

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

Name of person served: Leah Detviler

Date of development: October 28, 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: Paula Kennedy

Case manager: Jessica Hendricks, Thomas Allen

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 Leah includes prevocational services and day support services in a community environment. PAI works with Leah to develop and implement achievable outcomes based on Leah’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to her health, safety, and well-being as needed by Leah.

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: Leah wants to learn more ASL signs and enjoys practicing ASL daily.

“Leah will correctly identify at least 2 of 3 ASL signs or full sentences daily, 70% of all trials until next review.”

Outcome #2: Leah likes volunteering and helping others. This outcome will encourage Leah to try out new volunteer opportunities.

“Leah will participate in volunteering 1 time per month when opportunities are available until next review.”

Outcome #3: Leah wants to be safe and be able to ask for help when she needs it, but her recalling of facts like her mom’s name and phone number has declined over the last few years.

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“Leah will write and accurately recite her mom’s name and phone number once a morning, 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

- Leah uses an iPad at PAI occasionally for class or leisure activities. Leah has a phone at home to stay in contact with friends and family.

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- Leah does not wish to use technology to advance her goals or use to achieve outcomes at this point in 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:

- **Self-Administration of Medication or Treatment Orders:** Leah does not take any medication while at PAI. If the need did arise, a staff trained in medication administration would administer the medication or treatment to Leah per a signed physician’s order.
- **Preventative Screenings; Medical and Dental Appointments:** Leah’s mom/guardian schedules and attends all appointments with Leah. If staff notice any signs/symptoms of illness/injury, staff will notify Leah’s mom who will help Leah follow up with her physician as needed.
- **Risk of Falling; Sensory Disabilities:** Leah has a lazy left eye that could leave her vulnerable to falling as a result of not accurately seeing obstacles. Staff will verbally describe obstacles to Leah that she may need to navigate around such as stairs or curbs. Staff will offer Leah a hand for physical support when needed. Staff will offer to help Leah clean her glasses if they are noticeably dirty.
- **Community Survival Skills:** PAI staff will always be with Leah when in the community. Staff will model safe pedestrian skills and stranger safety and prompt Leah to follow these as needed. Staff carry Leah’s basic health information and her ID information with when in the community and would provide this information to emergency personnel if the situation warranted.
- **Person-Centered Information:**
The **important to** Leah items are: working, living with her mom, stepdad and dog, and having fun activities to do in the community.

The **important for** Leah items are: maintaining a good quality of life and continuing to have opportunities to incorporate and work in her community.

A **good day** for Leah would be when she gets to come to work to see her friends and do desired activities. Leah likes participating in dance class and music therapy. Leah likes spending time with her mom, stepdad and dog. Leah likes going to the cabin and to Florida. Leah is pretty social with peers and staff.

A **bad day** for Leah would be when Leah isn’t feeling well, or peers are bothering her. Leah does not like to be told what to do by peers. Leah can become sad and worried when others around her are angry or upset.

Leah **likes** dancing, cooking, music, pizza, going on vacation, working on cards, and going to dances.

Leah **dislikes** her old PCA (Justine), being told what to do by peers, bread, and feeling sick.

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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**:

- Leah has control over her schedule by choosing how many classes she would like to take at PAI and which ones. Leah chooses where she would like to go on community outings and where she would like to volunteer. Leah chooses to work onsite, but knows other opportunities are available if she is interested.
- Leah prefers to hang out with a quieter crowd of peers unless it is music or dance related.
- Leah prefers to work with staff who are positive and upbeat, and might worry that something is wrong if staff are not and ask "are you happy?"
- Leah prefers to work over taking classes but enjoys some classes.
- Leah does not like it when peers tell her what to do and would rather receive feedback and instructions from a staff member.
- Leah prefers that you ask several easy questions to get to a larger point, rather than one complex question that may be hard to formulate an answer to.

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 Leah can choose to participate in. Leah will be given a list of the classes available quarterly and Leah's lead will walk Leah through the different options available and help Leah pick classes that fit her interests, preferences, or particular skills she would like to work on. At Leah's semi-annual and annual time of year, Leah's designated coordinator talks to Leah and discusses her goals for the next review period and adjusts her 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. Leah 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?

- Leah is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Leah to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Leah is a friendly person and likes talking to new people. Leah can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

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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. Leah 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?

- Leah's mom/guardian, PAI staff and case manager exchange information as it relates to Leah's services and cares. Meetings and reports are shared with Leah's team. Leah's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Leah's guardian, Paula Kennedy, advocates on Leah's behalf and makes legal decisions for her.
- Case manager, Jessica Hendricks from Thomas Allen, develops Leah's CSSP and completes Leah's service agreements and communicates with Leah's support team to ensure continuity of care.
- Leah lives with her mom and step dad who ensure Leah has personal assistance at home with all activities of daily living as needed. Leah's mom attends all medical appointments with Leah and will update the team about any change in supports needed.
- PAI will provide Leah with employment opportunities onsite and help Leah work on vocational training and skill building. PAI will communicate any health and medical concerns to Leah's mom.
- Leah is provided respite services through PICS MN.

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:

Paula Kennedy, Guardian
P: 651-755-5001
Email: paula.kennedy2345@gmail.com

Jessica Hendricks, Thomas Allen, Case Manager
P: 651-453-5280
Email: Jessica.hendricks@thomasalleninc.com

Cortney Kelly, PAI
P: 651-747-8740
Email: ckelly@paimn.org

Plua Her, PICS
Plua.her@picsmn.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**

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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**: N/A

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**: Leah is working on prevocational skills and is getting work experience at PAI, that would both be helpful to Leah is she chose to pursue community employment in the future. Leah is currently not interested in pursuing competitive employment.

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

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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 First Aid and CPR as applicable.
- Monitoring for illness and injury. PAI will notify Leah'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:

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

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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:
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: If Leah is having trouble maneuvering around obstacles due to her lazy eye, staff may offer Leah a hand to hold on to.
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:
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:
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:
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:
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:
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:
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used:
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:
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:

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:

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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