

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

Name of person served: Daniel “Dan” Geisenhof

Date of development: October 13, 2021 For the annual period from: October 2021 to October 2022

Name and title of person completing the *CSSP Addendum*: Cortney Kelly, Program Supervisor

Legal representative: Tim Holbrook, Thomas Allen Inc.

Case manager: Sharon Boone, Ramsey County

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 Daniel is prevocational services and day support services. PAI works with Daniel to develop and implement achievable outcomes based on Daniel’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, data tracking and daily support related to his health, safety, and well-being as needed by Daniel. Daniel is enrolling in employment services development and will be working with an employment specialist weekly to explore job opportunities in the community.

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: Daniel wants to continue to work on appropriate social skills at PAI, which will help him be able to appropriately participate more in his community.

“Daniel will maintain appropriate physical boundaries with peers, 60% of trials until next review.”

Outcome #2: Daniel wants to be a role model for his peers, and this is something Dan takes great pride in. Dan can however at times have a very negative attitude that can wear off on his peers and is not productive.

“Dan will model good role model qualities and will maintain a positive attitude, 60% 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: Daniel already uses technology by utilizing his phone to text, make phone calls, and use FaceTime. Daniel has an iPod and headphones which he likes to always keep on him. Daniel uses the iPads here at PAI Commerce when he needs to. Daniel also plays video games, watches TV and movies during down time at home. Daniel does not express a desire to learn more about technology or to use technology to work on his goals at this time.

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:

- **Chronic Medical Conditions:** Daniel carries his inhaler and knows how to use it. Staff are aware that Daniel can use his inhaler and will look for signs and symptoms of asthma and coach Daniel to use his inhaler when needed. Staff will call 911 if Daniel's inhaler is not improving his condition or Daniel stops breathing.
- **Self-Administration of Medication:** Daniel does not take any medication at PAI. If the need were to arise, staff could administer medication to Dan per a signed physician's order. Daniel and his residence would be responsible for providing PAI with an order and the medication ahead of time.
- **Preventative Screenings; Medical and Dental Appointments:** Daniel's residence helps Daniel schedule and attend all medical appointments. PAI will report any signs of illness or injury to Daniel's residence, who will help him follow up with his physician as needed.
- **Community Survival Skills:** Staff will always be with Daniel onsite and in the community and will help advocate on Daniel's behalf. Staff will provide transportation to community outings and will model safe pedestrian skills and stranger safety.
- **Employment Services:** Daniel's support when searching for a job mirror his supports here onsite. Daniel will be with a job coach at all times.
- **Person-Centered Planning:**
 - **Important to:** Getting a job where he works independently in the community, staying active by shooting hoops and swimming, spending lots of time in the community attending events and trying new things.
 - **Important for:** Having opportunities to work and take classes, being given time/space/trusted person to talk to, and time to process information.
 - **A good day for Dan:** Going to a sporting event, getting to spend money, and spending time with friends.
 - **A bad day for Dan:** Rainy day, no plans, and being unable to see or talk to people he cares about.
 - **Likes:** Watch TV (WWE), attending church, making money so that he can spend money, playing video games and facetimeing friends.
 - **Dislikes:** most vegetables especially tomatoes and being argued with.

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**:

- Daniel has control over his schedule at PAI by choosing how many leisure and skill building classes he would like to take and which ones. When PAI is able to resume activities and volunteering in the community, Daniel will be able to choose what he would like to participate in. Daniel can try out different jobs available onsite at PAI and choose to pursue employment services and finding a job in the community if he chooses.
- Daniel prefers to have options and choices in his schedule and once decided he prefers his daily routine to stay the same.
- Daniel prefers to have as much independence as possible.
- Daniel prefers to go by "Dan."

PAI

- Daniel prefers to be social with others and likes spending his time with groups of peers.
- Daniel likes to be a role model to his peers.
- Daniel prefers to avoid conflict and does not like it when conflict needs to be addressed.

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 Daniel can choose to participate in. Typically, before COVID-19, Daniel would be given a list of the classes available quarterly and Daniel's lead would walk Daniel through the different options available and help Daniel pick classes that fit his interests, preferences, or particular skills he would like to work on. At Daniel's semi-annual and annual time of year, Daniel's designated coordinator talks to Daniel and discusses his goals for the next review period and adjusts his outcomes accordingly.

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. Daniel has 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?

- Daniel is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. Daniel has many good social skills and is a friendly individual. When appropriate, staff will introduce Daniel to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.).

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

- Dan has expressed interest and is currently enrolled in employment services support and will begin working with an employment specialist weekly to begin looking for competitive employment.

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?

- Daniel's foster parents, PAI staff, guardian, and case manager exchange information as it relates to Daniel's services and cares. Meetings and reports are shared with Daniel's team. Daniel's team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Daniel's guardian, Tim Holbrook from Thomas Allen, advocates on his behalf and helps make legal decisions for Dan.
- Dan's foster family helps him with all supports at home and communicates any needed medical information and updates to PAI and the team.
- Case manager, Sharon Boone from Ramsey County Human Services, develops Daniel's CSSP and completes Daniel's service agreements and communicates to Daniel's support team to ensure continuity of care.
- PAI will provide Daniel with employment opportunities onsite and help Daniel work on vocational training and skill building. PAI will communicate any health and medical concerns to Daniel's foster family. Daniel is receiving his employment services at PAI and is working with an employment specialist to find a job in the community.

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:

Tim Holbrook
P: 651-363-0005
Email: tim.holbrook@thomasalleninc.com

Residence Info:

Lisa Santi-Seiler/Tom Seiler
P: 651-245-9052
Email: lisa-santi@msn.com, tom.seiler@target.com

Case Manager Info:

Sharon Boone
P: 651-368-5894
Email: Sharon.boone@co.ramsey.mn.us

PAI Commerce Designated Coordinator Info:

Anneliese Robinson, PAI
P: 651-747-8740
Email: arobinson@paimn.org

The person currently receives services in (check as applicable):

- Residential services in a community setting controlled by a provider
- Day services
- Neither

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 (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: Daniel is working on prevocational skills

PAI

at PAI that would prepare him for a competitive career if he choose to pursue on in the future. Daniel is currently enrolled in employment services at PAI and is looking for a community job.

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**: Daniel has enrolled in employment services development at PAI and will begin working with an employment specialist to find a job in the community.

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 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 Dan's residence 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: 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
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 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: 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A 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: N/A 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: 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A

Staff Information
<p>Are any additional requirements 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>

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 1:6 1:8 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