

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

Name of person served: Samantha (Sam) Engen

Date of development: October 29, 2021

For the annual period from: November 2021 to November 2022

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

Legal representative: Robyn Engen, Grant Engen

Case manager: Stephanie Brown

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 Sam is Day Support Services and Prevocational Services. The program works with Sam 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 Sam’s physical, emotional, and social functioning. Support is provided in the most integrated and least restricted environment for Sam. PAI works with Sam’s mother and transportation provider for continuity of care. Sam is enrolling in employment services development. She will meet with an employment specialist weekly to explore job opportunities in the community.

PAI

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: It is important for Sam to participate during class times at PAI. Sam has expressed that an animal class would be important to her as well as joyful. Staff will work with Sam to accommodate weekly animal classes.

"Sam will choose a class each week that she is willing to attend, 75% of all trials until next review.

Outcome #2: Sam enjoys volunteering in the community. It is important for Sam to stay busy and continue to expand community opportunities.

"Sam will participate in a volunteering opportunity and/or outing once a month or as opportunities are available, 80% of all trials within a six-month review period."

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:

Sam uses an iPad to access a relaxation and stress reducing app. She also uses a cell phone to listen to her music throughout the day.

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:

- **Allergies:** Sam is allergic to the medications Codeine, Sulfa and Cefoxitin. Sam may have trouble relaying her allergies to someone that is unfamiliar to her, or during an abnormal event. She may need staff assistance in relaying her allergies in the event of an emergency.
- **Seizures:** Sam's epilepsy is well controlled with medications, and she has not had a seizure since 2014. If Sam were to have a breakthrough seizure while at PAI, staff would call 911, and notify Sam's mother immediately.
- **Chronic medical condition:** Sam does have a history of a cardiac condition. This condition is stable, but she is still followed by her physician, in case of any changes. Sam does have a lifting restriction of 20 lbs. PAI will assist Sam in this area as needed/requested.
- **Self-administration of medication or treatment orders:** Sam does not currently take any medications while at PAI. If the need to take medications would arise, the team would discuss whether PAI would administer these medications to Sam per a signed physician's order, or if Sam would be able to self-administer these medications.
- **Preventative screening, medical and dental appointments:** Staff will look for signs of illness or injury and will relay any observed changes in Sam's health to her family.
- **Mobility issues:** Because of her vision, Sam has difficulty navigating in unfamiliar areas. PAI staff will offer assistance and let Sam hold onto their arm for support in unfamiliar places, icy surfaces, or uneven terrain. They will verbally explain to Sam any obstacles that may be in the way.
- **Community survival skills:** Sam may have difficulty acting in a fast-changing environment. She relies on staff to accompany her into the community, model appropriate social behavior, and aid her in communicating her needs and interacting with others
- **Water safety skills:** Sam has limited water safety skills. If Sam were to be participating in an activity around water, staff would accompany her. If needed, staff would assist Sam in putting on a life jacket and ensuring a proper fit.
- **Sensory Disabilities:** Sam wears glasses and is considered legally blind. Sam has trouble with depth perception and can only see down and to the left. She knows how to position herself in order to see the best she can. Most people never notice that she cannot see up and to the right. Sam does not like fire alarms, dark and loud theaters or gyms. Sam prefers to be in a mellow environment.
- **Mental or emotional health symptoms and crises:** Sam can recognize when she is beginning to feel frustrated and is able to talk with others to help her problem solve. Sam made herself a Coping Skills Book which she is able to utilize independently, and with reminders. This book includes phrases that are useful in helping her when she is anxious or frustrated. Ex. The phrase 'left side' means that an 'idea' is happening, and the phrase 'right side' means something is happening. She also utilizes an app called GoZen, and the "thought bucket," and "fact bucket," approach.
- **Person-Centered Information:**
 - Things that are **important to** Sam include having her own music to listen to, volunteering, helping others, and her Coping Skills book.
 - Things that are **important for Sam** include advocating for her needs, maintain her health and safety, having social relationships.
 - A **good day for** Sam includes being able to listen to her music, visiting with friends, helping others, and having her choices be respected.
 - A **bad day** for Sam includes being anxious, having to go to the doctor, and being around people who are loud/yelling.
 - Sam **likes** sorting crayons with friends, baking dog bones, her dog, church, animals, Caribou, and stuffing and gravy.
 - Sam **dislikes:** chaotic environments, loud noises, large groups of people in unfamiliar places.

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**:

- Sam has control over her schedule by choosing where she would like to go on community outings (from a select few approved by her guardian), which classes she would like to take, and which on-site jobs she would like to work on.
- Sam does not like loud or dark environments. She prefers a more mellow environment.
- Sam prefers talking with people one on one, or in small groups
- Sam appreciates when staff take the time to listen to her and are kind and calm.
- Sam likes when people join her in her preferred activities.
- Sam wants to be included in making decisions that affect her.
- Sam prefers that staff are helpful and supportive in making important decisions.
- Sam prefers to spend time around people who are positive.

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 Sam can choose to participate in. Sam will be given a list of the classes available quarterly and Sam's lead will walk Sam through the different options available and help Sam pick classes that fit her interests, preferences, or particular skills she would like to work on. Sam chooses which outcomes she would like to work on at PAI.

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

- PAI usually offers community outings daily to several community locations. Sam has the opportunity to choose which activities she would like to participate in by choosing about 1-2 locations a month that interest her. PAI also offers volunteer opportunities offsite. 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?

- Sam is encouraged to communicate and associate with those of her choosing on-site at PAI and when in the community. When appropriate, staff will introduce Sam to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will supervise Sam's interactions in the community and make sure she is staying safe. Sam can take classes, go on outings, work, and eat lunch with those of her choosing (at her table, or the same room) when available.

PAI

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

- Sam has expressed interest in employment services and is enrolling in employment services development. She will begin working with an employment specialist weekly to begin looking for competitive employment in the community.

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?

- Sam's guardians, PAI staff and case manager exchange information as it relates to Kathy's services and cares. Meetings and reports are shared with her team. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Case manager, Stephanie Brown from Washington County develops Sam's CSSP and completes her service agreements and communicates with Sam's support team to ensure continuity of care.
- PAI will provide Sam with employment opportunities on-site and assist Sam to work on vocational training and skill building. PAI will communicate any health and medical concerns to Sam's guardian.

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:

Robyn Engen-Mother and Guardian
13385 Europa Ct N #7
Hugo, MN 55083
651-808-2636
robyne@live.com

Grant Engen-Father and Guardian
5682 Otterview Trail
St. Paul, MN 55110
651-248-3696

Stephanie Brown-Washington County Case Manager
19955 Forest Rd N
Forest Lake, MN 55025
651-275-7285
Stephaniebrown@co.washington.mn.us

Anneliese Robinson-Program Supervisor, PAI
1754 Commerce Court
White Bear Lake, MN 55110
651-747-8740
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: Sam is enrolled in employment services and will be meeting with an employment specialist to find a job in the community.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A- none needed 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."

- Providing First Aid and CPR as applicable.
- Monitoring for illness and injury. PAI will notify Sam's mom 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

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: **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: If Sam feels uncomfortable on any uneven surface, she may ask for staff guidance in holding onto her hand or arm, and guiding her safely.
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: In the event of an emergency where imminent risk of harm is present, staff will assist Sam in safely evacuating the building 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: **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: **N/A**

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