classes that fit his interests, preferences, or particular skills she would like to work on (post covid-19 when cohorts can mix again).
- Staff will ask for Nick's input often and accommodate his 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. Nick will have the opportunity to choose which activities he would like to participate in by choosing about 1-2 locations a month that interest him. 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?

- Nick is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Nick to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).
- Nick can take classes, go on outings, work, and eat lunch with those of his choosing (at his 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 and there are other services in the area that offer similar services. Nick is enrolling in employment services exploration to begin the process of deciding if competitive employment is right for him.

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?

- Nick's guardian, PAI, and case manager exchange information as it relates to Nick's services and cares. Meetings and reports are shared with Nick's team. Nick's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Nick's guardians, Patrick and Donna Seng, advocate on Nick's behalf and make legal decisions for him. Nick lives with his parents and his parents manages his finances. Patrick and Donna ensure all of Nick's needs are being met and provides any information to Nick's team about changes in supports needed.
- Case manager, Jamie Brodd from Thomas Allen Inc, develops Nick's CSSP and completes Nick's service agreements. Jamie communicates with Nick's support team to ensure continuity of care. Jamie will coordinate and monitor services to ensure that Nick's health and safety needs are met.
- PAI will provide Nick with day support services and prevocational services at PAI. PAI provides supervision, outcome implementation, transportation to community activities, onsite employment opportunities, data tracking and daily support related to his health, safety, and well-being as needed by Nick. PAI will communicate any health and medical concerns to Nick's residence. Nick is also enrolling in employment services support to begin working with an employment specialist weekly.

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:

Patrick and Donna Seng, Guardians  
Home P: 651-699-7885  
Donna's C: 651-964-9769  
E: patdonna@msn.com

Jamie Brodd, Thomas Allen Inc, Case Manager  
P: 651-789-1219  
E: jamie.brodd@thomasalleninc.com

Cortney Kelly, PAI, Program Supervisor  
P: 651-747-8740  
E: ckelly@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: Nick is also enrolling in employment services support to begin working with an employment specialist weekly.

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 Matthew's mom 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: N/A

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:</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
<p>Are any <b>additional requirements</b> requested for staff to have or obtain in order to meet the needs of the person?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A</p>

# 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