

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

Name of person served: Lyric Dampier

Date of development: October 15, 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: Self-Guardian

Case manager: Melanie Chow, Keystone Community Services

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 Lyric at PAI include Day Support Services and Prevocational Services. PAI works with Lyric to develop and implement achievable outcomes based on Lyric's goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, onsite employment opportunities, data tracking and daily support related to her health, safety, and well-being as needed by Lyric. Lyric is enrolling in employment services exploration to begin working with an employment specialist to explore careers 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: Lyric knows a lot of great social skills and can verbalize how to react and interact with others appropriately. Lyric sometimes does not follow through with her own advice or advice given from others, even though her intentions are good.

"Lyric will follow through with appropriate social skills, 60% of trials until next review."

Outcome #2: Lyric is working on better understanding social interactions with others and frequently misinterprets situations. Lyric wants to continue to practice social skills daily, which will help obtain and maintain a community job long term.

"Lyric will review and practice social skills with staff each morning, 75% of all trials until next review."

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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: No adaptive technology equipment if needed 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:

- **Self-Administration of Medication and Treatment Orders:** Lyric is currently not taking any medication at PAI. If the need did arise, staff trained in medication administration could administer the medication to Lyric per a signed physician's order. Lyric and her guardian would be responsible for providing PAI the medication and physician's order ahead of time.
- **Preventative Screenings; Medical and Dental Appointments:** Lyric's parents schedule and attend medical appointments with Lyric. If any signs/symptoms of illness/injury are noted at PAI, staff will pass this information along to Lyric's parents so they can help Lyric follow up with her physician as needed.
- **Community Survival Skills:** Lyric likes to go shopping and spend money when she has it and struggles with saving and knowing if she has enough money for everything that she wants to purchase. Staff will always be with Lyric when in the community and can provide coaching around budgeting. Staff will verbal remind Lyric about pedestrian safety rules and stranger safety as needed. Staff carry Lyric's basic ID and health information with when in the community and would share this information with emergency personnel if the event of an emergency situation.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Lyric was to participate in an activity near or on a large body of water, staff would stay with Lyric the duration of the activity and help Lyric put a life jacket on.
- **Verbal/Emotional Aggression; Inappropriate Interactions with Others:** Lyric is working on better understanding social interactions with others and frequently misinterprets situations. Lyric may become frustrated and have a hard time coping. Lyric has difficulty identifying how her body language and tone come off to others; when she is frustrated, she will make "posturing" movements or angry faces. Lyric may also make verbal aggressive comments to others. Staff will ask Lyric if she would like to talk 1:1 privately. Lyric has been working on staying and listening to feedback from peers rather than just walking away, but is more receptive to feedback from staff when it is done so privately away from peers. Things that Lyric has identified help calm her down when she is upset include: going for a walk, listening to music, working on word searches, and talking to staff when she feels ready.
- **Employment Services Exploration:** Lyric's supports mirror those onsite. A coach job or employment specialist will be with Lyric in the community at all times, until employment is obtained and the team discusses again.
- **Person Centered Information:**

Important to: Getting a job in the community someday, working on social skills, and her family and friends.

Important for: Constructive feedback and frequent check-ins, family support at home, and having varied activities/options to incorporate in her community available.

Good Day: A good day for Lyric would be when she is able to socialize and spend time with her friends, and her friend's group is free of any drama. Lyric likes talking to others and including everyone. When Lyric is having a good day, Lyric will be focused on class and work activities and socialize with others during breaks.

Bad Day: A bad day for Lyric would be when she is experiencing drama within her friend's group. Lyric will go between different staff to check in and tell her version of events. Lyric finds this drama very distracting and has a hard time focusing on other things when this is going on.

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Like: Shopping, hanging out with friends, routine, helping others, being social, arts and crafts, and watching sports.

Dislikes: Changes to her schedule, conflict with peers, being told what to do, when other peers are loud, and not understanding social situations.

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**:

- Lyric has control over her schedule by getting to choose which classes she would like to take at PAI and with whom.
- Lyric gets to choose where she would like to go on community outings and which volunteer opportunities she would like to participate in.
- Lyric would like to work on job skills and will be offered the opportunity to complete work onsite when it is available.
- Lyric prefers to receive feedback from staff in private, away from other peers.
- When Lyric is frustrated or upset, Lyric prefers to take a break and go for walk, listen to music, work on a work search, and talk to staff when she is ready.
- Lyric prefers to be as independent as possible and is confident doing many tasks and activities independently.

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 Lyric can choose to participate in. Lyric will be given a list of the classes available quarterly and can pick classes that fit her interests, preferences, or particular skills she would like to work on (post covid-19 when cohorts can mix again).
- Staff will ask for Lyric's input often and accommodate her 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. Lyric will have 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 on and off site. 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?

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

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. Lyric is enrolling in employment services exploration and will begin working with an employment specialist to explore careers in the community.

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?

- Lyric's, her parents, PAI, and case manager exchange information as it relates to Lyric's services and cares. Meetings and reports are shared with Lyric's team. Lyric's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Lyric is her own guardian and advocates on her own behalf and makes legal decisions for herself. Lyric lives with her parents and they help her manage her finances. Lyric's parents ensure all of Lyric's needs are being met and provides any information to Lyric's team about changes in supports needed.
- Case manager, Melanie Chow from Keystone Services, develops Lyric's CSSP and completes Lyric's service agreements. Melanie communicates with Lyric's support team to ensure continuity of care.
- PAI will provide Lyric 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 her health, safety, and well-being as needed by Lyric. PAI will communicate any health and medical concerns to Lyric's parents. Lyric is enrolling in employment services exploration and will begin working with an employment specialist to explore careers 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:

Juliette Armstrong and James Dampier, Parents
E: juliette.armstrong@state.mn.us
P: 763-280-1974

Melanie Chow, Case Manager, Keystone Community Services
P: (651)-797-7722
E: mchow@keystoneservices.org

Cortney Kelly, Program Supervisor, PAI
E: ckelly@paimn.org
P: 651-747-8740

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**: Lyric is working on prevocational skills

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at PAI to work in skills she would need to be successful at a community job. Lyric is enrolling in employment services exploration and will begin working with an employment specialist to explore careers in the community

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:** 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 manual restraint to be used for the person.

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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 Lyric's parents 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: 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: 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: 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: 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: 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: 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: 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: 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: 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: 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:

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:</p>

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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