

PAI

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

Name of person served: Miya Lee

Date of development: November 3, 2021

For the annual period from: May 2021 to May 2022

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

Legal representative: Ben Lee, Mai Vang

Case manager: Nicole Heil, Thomas Allen Inc

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 Miya is in Day Support and Prevocational services. PAI works with Miya to develop and implement achievable outcomes based on Miya'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 her health, safety, and well-being as needed by Miya.

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:

Outcome #2: Staying active and exercise are important to and important for Miya. Her family has requested Miya receive time to walk and potentially join a walking group.

"Once a month, Miya will join a walking group or take a walk around the building in winter months, 75% of all trials within a six-month review 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:

Miya enjoys using the iPad with staff as well as using an iPad or tablet for communication.

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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:

- **Allergies:** Miya is lactose intolerant. Miya's family/in home staff support are responsible to send foods that meet Miya's needs. PAI staff serve her food from home and make sure her lunch does not contain dairy. If there are special treats or if Miya will be eating out in the community, staff will not offer Miya foods that she is sensitive to.
- **Choking:** Staff will verbally cue Miya to eat slowly. Miya's food will be sent following her dietary needs and in appropriately bite-sized pieces.
- **Chronic Medical Conditions:** Miya has mild arthritis in her knee. If staff notice, Miya will be offered a break and an alternate activity/job.
- **Special dietary needs:** Mia's family sends her lunch to PAI following her dietary plan. If there are special treats or if Miya will be eating out in the community, staff will not offer Miya foods that she is sensitive to.
- **Self-administration of medication or treatment orders, Preventative screening, and Medical and dental appointments:** Miya does not currently have any treatment orders at PAI. Miya does not take any routine medications at PAI. Miya is unable to schedule or attend appointments independently. Miya is quiet and has limited verbal skills. Therefore, she may not be able to report accurately. Miya attends any appointments with her family. If Miya were to have a treatment order or need to take any medication while at PAI, trained staff will assist her per a signed physician's order. PAI staff are trained in medication administration and have access to medication side effects. PAI nursing support services review all medications given at PAI. PAI staff will relay any concerns regarding medication orders, treatment orders, or medical needs to Miya's family that she lives with.
- **Hepatitis B Positive:** Staff are trained on bloodborne pathogens at time of hire and annually. All blood and bodily fluids are treated as potentially infectious. Any signs/symptoms of illness/injury will be reported to Miya's guardians who help Miya follow up with her physician as needed.
- **Other health and medical needs:** Miya is at risk for retinal detachment. Staff will offer Miya physical support such as an arm to hold onto while watching on slippery surfaces. Miya has skin sensitivity. Staff will verbally cue Miya to apply hand lotion as needed.
- **Regulating water temperature:** Staff will support Miya in adjusting water to a safe temperature. Water temperatures are maintained at a safe temperature at PAI. While in the community, staff will physically assist Miya in adjusting the water temperature.
- **Community survival skills:** In any environment, staff will help Miya identify and obtain necessary help for the situation. Miya can be very quiet and unassertive with limited communication. Staff are within auditory or visual range of Miya while at PAI and will assist her as needed. In the community, staff will remain within visual range. Staff carry Miya's bus card while in the community, which has her emergency and identifying information on it.
- **Water safety skills:** PAI does not offer swimming as part of programming. Should a situation arise in which Miya is near water, staff will provide Miya with a life jacket and assist her in putting it on to ensure proper fit.
- **Sensory disabilities:** Miya has high myopia, estropia, nystagmus and astigmatism. Staff will encourage Miya to wear her glasses. If Miya chooses not to wear her glasses, staff will prompt her to put her glasses in her locker for safety. Staff will notify Miya's family if any changes in vision are observed. Staff use verbal cues, some sign language, and physically demonstrate new tasks for Miya. Miya has bilateral hearing loss; she does not tolerate wearing her hearing aids.
- **Self-injurious behaviors:** Staff will cue Miya when they observe her persistently rubbing her head, causing any potential damage or pain. Staff will notify Miya's family if persistent head rubbing occurs while at programming.
- **Person-centered information:**
 - **Important to Miya:** Having meaningful relationships, making community connections, friends and family, music (especially Hmong music), having short hair

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- **Important for Miya:** Having opportunities at meaningful relationships, having opportunities to make connections in the community, spending time and live with her family, having opportunities to experience new environments and activities, having the opportunity to increase communication and social skills, having staff support in gaining and maintaining independence
- **Good day for Miya:** A good day for Miya might include getting to work at PAI, attending her two favorite classes (dance and ASL), spending time with her peers and staff, joking around and laughing with peers and staff, maybe being able to listen to her favorite Hmong music when she gets home, and spending time preparing and eating a big meal with her family.
- **Bad day for Miya:** A bad day for Miya might include a non-workday with no planned activities, she or people in her family are sick and they cannot spend time together.
- **Likes:** Jokes, people like her friends and family, music, cooking, attending Hmong cultural events, cleaning at the Armory, purses/wallets/jewelry, stuffed animals, having short hair, trying new things, classes like ASL and dancing
- **Dislikes:** When people tell her to put away her things, when her hair grows long

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**:

Miya prefers to communicate using humor.
 Miya prefers to have shorter hair.
 Miya prefers positivity over negativity.
 Miya prefers a quieter environment over a loud and chaotic environment.
 Miya prefers to be busy rather than bored.

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**?

A. Miya has control over her schedule at PAI by choosing how she would like to participate in the classes offered. Pre-COVID, Miya has control over her schedule at PAI by choosing how many classes she'd like to take and which ones. That said, once PAI is able to get back to full services day programming, Miya will meet with her Designated Coordinator at least once per quarter to help set her quarterly schedule and indicate which classes she wants to take.

B. Miya has daily opportunities to develop and maintain skills. To do so, she prefers to have a consistent and routine that includes time to rest and be social. Miya prefers to engage in activities when she is familiar with the activity and was communicated to about the activity ahead of time by her support staff.

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What are the opportunities **for community access, participation, and inclusion** in preferred community activities?
Miya is given the opportunity to choose where she would like to go on community outings. Her support staff discuss upcoming outings each month and help plan for any outings in which she would like to attend.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?
Miya chooses where she would like to go on community outings. As Miya primarily communicates nonverbally and may not be understood for those not familiar with her, staff support Miya to interact and maintain relationships with those in the community.

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. Miya is currently not interested in finding a job in the community and is not enrolled in these services but could at any time (with PAI or another organization) if she obtained the funding to do so.

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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?

- Miya's guardians, PAI, and case manager exchange information as it relates to Miya's services and cares. Meetings and reports are shared with Miya's team. Miya's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Miya's guardians, Ben Lee and Mai Vang, advocate on Miya's behalf and make legal decisions for her. Miya lives with her guardians, who also ensure all of her needs are being met.
- Case manager, Nicole Heil from Thomas Allen Inc, develops Miya's CSSP and completes Miya's service agreements. Nicole communicates with Miya's support team to ensure continuity of care.
- PAI will provide Miya with employment opportunities onsite and will help Miya work on vocational training and skill building. PAI will communicate any health and medical concerns to Miya's guardians.

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:

Ben Lee and Mai Vang, Guardians

Ben cell: 651-329-0671

Mai cell: 651-659-0671

tsvxeeb@hotmail.com

Nicole Heil, Case Manager

651-789-5103

Nicole.wolters@thomasalleninc.com

Sinying Lee, Parent

651-747-6003

Panou Xiong, PCA

612-481-2146

Anneliese Robinson, Designated Coordinator/Program Supervisor

651-747-8740

arobinson@paimn.org

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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: Miya is not interested in working in the community at this time but has indicated she may be interested in the future. Miya could obtain the needed funding with the help of her case manager and enroll in employment services at PAI or another program any time. Miya continues to work on work skills at PAI. Miya is happy living with her family 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: 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

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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 Miya's family 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

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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: 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 1:8 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