

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

Name of person served: Abenezer Fida

Date of development: November 8, 2021

For the annual period from: May 1<sup>st</sup>, 2021 to April 30<sup>st</sup>, 2022

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

Legal representative: Tamernesh Yesuf, Mother

Case manager: Lauren Murray, Minnesota Brain Injury Alliance

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 Abenezer is currently only Remote Services through PAI. As of January 2022, the scope of services will be Day Support and Prevocational Services. PAI works with Abenezer to develop and implement achievable outcomes based on Abenezer’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to his health, safety, and well-being as needed by Abenezer. Abenezer will be enrolled into employment services development as soon as he joins PAI on-site in January 2022. He will meet with an employment specialist once a week to discuss job opportunities 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:** It is very important to Abenezer to be integrated in the community. Abenezer enjoys being in the community and staying busy.

“Abenezer will choose and participate in an outing once a month, 75% of all trials until next review period.”

**Outcome #2:** Finding a job and being integrated in the community are both very important to Abenezer. Abenezer enjoys having as much time in the community as possible and staying busy.

“Once a week, Abenezer will meet with his employment specialist to discuss job opportunities in the community.”

## PAI

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred:  Yes  No

Abenezer utilizes a computer or tablet at home.

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: N/A

## 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:

- **Seizures:** Abenezer has a seizure disorder, protocol and PRN medication. Staff are trained on Abenezer's seizure protocol and will follow this in the event of a seizure. Abenezer's PRN medication and protocol will be brought with when participating in an activity in the community. Abenezer's residence and guardian will be notified of any seizure activity while at PAI.
- **Choking:** Staff will be present in the lunchroom when Abenezer is eating his lunch. Abenezer packs and prepares his lunch from home. Staff will assist Abenezer with cutting up his food as needed.
- **Chronic Medical Conditions:** Abenezer has a seizure disorder, protocol, and PRN medication. Staff are trained on Abenezer's seizure protocol and will follow this in the event of a seizure. Staff will watch for signs that Abenezer is not feeling well and report to Abenezer's residence. Abenezer is diagnosed with Bilateral Mild Cerebellar Atrophy, which is described as a loss of neurons in the brain or a loss of connections between the neurons. Abenezer is also diagnosed with an Anoxic Brain Injury, meaning the brain may be deprived of oxygen which will result in the death of brain cells. Abenezer does not have use of his right side due to hemiparesis on his right side.
- **Self-Administration of Medication or Treatment Orders:** Staff at PAI are trained on Abenezer's seizure protocol and his PRN medication and where they are located. In the event Abenezer needed his seizure PRN, a staff trained in medication administration would administer the medication to Abenezer per his signed physician's medication order and protocol. Abenezer does not take scheduled daily medication at PAI.
- **Preventative Screenings; Medical and Dental Appointments:** Abenezer understands the importance of his medical and dental appointments. Abenezer's residence schedules and attends all medical appointments with Abenezer. Any signs/symptoms of illness/injury will be reported to Abenezer's residence who will help Abenezer follow up with his physician as needed. PAI does not schedule or attend medical appointments.
- **Risk of Falling; Mobility issues:** Abenezer is independent with his mobility, positioning and transferring. Abenezer may experience an unsteady gait and cross his feet when walking when he is upset or stressed. Staff will prompt Abenezer to slow down when it appears that he is ambulating unsafely and give Abenezer extra time to transition.
- **Community Survival Skills:** Staff are with Abenezer in the community at all times. Staff carry Abenezer's basic medical information, ID information, and seizure protocol and PRN when in the community. Staff will model safe pedestrian skills and stranger safety and will prompt Abenezer to follow these as needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Abenezer were to participate in an activity on or near a large body of water, Abenezer would be supplied with a life jacket and staff would stay with Abenezer throughout the duration of the activity.
- **Person centered planning:**
  - **Important to Abenezer:** Spending time with friends, being with my family on the weekends, having consistency in his schedule
  - **Important for Abenezer:** Learning and using coping skills, learning things to help gain independence, working out to stay physically healthy, being included in making decisions that affect him
  - **A good day for Abenezer:**
  - **A bad day for Abenezer:**
  - **Likes:** Playing video games, listening to music, singing, doing art projects and drawing
  - **Dislikes:**

# 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**:

- Abenezer will have control over his schedule by choosing how many classes he'd like to take and which ones. Abenezer help choose which community outing and volunteer opportunities he participates in.
- Abenezer prefers that staff let him leave the area when he's upset or overwhelmed.
- Abenezer prefers that staff give him time to process cues and directives.
- Abenezer prefers to know what to expect ahead of time, with onsite and community activities.
- Abenezer prefers consistency in his schedule.
- Abenezer prefers to have staff to talk to about his concerns and to get feedback whenever possible.
- Abenezer prefers affirmations when he is going a job well.
- Abenezer prefers to be included in making decisions that affect him.

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 Abe can choose to participate in. Abe will be given a list the classes available quarterly. Abe's Program Supervisor or Lead will walk Abe through the different options available and help Abe pick classes that fit his interest, preferences, or skills he would like to work on. At Abe's semi-annual and annual time of year, Abe's Program Supervisor and Lead talk to Abe and discuss his goals for the next review period and adjust his outcomes accordingly.

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

- Community outings have resumed at PAI as of September 2021. PAI offers community outings twice a week to several community locations such as Maplewood Mall, Pinz Bowling Alley, Caribou, Starbucks, Cup and Cone, parks and trails, and many other locations. Abe will have the opportunity to choose which activities he would like to participate in by choosing about 1-2 locations a month that interest him.

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

- Abe is encouraged to communicate and associate with those of his choosing remotely, on-site (when he begins to attend PAI in person) and in the community. Abe has many good social skills and is a friendly individual. When appropriate, staff will introduce Abe to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.) and then will let Abe navigate and develop an appropriate relationship.

## PAI

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

- Abe has competitive paying jobs available to him on-site at PAI though many jobs on-site are still piece-rate jobs. Abenezer will enroll in employment services development as of January 2022 when Abenezer joins PAI on-site. He will meet with an employment specialist once a week to explore jobs 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?

- Abenezer's guardians, residence, PAI, and case manager exchange information as it relates to Abenezer's services and cares. Meetings and reports are shared with Abenezer's team. Abenezer's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Abenezer's guardians, Abera Germarian and Tamernesh Yesuf, advocate on Abenezer's behalf and make legal decisions for him.
- Abenezer resides at a REM group home. REM provides all in home care needed and attends all medical appointments with Abenezer. Abenezer's residence ensures all Abenezer's need are being met and provides any information to Abenezer's team about changes in supports needed.
- Case manager, Lauren Murray from Minnesota Brain Injury Alliance, develops Abenezer's CSSP and completes Abenezer's service agreements. Lauren communicates with Abenezer's support team to ensure continuity of care.
- PAI will provide Abenezer with employment opportunities on-site and help Abenezer work on vocational training and skill building. PAI will communicate any health and medical concerns to Abenezer's residence.

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:

Abera Germarian, Guardian

P: 651-238-2160

Tamernesh Yesuf, Guardian

P: 651-249-9619

Lauren Murray, Case Manager, Minnesota Brain Injury Alliance

P: 612-238-3258

Email: laurenm@braininjurymn.org

Tareisha Johnson, Residence, REM

Email: tareisha.johnson@thementornetwork.com

Anneliese Robinson, Program Supervisor, PAI

P: 651-747-8740

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:

- Abenezer will begin to attend PAI on-site in January 2022. Abenezer will enroll in employment services during that time. He will meet with an employment specialist once a week to explore job opportunities in the community.

Describe any further research or education that must be completed before a decision regarding this transition can be made:

- Abenezer will be enrolled into employment services development in January 2022 when he joins PAI in-person.

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 CPR and First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Abenezer's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- In the event of a seizure, following Abenezer's seizure protocol and administer his PRN medication.

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: 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