PAI

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

Name of person served: Andy St. Martin

Date of development: October 20, 2021 For the annual period from: April 1, 2021 to March 31, 2022

Name and title of person completing the *CSSP Addendum*: Anneliese Robinson, DC/Program Supervisor

Legal representative: Deb St. Martin and Chuck St. Martin

Case manager: Jill Schaeppi

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 Andy is intensive supports in a community environment. PAI works with Andy to develop and implement achievable outcomes based on Andy's goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, seeking employment in the community, data tracking and daily support related to his health, safety, and well-being as needed by Andy.

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: Improving on money skills are important to Andy. He has stated that working on his money skills is something he looks forward to weekly.

"Andy will complete a worksheet weekly to improve his money skills, 80% of all trials until next review."

Outcome #2: Being in the community and having the opportunity to try new things are important to Andy. Andy would like to choose which outings he will attend. This will encourage Andy to integrate into his community in a manner of his choosing.

"Andy will participate in a community activity and/or outing of his choosing once a month for 80% of all trials in a six-month period."

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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: Andy already uses technology by utilizing his iPad and his Chromebook to play math games and problem-solving games. Andy will use the iPads at PAI Commerce when he wants/needs to. Andy loves watching movies. He also plays video games, and watches TV and movies during downtime at home. Andy does not express desire to learn more about technology or use technology to work on his goals at this point in time.

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:

- **Self-administration of medication or treatment orders:** Andy does not have any current routine medications or treatment orders at PAI. If Andy should have a treatment order or medication to be completed while at PAI, PAI staff are trained and will assist Andy per a signed physicians order.
- **Preventative Screening:** Andy does not make any preventative screening appointments while a PAI. PAI staff are trained and will assist Andy per a signed physicians order and instructed to relay any medical concerns to Andy's family.
- **Medical and Dental Appointments:** Andy does not make or attend any medical or dental appointments at PAI currently. If Andy should need to do that PAI staff will relay any medical information or concerns to Andy's family.
- **Regulating Water Temperature:** PAI regulates water temperatures to a safe temperature at PAI. In the community PAI staff will assist Andy in adjusting the water temperature if needed.
- **Community Survival Skills:** PAI staff will always accompany Andy while in the community. Staff will model safe community skills and assist Andy when needed. Staff will verbally cue Andy to look both ways when he is in the community and he is navigating streets, crosswalks, parking lots and situations where traffic poses a risk.
- **Water Safety Skills:** PAI does not offer swimming as a part of programming should a situation arise in which Andy is participating in water related activity, staff will provide Andy a lifejacket and assist him in putting it on ensuring proper use and fit.
- **Sensory Disabilities:** PAI staff will give Andy opportunities to take a break and be offered quiet area to utilize if he is overstimulated.
- **Person-Centered Planning:**
    - **Important to Andy:** Have a sense of responsibility at work, having a schedule or routine to follow, have a space to go to when over stimulated, have opportunities to try new things
    - **Important for Andy:** Have opportunities to try new things, have staff be patient and let him figure things out as independently as possible, having quiet spaces to go to, having assistance in communicating what he needs/wants
    - **A good day for Andy:** Sticking to a structured routine that Andy can learn and follow with responsibility, going to the movies and drinking a Cherry Coke.
    - **A bad day for Andy:** Not having a schedule to follow or changes in his schedule with no warning, being asked too many questions about what he wants to do for his day.
    - **Likes:** Having a sense of responsibility at work, going to Valley Fair/Mall of America/Science Museum, volunteering, movies, swimming, thrift stores, using his iPad, Lays Wavy Potato Chips, pretzels, baby carrots, apples, sprite, biking, cooking group
    - **Dislikes:** Being forced to try new things, when others touch his things, loud people, having his personal boundaries/space be invaded

PAI

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**:

- Andy has control over his schedule at PAI by choosing how many leisure and skill building classes he would like to take and which ones. When PAI is able to resume activities and volunteering in the community, Andy will be able to choose what he would like to participate in. Andy can try out different jobs available on-site at PAI and choose to pursue employment services and finding a job in the community if he chooses.
- Andy prefers being asked if he wants to try something rather than being told or forced to.
- Andy would prefer for people to not touch his things.
- Andy prefers people respect his personal space and prefers to not be around louder people.
- Andy prefers time and instruction to learn and process things.

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 Andy can choose to participate in. Typically, before COVID-19, Andy would be given a list of the classes available quarterly and Andy's lead would walk Andy through the different options available and help him pick classes that fit his interests, preferences, or skills he would like to work on. At Andy's semi-annual and annual time of year, Andy's designated coordinator will speak with Andy and discuss 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?

- Community outings are currently on hold at PAI but will resume when COVID-19 health and safety concerns have subsided. PAI usually offers community outings daily to several community locations. Andy has the opportunity to choose which activities he would like to participate in by choosing 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?

- Andy is encouraged to communicate and associate with those of his choosing on-site at PAI and when in the community. Andy has many great social skills and is a friendly individual. When appropriate, staff will introduce Andy to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Andy can sometimes overshare with strangers and may share personal information. Staff will remind Andy of appropriate social skills and boundaries as needed.

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

A. Andy has communicated that he is interested in competitive employment when an opportunity arises that suits him.
B. Andy currently maintains and attempts to gain more skills by doing various jobs at PAI. Andy remains on the list to meet with Employment Services and continue the process of finding a job.

PAI

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?

- Andy's parents, PAI staff, personal support coordinator, and case manager exchange information as it relates to Andy's services and cares. Meetings and reports are shared with Andy's team. Andy's team works together to ensure continuity of care. In-person conversations, phone calls, emails, and faxes may be used to discuss current information.
- Andy's parents advocate on his behalf and help make legal decisions for him. They help him with services at home and communicate any needed medical information and updates to PAI and the team.
- Case manager, Jill Schaeppi from Washington County, develops Andy's CSSP and completes Andy's service agreements and communicates to Andy's support team to ensure continuity of care.
- PAI will provide Andy with employment opportunities on-site and help Andy work on vocational training and skill building. PAI will communicate any health and medical concerns to Andy's family.

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:

Guardian Info:
Deb St. Martin
P: 651-587-7928
Email: dstmartin@interplastic.com

Chuck St. Martin
P: 651-492-0992
Email: bod9@comcast.net

Case Manager Info:
Jill Schaeppi
P: 651-497-8650
Email: jill.schaeppi@co.washington.mn.us

Personal Support Coordinator info:
Jennifer Buethe
P: 763-450-5043
jbuethe@orionassoc.net

PAI Commerce Designated Coordinator Info:
Anneliese Robinson, PAI
P: 651-747-8740 Ext. 2002
Email: arobinson@paimn.org

PAI

The person currently receives services in (check as applicable): ☐ community setting controlled by a provider (residential) ☒ community setting controlled by a provider (day services) ☐ NA

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 or for transitioning from day services to an employment service: Andy has communicated that he is interested in employment services and remains on the list for Employment Services to find a fitting competitive job opportunity.

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 the behavioral intervention/manual restraint to be used for the person.

Health Needs

PAI

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."
N/A

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

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:

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:

PAI

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 ☒ 1:8 ☐ 1:6 ☐ 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