

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

Name of person served: Brittany Geisenhof

Date of development: November 1, 2021

For the annual period from: November 2021 to November 2022

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

Legal representative: Tim Holbrook, Thomas Allen Inc

Case manager: Sharon Boone, Ramsey 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 Brittany is Prevocational and Day Services. PAI will work with Brittany to develop and implement achievable outcomes based on Brittany’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite work, data tracking and daily support related to her health, safety, and well-being as needed by Brittany. Brittany is enrolled in employment services exploration to start looking at for available jobs in the community.

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: Being social and having relationships are important to Brittany. Brittany wants to continue to work on her social skills daily, which are important for her to maintain her relationships and creating new ones.

“Brittany will choose and practice a social skills worksheet each morning, 80% of all trials in a six-month review period.”

Outcome #2: Being integrated in the community and socializing are important to Brittany.

“Brittany will choose and attend a community outing or activity once a month, 80% of all trials in a six-month review period.”

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:

Brittany is comfortable using technology, such as iPads to play games, FaceTiming her family, and surfing the web.

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:** Brittany does not take any routine medication or treatments at PAI. Should Brittany need a medication or treatment at PAI, staff trained in medication administration will administer the medication to Brittany per a signed physician's order. Physician orders are valid for one year from the date signed.
- **Preventative screenings, medical and dental appointments:** Brittany does not have the skills to schedule or manage appointments alone. Brittany would not be able to accurately answer questions about her health and wellness. If PAI staff have any medical concerns, Brittany's foster parents will be notified. Brittany's parents will follow up with Brittany's physicians as needed.
- **Community survival skills:** Staff are always with Brittany in the community. Staff will model safe pedestrian skills and prompt Brittany to follow these as needed. Staff carry identification material for Brittany when in the community and would provide this information to the authorities if required. Staff will supervise Brittany's interactions with strangers in the community and prompt/intervene if the situation became inappropriate in nature.
- **Water safety skills:** PAI does not offer swimming as a programming activity. Staff will be with Brittany for the duration of any activity around a large body of water (lake, pontoon, etc.). Brittany will be provided a life jacket.
- **Person-centered information:**
 - **Important to Brittany:** Going out to eat, swimming, FaceTiming with family
 - **Important for Brittany:** Staying safe and healthy when participating in community outings, including being cautious while walking through parking lots, being aware of potentially dangerous strangers, and physical surroundings
 - **A good day for Brittany:** Getting to go to the mall, going out to eat at one of her favorite restaurants
 - **A bad day for Brittany:** Spending the day in a very loud and overwhelming atmosphere where people are fighting.
 - **Likes:** Going out to eat, going to the mall, FaceTiming with family and friends, country music
 - **Dislikes:** Vegetables, extreme temperatures, barking dogs, holding multiple items with her hands, being told what to do, unfriendly people, people who yell and scream

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**:

- Brittany has control over her schedule at PAI by choosing how many leisure and skill building classes she would like to take and which ones. Brittany can choose which community outings and activities she would like to attend. Brittany can try out different jobs available on-site at PAI and choose to pursue employment services and finding a job in the community.
- Brittany prefers to spend time in a quieter atmosphere, free of people yelling, and fighting.
- Brittany prefers to work with people who are upbeat and smiling – people who provide affirmations when she's doing a good job.
- Brittany loves helping people.

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 Brittany can choose to participate in. Typically, before COVID-19, Brittany would be given a list of the classes available quarterly and Brittany's lead would walk Brittany through the different options available and help Brittany pick classes that fit her interests, preferences, or skills. At Brittany's semi-annual and annual time of year, Brittany's designated coordinator talks to Brittany and discusses her goals for the next review period and adjusts her outcomes accordingly.

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

- PAI typically offers community outings daily to several community locations. Due to the pandemic, PAI is currently offering 2 community outings a week. Brittany can choose which activities she would like to attend by choosing about 1-2 locations a month that interest her. PAI also offers volunteer opportunities off-site. Other opportunities are offered on-site 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?

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

PAI

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

- A. Brittany has communicated that she is interested in competitive employment when an opportunity arises that suits her.
- B. Brittany currently maintains and attempts to gain more skills by doing various jobs at PAI. Brittany remains on the list to meet with Employment Services to meet with an Employment Specialist weekly to find a job in the community that interests Brittany.

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?

- Brittany's residence, guardian, PAI staff, and case manager exchange information as it relates to Brittany's services and cares. Meetings and reports are shared with Brittany's team. Brittany's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Brittany's guardian advocates on her behalf and help make legal decisions for her.
- Case manager, Sharon Boone from Ramsey County, develops Brittany's CSSP and completes Brittany's service agreements and communicates with Brittany's support team to ensure continuity of care.
- Brittany's foster parents help Brittany with services at home and communicate any needed medical information and updates to PAI and the team.
- PAI will provide Brittany with employment opportunities onsite and help Jeannie work on vocational training and skill building. PAI will communicate any health and medical concerns to Brittany's foster parents.

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:

Tim Holbrook, guardian

O: 651-789-4516

C: 651-247-1543

Tim.holbrook@thomasalleninc.com

Sharon Boone, case manager

651-368-5894

Sharon.boone@co.ramsey.mn.us

Lisa Santi-Seiler, foster parent

651-245-9052

lsanti@916schools.org

Anneliese Robinson, PAI Commerce

651-747-1874

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: Brittany has communicated that she is interested in employment services and remains on the list for Employment Services to find a fitting job opportunity in the community.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no further research to be completed 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:
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: 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

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: N/A

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