

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

Name of person served: Deb Haworth

Date of development: October 14, 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: Deb Haworth, self-guardian

Case manager: Renae Kimpel, 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 Deb is intensive supports in a community environment. PAI works will work with Deb after to develop and implement achievable outcomes based on Deb’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 Deb.

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: Deb wants to work on her technology skills and how to use an iPad.

“Deb with work on iPad/technology skills once a week, 75% of all trials until next review.”

Outcome #2: Deb wants to maintain her mobility and stay active in her community. Going into the community can be stressful, but Deb would like to keep doing so and try new things once in a while.

“Deb will pick and participate in at least one community outing per month, 75% of trials until next review.”

PAI

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

- Deb knows how to use some technology including phones, tablets/iPads, and laptops but would like to continue to expand her knowledge in using these. Deb is beginning an outcome to use an iPad daily to become more proficient in using the iPad. Deb does not think she would benefit from other technology use at this time.

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:

- **Allergies:** Deb is allergic to mold and takes an allergy medication at home. Staff will observe Deb for signs and symptoms of an allergic reaction. If Deb does need a PRN allergy medication administered at PAI, a staff trained in medication administration could administer medication to Deb per a signed physician's order. Deb and her residence are responsible for providing signed physician orders and the medications to PAI ahead of time if Deb would like to have PRN medication on hand and passed at PAI.
- **Seizures:** Deb experiences petit mal seizures and is managing her seizures with medication taken at home. Staff will follow PAI's seizure protocol in the event of a seizure and call 911.
- **Chronic Medical Conditions:** Deb is sensitive to sunlight and is legally blind. Staff will provide Deb with sunscreen and encourage Deb to wear a hat when participating in activities outside. Staff will encourage Deb to wear her glasses at all times and help her clean them as needed. Staff will point out uneven terrain to Deb when in the community, such as curbs, dips, etc. Deb is also diagnosed with cerebral palsy and uses a walker to help her balance when walking. Staff will verbally point out obstacles or uneven terrain to Deb when she is walking. If Deb is walking a long distance or on uneven terrain, staff may offer Deb a wheelchair and propel it for her. Staff will report any falls to Deb's group home.
- **Self-administration of Medication or Treatment Orders:** Deb does not take any scheduled medication at PAI. If the need did arise, staff trained in medication administration would administer the medication to Deb per a signed physician's order. Deb and her residence are responsible for supplying PAI with physician's orders and medication as needed beforehand.
- **Preventive Screenings; Medical and Dental Appointments:** Deb is able to attend some appointments independently, but often times has a residential staff attend with her. Residential staff also schedule all of Deb's appointments as well as her Metro rides if Deb is going independently. Staff will monitor Deb for signs/symptoms of illness/injury and will pass any concerns along to her residence to ensure continuity of care.
- **Risk of Falling; Mobility Issues:** Deb uses a walker for mobility and wears AFOs in her shoes due to unsteadiness caused by cerebral palsy and malformations of her feet. Staff will verbally point out obstacles or uneven terrain to Deb when she is walking. If Deb is walking a long distance or on uneven terrain, staff may offer Deb a wheelchair and propel it for her. Staff will report any falls to Deb's group home.
- **Regulating Water Temperature:** Deb is unable to identify an appropriate temperature for hand washing. PAI's water temperature is regulated to a safe degree for hand washing. When in the community, staff will check the temperature of the water before Deb washes her hands and assist in adjusting it as needed.
- **Community Survival Skills:** Staff are always with Deb onsite and in the community. Staff will prompt Deb to follow pedestrian safety rules and stranger safety as needed. Staff carry Deb's identification information with when in the community. Staff will point out any obstacles to Deb when walking and offer her a hand or arm to hold onto if more support is needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Deb were to participate in an activity near or on a large body of water, staff would provide Deb a life jacket and stay with her the duration of the activity.

PAI

- **Sensory Disabilities:** Deb is legally blind and wears glasses which provide her with some vision. Staff will encourage Deb to wear her glasses at all times and will assist Deb with cleaning her glasses as needed. Any changes in vision noticed by staff will be reported to Deb's residence to ensure continuity of care.
- **Person-Centered Information:**

The **important to** Deb items are: being independent and making decisions for herself, family, and music.

The **important for** Deb items are: having the physical supports she needs and maintaining her health.

A **good day** for Deb would be when she has a good understanding of her schedule and others are being polite and friendly. Deb is social with others when she is having a good day and has a great sense of humor.

A **bad day** for Deb would be when she is unsure of her schedule or is having trouble remembering things. Deb seems to have some memory loss some days even though this is undiagnosed. This can be frustrating for Deb, and it may seem like she has less patience or may cry these days.

Deb **likes** using her tablet, working, arts and crafts, bowling, visiting family, and exploring her community.

Deb **dislikes** individuals who are loud or gossip, sitting too long, and being told where to sit on the bus.

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**:

- Deb will have control over her schedule at PAI by getting to choose which work and class activities she would like to participate in. When community outings resume at PAI when covid-19 health and safety concerns have subsided, Deb will get to choose which activities in the community that she would like to do. Deb will help develop a few outcomes to work on at PAI starting after her 45 day meeting, to help Deb reach her goals and work on skills that she desires to improve.
- Deb likes to be independent and play an active role in making decisions for herself.
- Deb prefers to work at program over attending classes and desires more work opportunities.
- Deb's preferred activities are arts and crafts and she also enjoys using an iPad.
- Deb likes attending outings in the community.
- Deb prefers a more laid back atmosphere and enjoys getting comfortable and settling into her surroundings.
- Deb prefers that others give her reminders often and talk through her schedule with her.

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**?

- Deb will have a large variety of skill building and enrichment classes that she will have available to her to choose to participate in. Staff will encourage Deb to use the skills she has and provide minimum assistance required for Deb to complete a task.

PAI

What are the opportunities for **community access, participation, and inclusion** in preferred community activities?

- PAI normally offers a variety of opportunities in the community including community activities, volunteer opportunities, and job coaching. Community activities and volunteer opportunities have just recently resumed at PAI due to covid-19 health and safety concerns, and Deb will get to choose which opportunities she would like to participate in on a monthly basis soon.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?

- Deb will be encouraged to participate in social skills class and social activities offered at PAI. Staff will foster the building of new relationships with her peers.

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

- PAI offers employment services to anyone interested in pursuing community employment and other service providers in the area also have programs available.

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?

- Deb, REM, PAI, and the case manager exchange information as it relates to Deb's services and cares. Meetings and reports are shared with Deb's team. Deb's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Deb is her own guardian and advocates on her own behalf and makes legal decisions for herself.
- Deb lives in a REM group home. Deb's group home provides all needed supports at home and will communicate any change in medical needs or supports to PAI. REM and PAI will communicate any needed information to one another on a consistent basis (new medications, medical concerns, day to day supports, etc.).
- Case manager, Renae Kimpel from Thomas Allen, develops Deb's CSSP and completes Deb's service agreements and communicates with Deb's support team to ensure continuity of care.

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:

Deb Haworth, Self-Guardian

P: 651-488-0401

Janel Keys, Residential Supervisor, REM

P: 651-422-3348

E: janel.keys@thementornetwork.com

Cortney Kelly, Program Supervisor, PAI

P: 651-747-8740

E: ckelly@paimn.org

Renae Kimpel, Case Manager, Thomas Allen Inc.

P: 651-453-5297

E: renae.kimpel@thomasalleninc.com

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**: Deb is working on job skills and experience and prevocational skills at PAI, that would help Deb prepare for community employment if she chose to pursue that option in the future. Deb is working on independent living skills at PAI and at home, that would help prepare Deb to live more independently in the future if she decided to make that move.

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**: Deb is happy with where she is living and working and would like to keep her services the same. Deb is not interested in pursuing more independent living or a job at this point in 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 manual restraint to be used for the person.

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”.

- Monitoring for illness and injury. PAI will notify Deb’s residence and guardian if any are noted.
- Providing CPR and First Aid as applicable.
- PAI will apply sunscreen and bug spray per bottle instructions when 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

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: Deb uses a walker when walking and has an unsteady gait. Staff may offer Deb a hand or arm to hold on to if Deb needs more stability support navigating obstacles like curbs or stairs.

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: Deb uses a walker to walk and wears AFO in her shoes, which she puts on at home and leaves on all day. Deb may prefer to use a wheelchair when walking long distances rather than her walker. A lap seat belt will be used for safety and staff will help her propel.

PAI

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

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