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| COORDINATED SERVICE AND SUPPORT PLAN (CSSP) ADDENDUM |
| Name of person served: Alexis Mack    Date of development: 12/16/2015  For the annual period from: December 21, 2015 to December 20, 2016  Name and title of person completing the *CSSP Addendum*: Jill Manthei, Program Coordinator  Legal representative: Jill Mack & Dan Mack  Case manager: Ayan Elmi  Other support team members: ILS staff,  Current meeting: Intake 45-day  Annual  Semi-annual  Quarterly  Request to meet:  Annually  Semi-annually  Quarterly |
| Dates of development:   * Within 15 days of service initiation, the license holder must complete the preliminary *Coordinated Service and Support Plan Addendum* based upon the *Coordinated Service and Support Plan.* * Within 45 calendar days of service initiation, the license holder must meet with the support team and make determination regarding areas listed in this addendum. * Annually, the support team reviews the *Coordinated Services and Support Plan Addendum.* |
| **CLIENT IDENTIFYING INFORMATION** |
| |  |  | | --- | --- | | Consumer Name: Alexis Mack  DOB: 2/7/2000  Sex: Female  Weight: 100lbs  Eye Color:  Race: White  Height: 5’4”  Hair Color: Blonde | Address: 1833 Beechwood Ave., St. Paul, MN 55116  Phone: 651-699-1529  Religious Preference: Christian | |
| **SERVICE DATA** |
| Intake Date: September 30, 2009  Legal Status: Parents are legal guardians  Service Initiation Date: October 1, 2009  County of Financial Responsibility: Ramsey  County of Service Responsibility: Ramsey |
| **FINANCIAL RESOURCES** |
| Social Security Number: not provided  Medical Assistance Number: 02280563  Medicare Number:  Type: (MSA, RSDI, SSI, wages) N/A  Amount/Month: N/A  Savings Account Balance: N/A Financial Institution: N/A  Checking Account Balance: N/A Financial Institution: N/A  Burial Account Balance: N/A Financial Institution: N/A |
| **CLIENT SPECIFIC INFORMATION** |
| Mobility: Ambulates independently  Use of Public Transportation: Rarely uses, requires some assistance.  Self-Cares: Verbal prompts  Domestic: Verbal prompts and some physical assistance  Eating: Alexis is able to eat independently.  Primary Mode of Communication: Alexis speaks English.  Adaptive Equipment or Appliances: None.  Is able to drink alcohol? No. Alexis is underage.  Identify form of Personal Identification (card, bracelet, necklace...) School I.D. |
| **DESCRIBE CONSUMER INTERESTS** |
| Alexis loves to be active. She is very social and likes making friends. Alexis enjoys tennis, softball, volleyball, soccer, and gymnastics, as well as riding her bike and her scooter. Alexis loves board and card games. She also loves animals, especially dogs and horses. |
| **HEALTH INFORMATION** |
| **Diagnosis**: PDD-NOS, ADHD, Mild MR  **Seizures**: No.  **Protocol on file**: NA |
| Current Prescription Medications:   |  |  |  |  | | --- | --- | --- | --- | | **Medication:** | **Dosage:** | **Time:** | **Reason:** | | Dextroamphetamine | 15mg | 1 capsule/morning |  | | Abilify | 5mg | 1 capsule/morning |  | | Propanolol Hcl ER | 60mg | 1 capsule/morning |  | | Buspirone | 10mg | 1 tab, 3x daily |  | |
| **Allergies:** N/A  **Special Diet:** No. |
| **CONSUMER CONTACTS / LICENSE HOLDERS** |
| |  |  | | --- | --- | | **Emergency Contact Person(s):** Jill or Dan Mack  Address: 1833 Beechwood Ave  St. Paul, MN 55116  Phone Number: 651-699-1529 (Home)  612-366-0283 (Jill)  612-366-7972 (Dan)  E-Mail: MackFamily1833@gmail.com | **Family Choice of Alternate Emergency Contact:** Greg or Judy Frank (Grandparents)  Address: 649 119th Ave. NE  Blaine, MN  Phone Number: 763-755-5036 | | **Legal Representative:** Jill and Dan Mack  Address: 1833 Beechwood Ave.  St. Paul, MN 55116  Phone Number: 651-699-1529 (Home)  612-366-0283 (Jill)  612-366-7972 (Dan)  E-Mail: [MackFamily1833@gmail.com](mailto:MackFamily1833@gmail.com) | **Parents:** Jill and Dan Mack  Address: 1833 Beechwood Ave.  St. Paul, MN 55116  Phone Number: 651-699-1529 (Home)  612-366-0283 (Jill)  612-366-7972 (Dan)  E-Mail: [MackFamily1833@gmail.com](mailto:MackFamily1833@gmail.com) | | **PCA Provider:** Care Mate  Address: 10307 University Ave. NE,  Blaine, MN 55434  Phone Number: 651-659-0208  Contact Person: Robin (PCA Coordinator) | **County Case Manager: Dungarvin - Ayan Elmi**  Address: 651-789-5831  Phone Number:  Cell:  Fax:  E-Mail: [aelmi@dungarvin.com](mailto:aelmi@dungarvin.com)  **County Case Manager Supervisor: Gao Vang**  Phone Number: 651-789-5832  E-Mail: gvang@dungarvin.com | | **County Financial Worker:** Kathleen Wilcox  Address:  Phone Number: 651-266-4180  Cell:  Fax:  E-Mail: | **Behavioral Analyst: N/A**  Address:  Phone Number:  Cell:  Fax:  E-Mail: | | **Current School/Day Program/Work:** Highland Park Senior High—Michelle Martinson  Address: 1015 South Snelling Ave.  St. Paul, MN 55116  Phone: 651-293-8940  Contact Person: | **Physician:** Fairview Hiawatha—Dr. Sparks  Address:  Phone Number: 612-721-6261 | | **Hospital of Preference:** UMMC Fairview  Address: 2450 Riverside Avenue  Minneapolis, MN 55454  Phone Number: 612-273-3000 | **Dentist:** O’Kane & Monssen  Address: 221 Ford Parkway, Suite 201  St. Paul, MN 55116  Phone Number: 651-698-1242 | | **Other:** (Psychologist, Psychiatrist, Neurologist, OT, PT, Speech, etc.) |  | |
| **HIGH QUALITY SERVICES CONTACTS** |
| **Program Coordinator: Jill Manthei**  Cell: 612-581-9978  Office: 612-500-9203  Fax: 612-977-3960  E-mail: [jill.manthei@High Qualityservices.org](mailto:jill.manthei@pinnacleservices.org)  **Program Director: Jessica Reno**  Phone: 612-977-3105  E-mail: [Jessica.Reno@High QualityServices.org](mailto:Jessica.Reno@PinnacleServices.org)  **Program Administrator: Jamie Fann**  Phone: 612-977-3115  E-mail: [Jamie.Fann@High QualityServices.org](mailto:Jamie.Fann@PinnacleServices.org)  **Chief Executive Officer: Jill Cihlar**  Phone: 612-977-3111  E-mail: [Jill.Cihlar@High QualityServices.org](mailto:Jill.Cihlar@PinnacleServices.org)    **Chairman: Nic Thomley**  Phone: 612-977-3110  E-mail: [Nic.Thomley@High QualityServices.org](mailto:Nic.Thomley@PinnacleServices.org) |
| **REVIEW INCIDENT LOG & CORRECTION PLAN** |
| Alexis’s had two incidents this year with police involvement.  On 5/26/2015 there was an altercation in Alexis’s home which involved family members and her PCA. Alexis was taken out of her home by the police and brought to the hospital.  On 7/19/2015 Alexis was brought home by the police while at the Highland Park Pool with family members. |
| **SUMMARY OF RELEVANT EVENTS FOR CONSUMER** |
| Alexis’s lost her family dog in late spring this year. She talked about her feelings and emotions regarding her loss with her ILS staff.  Alexis’s participated in school dances as well as Halloween parties for Dungarvin and High Quality Services.  Alexis’s participated in school activities throughout in the spring 2015. She was in bowling, archery and the FFA through her school. |
| **REVIEW OF ASSESSMENTS/EVALUATIONS** |
| |  |  | | --- | --- | | Annual Physical: | Recall Date: | | Dental Exam: | Recall Date: | | Vision Exam: | Recall Date: | | Hearing Eval: | Recall Date: | | Psychological Eval: | Recall Date: | | Neurological Eval: | Recall Date: | | Psychiatric Eval: | Recall Date: | | Speech Assessment: | Recall Date: | | OT Assessment: | Recall Date: | | PT Assessment: | Recall Date: | | Tetanus Vaccination: | Recall Date: | | Depo-Provera Shot: | Recall Date: | | Individual Service Plan: | Recall Date: | | Flu Shot: | Recall Date: | | Other: | Recall Date: | |

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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”: N/A If health service responsibilities are assigned to this license holder, you will be promptly notified of any changes in the person’s physical and mental health needs affecting the health service needs. |
| If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here: Medication set up  Medication assistance  Medication administration  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. |
| **Description of the person’s status** |
| What is currently important to the person and for the person: Structure, daily living management, setting priorities, preparing for independence, age-appropriate skills.  Status of social relationships and natural supports: Alexis’s immediate and extended family are a strong natural support for Alexis. She also has friends, school staff, her PCA, and ILS workers for support.  Recent inclusion and participation in the community: Alexis participated in various activities throughout the year in the community. She went to dog parks, fishing, corn mazes, petting zoo, sculpture art garden, and other activities.  New or ongoing opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication:  Description of relevant behavioral issues: Attitude, verbal aggression, must watch Alexis around her sisters as she threatens them. There was also police involvement twice this year in May and July.  Description of relevant health issues: N/A  Other information as requested by the support team, please indicate: |
| PSYCHOTROPIC MEDICATION MONITORING AND USE |
| If this person is prescribed psychotropic medication and this license holder has been assigned responsibility for medication administration, the following information will be maintained by the license holder. Please refer to the Behavior Outcome and Psychotropic Medication Monitoring Data Report for more information. Is this person prescribed psychotropic medication?  Yes  No Describe the target symptoms the psychotropic medication is to alleviate: Indicate what documentation method(s) will be used to monitor and measure changes in the target symptoms: |

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| **SERVICES AND SUPPORTS** |
| Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment* and the requirements of person centered planning and service delivery:  Alexis’ mom sets up her pills and provides reminders for her to take them.  Alexis may not seek assistance for her own medical needs. Jill schedules Alexis’ appointments.  Alexis may display self-injurious behaviors. When angry, she may pound or hit walls and slam doors. Alexis has a history of repeatedly picking at scabs and causing them not to heal properly or promptly. She will also pick at her fingers and bite her lips. |
| The scope of the services to be provided to support the person’s daily needs and activities include:  ILS services will be utilized to work on community integration and social skills, how to express needs and wants, and how to be more respectful to others. |
| Can this person use **dangerous items or equipment**?  Yes  No  If yes, address any concerns or limitations: Alexis is capable of using dangerous equipment, but is scared of accidentally hurting herself. |
| The person’s **preferences for how services and supports are provided**:  If Alexis becomes upset, she would like staff to allow her time to process the situation by giving her some time alone. |
| Is the current service setting the **most integrated setting available and appropriate** for the person?  Yes  No If no, please describe what will be done to address this: |
| How will services be **coordinated across other 245D licensed providers** **and members of the support team or expanded support team** serving this person to ensure continuity of care and coordination of services?  Alexis’ team will meet annually to ensure continuity of care and service coordination.  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:  **Emergency Contact Person(s):** Jill or Dan Mack  Address: 1833 Beechwood Ave  St. Paul, MN 55116  Phone Number: 612-366-0283 (Jill),  612-366-7972 (Dan)  E-Mail: [MackFamily1833@gmail.com](mailto:MackFamily1833@gmail.com)  **Case manager:** Ayan Elmi  Email: [aelmi@dungarvin.com](mailto:aelmi@dungarvin.com) |
| 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: Alexis may only be unsupervised while in the bathroom. Staff will verbally check on Alexis if she is in the bathroom for longer than 5 minutes |
| Does the person require a **restriction of their rights** as determined necessary to ensure the health, safety, and well-being of the person?  Yes  No  If yes, indicate what right(s) are restricted: N/A  Refer to the attached *Rights Restrictions* form for all additional requirements and documentation. |

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| PERMITTED ACTIONS AND PROCEDURES |
| 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. |
| Is a restraint needed as an **intervention procedure to position this person** due to physical disabilities?  Yes  No  If yes, please specify the manner in which the restraint is/will be used: |
| What **positive support strategies** may be attempted as a means to de-escalate the person’s behavior before it poses an imminent risk of physical harm to self or others?  NA – this person does not have behaviors that would pose an imminent risk of physical harm to others.  **Positive support strategies** include: |
| Does the person require the **use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis** as identified in 245D.06, subdivision 7, paragraphs (b) and (c)?  Yes  No  If yes, please address how these are used as part of service provision according to 245D.07 and 245D.071, *Service Planning and Delivery*: |

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| **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 what these requirements are: Alexis requires female staff. |
| |  | | --- | | **FREQUENCY OF REPORTS AND NOTIFICATIONS** | | \*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.   1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:   Quarterly  Semi-annually  Annually   1. Frequency of progress review meetings, at a minimum of annually:   Quarterly  Semi-annually  Annually   1. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested or specified by prescriber:   Quarterly  Other (specify): NA   1. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):   Quarterly  Other (specify): NA   1. The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed. Please indicate any changes regarding this notification: 2. Request to receive the *Progress Report and Recommendation*:   At the support team meeting; or  At least five working days in advance of the support team meeting.   1. Frequency of receiving a financial statement that itemizes receipt and disbursements of funds.   Quarterly  Semi-annually  Annually  Other (specify):  NA |   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 |

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| **CONFERENCE MINUTES (Summary of team discussion/determinations)** |
| Meeting Date: 12/21/2015  Meeting Attendance: Jill Mack, Alexis Mack, Jill Manthei  Description of Consumer’s participation in conference process: Alexis chose to not sit with team during meeting and was doing tasks around her house. She did come to the table and give some thoughts from time to time.  Review of Guardianship or Conservatorship Status: Guardianship is appropriate at this time.  Review of Placement and Appropriateness: Placement is appropriate at this time. |
| Other discussion:  Alexis has been approved for respite for about a year now, and her guardian has still not heard from Case Manager a service they can use for this service. She is wanting to get going on the respite services. |

**SIGNATURE PAGE**

**By signing below, I am indicating the completion and approval of *Coordinated Service and Support Plan Addendum*.**

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| Person served: | Date: |
| Legal representative: | Date: |
| Case manager: | Date: |
| Licensed provider contact: | Date: |
| Other support team member (name and title): | Date: |
| Other support team member (name and title): | Date: |