

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

Name of person served: Robert Fred Dean

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: Self Guardian

Case manager: Jill Book, Washington 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 Fred at PAI include Day Support Services and Prevocational Services. PAI works with Fred to develop and implement achievable outcomes based on Fred’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 Fred.

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: Fred said that not being able to read and write has been a barrier to using technology in the past, but it is something he would like to learn more about.

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

PAI

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: Fred would like to learn more about using an Ipad and technology skills and is starting to work on this with an outcome here at 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:

- **Allergies:** Fred is allergic to Ranitidine and has seasonal allergies. Staff are trained on Fred's allergies. Fred is not requesting assistance with medication administration at PAI. Staff will encourage Fred to reach out to his physician with concerns about allergy symptoms.
- **Chronic Medical Conditions:** Fred is diagnosed with GERD, which may cause his throat to swell and make it difficult for him to swallow. Fred independently takes medication for GERD. Fred has had both knees replaced and has arthritis in his knees. Fred should avoid jobs/activities that involve bending, kneeling, using stairs, walking long distances, or standing for long periods of time. Fred knows his physical limitations, though staff will help Fred find jobs and activities that are a good fit. Fred has hypertension and is independent in following a low sodium diet. Fred has mild asthma and carries an inhaler. Fred takes his inhaler independently. If Fred is having trouble breathing and his inhaler and taking a break are not providing any relieve, staff will call 911. If staff notice that any of these health conditions appear not well managed, staff will encourage Fred to seek out the advice of his doctor.
- **Community Survival Skills:** Fred can be difficult to understand to unfamiliar listeners. When in the community, staff will help Fred converse with others by asking Fred to repeat himself when others appear to have not understood. Fred is capable of using public transportation with familiar routes, but Fred needs assistance looking up and learning new routes. While at PAI, Fred will use NewTrax to and from PAI and when participating in community outings. Fred may also independently drive himself to PAI, but Fred does not know the bus routes in the area and would not be taking public transportation. Fred carries and spends money independently but has a rep payee who helps him manage his finances. Staff can make recommendation when making purchases in the community, such as an item on sale rather than something full priced, but Fred can make his own decisions independently. Fred has a history of gambling. If staff visually see signs that Fred is gambling, staff will notify Fred's case manager. Fred has a history of having trouble distinguishing who to share which information with. Staff will verbally remind Fred to share information and with whom the information should be shared if they observe or become aware that he has inappropriately shared or not shared information. Staff will remind Fred of the potential consequences of sharing or not sharing information with others. Staff will ask Fred if he understands and have him repeat it back in his own words to ensure understanding. Fred participates in individual and group therapy. If staff become aware of concerns in Fred's personal life, staff will encourage Fred to talk about it with his therapist/physician.
- **Mental/Emotional Health:** Fred tends to isolate when at home. Staff will encourage Fred to participate in social activities in his community. Fred likes meeting new people and making friends but can sometimes have difficulty with sustaining relationships and understanding nuances of interpersonal relationships. Staff will advocate on Fred's behalf when needed and encourage Fred to participate in social skills classes offered at PAI. Not knowing his schedule and people not communicating can cause Fred to become anxious. Staff will let Fred know about his schedule and changes ahead of time and will answer and talk to Fred in a timely manner.
- **Person Centered Information:**
 - **Likes:** spending time with close friends, fishing, camping, going on trips, working, and spending time at home alone.
 - **Dislikes:** people not returning his calls or answering the phone, feeling anxious, and not knowing about schedule changes ahead of time.

PAI

- **Important to:** knowing his schedule ahead of time to help control his anxiety, his independence (living alone and having his own car), and staying healthy.
- **Important for:** self-determination, assistance with setting up appointments and medications, encouragement to stay active in his community, and continuing to learn and work on interpersonal relationships with others.

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**:

- Fred has control over his schedule at PAI by choosing which classes and activities he would like to participate in. Fred can choose to associate with those of his choosing and will be encouraged to share his thoughts and preferences often.
- Though his first name is Robert, Robert prefers to go by his middle name, Fred.
- Fred is not confident in his reading abilities. Fred prefers that staff read things aloud to him and double check that he understands. Fred may or may not be upfront in the moment about whether or not he understands.
- Fred prefers to know his schedule in advance. The more notice that Fred has the less anxious he will be. Fred
- Fred prefers to build interpersonal relationships slowly and on trust. Fred is pretty open with people he is comfortable with- the easiest way to establish this relationship is to get to know Fred and his interests and hobbies.
- Fred prefers that people answer the phone and/or return his phones calls. Always leave a message and a return number.

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 Fred can choose to participate in. Fred will be given a list of the classes available quarterly and can pick classes that fit his interests, preferences, or particular skills he would like to work on (post covid-19 when cohorts can mix again).
- Staff will ask for Fred'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. Fred 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 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?

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

PAI

- Fred can take classes, go on outings, work, and eat lunch (at his table, or the same room) with those of his 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. Fred knows that PAI offers this service and is not interested in enrolling at this 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?

- Fred, PAI, in home supports, and case manager exchange information as it relates to Fred's services and cares. Meetings and reports are shared with Fred's team. Fred's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Fred is his own guardian and makes his own legal and service decisions. Fred likes independently with the health of an in home service provider who helps with Fred's groceries, medical appointments, and medication set up. Fred also has a rep payee who oversees his financials.
- Case manager, Jill Book from Washington County, develops Fred's CSSP and completes Fred's service agreements. Jill communicates with Jill's support team to ensure continuity of care.
- PAI will provide Fred 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 Fred.

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:

Cortney Kelly, PAI, Program Supervisor

P: 651-747-8740

E: ckelly@paimn.org

Jill Book, Washington County, Case Manager

E: Jill.Book@co.washington.mn.us

Paul Simmons, UBU Support

E: paul.simmons@ubusupport.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**: Fred has had a community job in the past but indicates that that is not what he is interested in pursuing at this time. Fred will work on prevocational skills at PAI that will help him prepare for community employment if he is interested in it again in the future.

PAI

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:** Fred is not interested in pursuing community employment at this 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: Fred lives alone and has no limit to alone time at home or in the community. Fred drives, and though he plans to take NewTrax to and from PAI, Fred could decide to drive himself to PAI on any given day instead and leave unsupervised whenever he likes. Fred has agreed to stay with the group when onsite and in the community when receiving services at PAI. Staff can leave Fred alone onsite doing an activity he is comfortable with as long as Fred knows what the expectations are and when staff will return.

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
<p>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”.</p> <ul style="list-style-type: none"> • Providing CPR and First Aid as applicable. • Monitoring for illness and injury and encouraging Fred to see his physician as needed. • Encouraging the application of sunscreen and bug spray per bottle instructions as needed. <p>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</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> • 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

<p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input type="checkbox"/> Medication administration:</p>

Psychotropic Medication Monitoring and Use
<p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 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