

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

Name of person served: Paul Dwyer

Date of development: November 2, 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: Kate Dwyer and Betsy Sagnes

Case manager: Pa Kou Lee, Allina Health

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 Paul is DT&H intensive supports in a community environment. PAI works with Paul to develop and implement achievable outcomes based on Paul’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 his health, safety, and well-being as needed by Paul.

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:** Paul likes participating in community activities and choosing where those activities are is important to and for Paul.

“Paul will pick and participate in 1 community activities per month for 6 months.”

**Outcome #2:** Paul likes making personal choices and interacting with staff. This outcome will provide Paul the opportunity to voice his opinion daily and positively impact his day with a chosen break activity.

“Paul will choose a break time activity from two options provided by staff, 80% 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

- Paul occasionally uses an iPad at work for class activities. Paul has a phone at home that he can use to stay in contact with family and friends.

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, Paul does not desire increasing his use of technology 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:

- **Allergies:** Paul takes PRN medication at home for seasonal allergies as needed. If Paul exhibits signs/symptoms of allergies at PAI, staff will notify Paul's residence.
- **Choking:** Paul packs and prepares his lunch from home. If something in Paul's lunch is not cut up into bite-sized pieces or if Paul purchases something to eat in the community, staff will cut up Paul's food. Staff will provide supervision during lunch and prompt Paul to slow down as needed.
- **Special Dietary Needs:** Paul packs and prepares his lunch from home according to his 1250 calorie diet. If Paul is going somewhere in the community where he will have a snack or drink, Paul's residence will be notified ahead of time when money is requested for the outing. Staff will help set up Paul's lunch using his adaptive equipment, which includes ensuring his food is on a plate with a lip, a spoon, and that he has a straw for his drink. Staff will ensure Paul's food is in a container or a plate with a lip and that he has a straw in his drink.
- **Chronic Medical Conditions:** If Paul's eye appears red or irritated or if Paul indicates that it is sore, staff will offer Paul a warm compress. Staff will let Paul's residence know, who will help Paul follow up with his physician as needed. If Paul does need to be transferred to the toilet at PAI to have a BM, staff will remain close by. If Paul does pass out and staff suspect it's an episode of vasovagal, staff will call 911.
- **Self-Administration of Medication and Treatment Orders:** Paul does not take any medication or treatments at PAI. If the need did arise, staff trained in medication administration would administer the medication to Paul per a signed physician order.
- **Preventative Screenings; Medical and Dental Appointments:** Paul's residence schedules and attends all medical appointments with Paul. If staff at PAI notice any signs/symptoms or illness/injury, Paul's residence will be notified. Paul residence will help Paul follow up with his physician as needed.
- **Personal Cares:** Staff will assist Paul with using a portable urinal when he needs to urinate, by helping Paul position himself and by holding the urinal. Staff will use a gait belt and a two person assist to transfer Paul to the toilet if he needs to have a bowel movement. Staff will remain nearby when Paul is having a bowel movement. If Paul does pass out and staff suspect it's an episode of vasovagal, staff will call 911.
- **DNR, No CPR:** Paul has advanced directives in place, which state "no CPR, no intubation, tube feeding to be discussed, avoid hospitalization; try to treat reversible illness, okay to treat with antibiotics." These directives are in place as of 11/14/96. Staff are trained on where Paul's advanced directives are located and review Paul's plan annually. In the event of a medical emergency, staff will call 911 and provide first aid and keep Paul comfortable until help arrives.
- **Non-Verbal Communication:** Staff will take their time when communicating with Paul. Staff will ask clear "yes" or "no" questions when asking Paul what he needs or prefers or will offer two physical objects in front of him to point to the desired item/object. Paul will often times smile or laugh if you are understanding what he is trying to communicate.
- **Risk of Falling; Mobility Issues:** Paul uses a manual wheelchair for mobility, but his mobility has been declining and he is unable to propel himself for the most part. Staff will ask Paul if he would like help propelling his wheelchair and provide that assistance. Paul needs assistance transferring out of his wheelchair and will only do

# PAI

this at PAI when Paul needs to have a bowel movement. When transferring to the toilet, staff will use a transfer belt and the grab bar to stand up and pivot to the toilet with a 2 staff assist.

- **Regulating Water Temperature:** Staff will help Paul with hand washing by positioning him in front of the sink and turning on the water to a safe temperature. Staff will use hand over hand assistance to help Paul wash his hands thoroughly.
- **Community Survival Skills:** Staff are always with Paul on-site and when in the community. Staff will model safe pedestrian skills and stranger safety and will prompt Paul to follow these as needed. Staff will offer Paul help maneuvering his wheelchair around obstacles that may be unsafe. Staff carry Paul's basic health information and ID information with when in the community and would provide this information to emergency personnel if the situation warranted.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Paul were to participate in an activity near or on a large body of water, staff would stay with Paul the duration of the activity and help Paul put a life jacket on.
- **Sensory Disabilities:** Paul has prescription glasses but usually chooses not to wear them. If Paul has his glasses with and would like to wear them, staff will assist Paul with putting his glasses on.
- **Person-Centered Information:**

The **important to** Paul items are: spending time with his family, having fun activities to do, and coming to PAI to see his friends.

The **important for** Paul items are: having access to new and varied community activities, staying active, and maintaining good health.

A **good day** for Paul would be when he gets to see his sisters and do desired activities like going to the library or out for coffee. Paul is overall a very happy guy and usually in a good mood. Paul likes it when staff and peers talk and joke with Paul.

A **bad day** for Paul would be when Paul isn't feeling well or others aren't being nice and respectful to Paul. Paul does not like to be picked on or have others invade his personal space. Paul does not like loud noises. When others around Paul are upset or angry, Paul has been observed to seem sad or upset himself.

Paul **likes** wrestling, Christmas music, coffee, music and dancing, family, pasta, going to the library, working on cards, and going on outings in the community.

Paul **dislikes** being rushed, being picked on by others, when others are in Paul's personal space, when others are unhappy, and loud noises.

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**:

- Paul has control over his schedule by choosing how many classes he'd like to take and which classes. Paul chooses where he'd like to go on community outings. Paul has an outcome to choose where he'd like to spend break at, with staff assistance to get there if Paul wishes.
- Paul prefers staff and peers that are upbeat and friendly.
- Paul prefers to take a mix of classes and working on the work floor- classes that involve music or dancing are Paul's favorite.
- Paul prefers to be able to take his time and not be rushed.
- Paul prefers when people take the time to tell him where he's going next and offer to help him propel his wheelchair there.
- Paul prefers his personal space is respected and can become upset if someone invades his personal space and he does not know why.

# PAI

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 Paul can choose to participate in. Paul will be given a list of the classes available quarterly and Paul's lead will walk Paul through the different options available and help Paul pick classes that fit his interests, preferences, or particular skills he would like to work on. At Paul's semi-annual and annual time of year, Paul's designated coordinator talks to Paul 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. Paul 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?

- Paul is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. Paul really enjoys socializing and being around peers and others, just not crowded areas. When appropriate, staff will introduce Paul to new persons and to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will help Paul communicate to others by adding in yes and no questions and including Paul in conversations.

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

- If Paul chooses to pursue community employment, PAI can offer support in this venture along with Paul's residence and family. If Paul has a job lead, PAI could help Paul make a resume and prepare for an interview.

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?

- Paul's residence, Paul's guardian, PAI staff and case manager exchange information as it relates to Paul's services and cares. Meetings and reports are shared with Paul's team. Paul's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Paul's guardians, Kate Dwyer and Betsy Sagnes, advocates on Paul's behalf and make legal decisions for him.

# PAI

- Case manager, Pa Kou Lee from Allina Health, develops Paul's CSSP and completes Paul's service agreements and communicates with Paul's support team to ensure continuity of care.
- Paul's residence ensures Paul has personal assistance at home with all activities of daily living as needed. Paul's residence attends all medical appointments with Paul and will update the team about any change in supports needed.
- PAI will provide Paul with employment opportunities onsite and help Paul work on vocational training and skill building. PAI will communicate any health and medical concerns to Paul's house.

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:

Kate Dwyer, Co-Guardian  
P: 651-434-2689  
Email: kmdwyer565@gmail.com

Betsy Sagnes, Co-Guardian  
P: 612-810-4171  
E: ann3600@gmail.com

Pa Kou Lee, Case Manager, Allina Health  
P: 612-262-8037  
C: 763-843-7079  
Email: pakou.lee@allina.com

Kaylee Larson, Phoenix Residence  
P: 651-263-9845  
Email: douglas@phoenixresidence.org

Cortney Kelly, PAI  
P: 651-747-8740  
Email: ckelly@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**: Paul is working on independent living skills at home that would be helpful if Paul ever wanted to pursue a more independent living situation. Paul is currently happy with his living arrangement and is not interested in pursuing more independent living.

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**: Paul is working on job skills, experiences, and prevocational skills at PAI that would all be helpful if Paul ever wanted to pursue community employment. Paul is currently not interested in pursuing community employment at this time.

# PAI

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".

- Providing First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Paul's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- Paul is DNR.

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

# PAI

- 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

## PAI

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:
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: Paul uses adaptive equipment to eat and may at times need hand over hand assistance in getting the rest of the food off his plate. When doing activities that require fine motor skills, like crafts, Paul may need hand over hand assistance to manipulate some pieces. Staff will ask Paul before assisting.
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: Paul requires assistance propelling his wheelchair for long distances or around obstacles. In the event of an emergency where there is a risk of imminent harm, staff will assist Paul in evacuating in the least restrictive manner possible.
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: Paul uses a manual wheelchair for mobility with a seatbelt and/or lap tray for safety. If Paul did need to be transferred out of his wheelchair, a gait belt would 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: Paul uses a manual wheelchair for mobility with a seatbelt and/or lap tray for safety. If Paul did need to be transferred out of his wheelchair, a gait belt would be used.

# 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:

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