

PAI

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

Name of person served: **Molly Sarne** For annual period: **October 2021 through October 2022**
CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 10.11.2021
 Legal representatives: Connie and Peter Sarne Case manager: DJ Macedo

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 Molly is intensive support services in a day training and habilitation (DTH) community based program. The program works with Molly to develop and implement achievable outcomes that support her goals and interests, and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Molly's physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Molly. PAI works with Molly's family provider and transportation provider for continuity of care.

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes: *Suggested outcomes; to be discussed by team during annual meeting.*

Outcome #1:

“Molly will participate in volunteering or working in the community when opportunities are available 75% of trials within a six-month period.

Molly enjoys volunteering and working in the community, it is important to her that she have the option to participate when these opportunities are available.

Outcome #2:

“Daily, Molly will put all of her belongings in her locker by 8:30a 75% of trials within a six-month period.”

It is important to Molly to find a community-based job in the future. It is important for Molly to utilize this outcome as skill building needed for many jobs she may attend to.

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:

- Molly enjoys using technology. She has a cell phone that she is proficient in using. She enjoys watching TV, playing video games, and playing games on the computer when she is at home.
- No further exploration of technology is needed at this time.

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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:

Choking: Molly is at risk for choking due to the formation of her palate and scarring in her trachea from infections. Staff remind Molly to take small bites and slow down when eating as needed. Should Molly exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Chronic Medical Conditions:

- **Apert Syndrome:** a rare genetic condition Apert syndrome is characterized by distinctive malformations of the skull, face, hands, and feet. Those affected often also have an intellectual disability. The severity of symptoms varies between individuals. While at PAI, Molly is supported to increase and maintain her physical, emotional and social functioning skills.
- **Chronic Trachea Infections:** Molly is treated and monitored by her physician for trachea infections. Symptoms of a trachea infection include a cough that sounds “croupy” or produces secretions, breathing difficulties, high fever and signs of cyanosis & low oxygen levels (blue lips). Should Molly exhibit signs/symptoms while at PAI, staff will contact Molly’s guardian who will follow up with her physician as needed.

Self-administration of medication or treatment orders: Molly does not have any medications at PAI, should that change Molly takes her medication orally. Medications / treatments are administered according to the prescriber’s orders and as directed by the pharmacy/prescription bottle. Physician orders are valid for one year from the date signed. Should Molly require medication, a trained staff would dispense the medication/treatment for Molly and administer it.

Risk of falling: Molly skips while walking which can cause her to be distracted. This places her at a risk of falling. Staff will give Molly verbal reminders to slow down and to walk when needed. Any concerns or occurrence of falls will be communicated by Molly’s parents via phone, email or communication book.

Community Survival Skills: Molly utilizes the PAI transportation provider to safely access the community. Molly can be alone in familiar locations in the community for up to 30 minutes. Molly has a cell phone she is proficient in using and Molly has PAI’s phone number to call if needed. Due to Molly’s hearing loss she needs supervision and assistance with pedestrian safety. Molly is with staff in the community while at PAI. Staff provide supervision and support to Molly while in the community to practice all pedestrian and traffic safety skills. Staff observe what is occurring around Molly and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Molly’s behalf in the event of an emergency.

Sensory Disabilities:

- **Vision Impairment:** Molly was diagnosed with Keratoconus in 2017 and relies on hard contacts to correct her vision. Molly has glasses which are not reliable to correct her vision. Molly wears hard contacts daily to PAI. Should Molly’s contacts fall out while at PAI, she has a kit in her backpack to place the contacts in until she get home. Molly also carries her glasses as a backup and may wear them until she gets home.
- **Hearing Loss:** Molly has limited hearing in both ears. Molly also has a hole in her left ear which is prone to infection. Molly may not hear people talking to her if she can’t see them. Staff will speak to Molly face-to-face. Should staff observe Molly’s hearing is affecting her daily activities at PAI, staff will contact her guardians.

Self-Injurious Behaviors: At times Molly will pick at her skin to the point of bleeding without staff intervention. If staff see Molly engaging in self-injurious behaviors staff will redirect Molly by asking her to perform a task using her hands to prevent her from picking at her skin. Staff also remind Molly of how picking at her skin will leave scars.

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Person-centered information

Important TO Molly: Doing a good job at whatever she is doing, having a meaningful job and making money, making a difference in the world, working with animals and being an advocate for them, being on time, being able to make choices in what I want to do, being listened to.

Important FOR Molly: Having opportunities to work and contribute to society, having support to maintain and gain independence, having people listen to my wants and needs and giving me grace when I make mistakes.

Good day: A good day for Molly includes playing games, shopping, working, time in the community, being with animals, sleeping in, eating comfort food, and spending time with friends and family.

Bad day: A bad day for Molly includes being judged, being late, not getting enough sleep, people being unkind, and not getting to work or be in the community.

Likes: Molly likes Listening to music, animals, working, jumping on the trampoline, watching TV, shopping, napping, chocolate chip cookies, chicken noodle soup, spaghetti

Dislikes: Molly does not like when others don't listen to her, steak, venison, getting yelled at by her parents, any kind of abuse, judging, bullying, criminals, negativity, and racism

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**:

- PAI offers several classes available for both skill building and leisure. Molly has control over her schedule by picking how many classes she'd like to attend, and choosing to work on-site when not in class or the community.
- Molly prefers to work as opposed to attending class when possible.
- Molly likes to take a break and talk with a trusted staff when she is feeling upset. It is important to her to be listened to and heard and to receive grace if she makes a mistake.

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:

[Click or tap here to enter text.](#)

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Molly works on outcomes that are important to and for her. She makes choices throughout her day of what activities she would like to participate in. Molly is supported to explore new interest while at PAI though classes. Molly is supported with employment services- exploration/development to exploring available career paths for the specific job she desires.

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What are the opportunities **for community access, participation, and inclusion** in preferred community activities?

Molly is supported to engage with the greater community. She chooses the outings and volunteer opportunities she would like to attend and is encouraged to make choices the duration of the experience. Molly is encouraged to interact with community members as she comfortable.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?

Molly is supported in developing and maintain relationships with staff and peers at the Commerce site. Molly is encouraged to interact with community members, volunteers and contracted vendors as she is comfortable.

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

Molly is currently enrolled in employment services- exploration and is exploring available career paths and jobs in the area. PAI provides Molly with employment opportunities onsite and help Molly work on vocational training & skill building.

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?

- Molly's guardians, case manager and PAI staff collaborate in the exchange of information as it relates to Molly's services, health and care. Meeting and reports are shared and the team works together to ensure continuity of service through in-person conversations, phone calls, emails and Molly's communication book.
- Connie and Peter Sarne are Molly's private legal representatives and parents who advocates on her behalf as well as makes legal decisions with her. The legal representatives provides information and direction on Molly's services and supports in collaboration with other members of this support team.
- DJ Macedo, contracted case manager from Meridian Services, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Molly and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Molly's support team to ensure continuity of care.

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:

PAI – Commerce, Day Program
 Contact person: Anneliese Robinson – Designated Coordinator
 Email: Arobinson@PAImn.org Phone: 651-747-8740

Connie and Peter Sarne – Legal Representative
 Email: Mollymsarn1@comcast.net
 Phones: Home: 651-483-3346 Connie cell: 651-285-0779 Peter cell: 651-797-9288

DJ Macedo – Case Manager Meridian Services
 Email: dmacedo@meridiansvs.com Phone: 952-767-4846

Jamie Kauppi – Lifeworks
 Email: jkauppi@lifeworks.org Phone: 651-454-2732

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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**: 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**: Molly would like to find a specific job in the community. Molly is currently receiving employment services- exploration/development and is exploring available career paths for the specific job she desires in the area. When Molly has a better idea of the jobs that are out there, Molly will work with a job coach to find community employment.

Describe any further research or education that must be completed before a decision regarding this transition can be made: None at this time

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: Molly can be alone in familiar locations in the community for up to 30 minutes.

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 rights are being restricted the Rights Restrictions form must be completed.

If yes, please indicate what right(s) are restricted: NA

Does this person use **dangerous items or equipment**?

- Yes No

If yes, address any concerns or limitations: NA

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".

- Monitoring for illness or injury. Provide CPR & First Aid as applicable.
- Monitoring for changes in hearing or vision function.

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: [Click or tap here to enter text.](#)

Medication assistance: [Click or tap here to enter text.](#)

Medication administration: [Click or tap here to enter text.](#)

Psychotropic Medication Monitoring and Use
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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:
[Click or tap here to enter text.](#)
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

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: NA

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Permitted Actions

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: N/A
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: N/A
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: N/A
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: N/A
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: N/A
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: N/A
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: N/A
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: N/A
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: N/A
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: N/A
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: Molly uses corrective lenses due to her vision. Molly wears hard contacts and may require support should her contacts fall out. Molly also has prescription glasses.

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: N/A

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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): N/A 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): N/A NA