



Minnesota Department of **Human Services**

# POSITIVE SUPPORT COMMUNITY OF PRACTICE

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(PSCoP)

2/4/14

## Purpose of PSCoP

Provide training and technical assistance on the new standards in 245D regarding positive support, emergency use of manual restraint and the creation of positive support transition plans

# Feb 4 Agenda

- Introduction and updates
- Coordinated Service Support Plan (CSSP) , CSSP Addendum & Individual Abuse Prevention Plans
- Q&A
- Draft Positive Support Transition Plan User Guide
- Q&A

# Update

Positive Support Transition Plans due by February 1

May be uploaded now via the Behavior Intervention Report  
Form (Form-5148)

Or emailed to:

[Positivesupports@state.mn.us](mailto:Positivesupports@state.mn.us)

# HOW TO SUBMIT QUESTIONS TODAY

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Email your questions to:

[positivesupports@state.mn.us](mailto:positivesupports@state.mn.us)

# **COORDINATED SERVICE AND SUPPORT PLAN (CSSP) CSSP ADDENDUM & INDIVIDUAL ABUSE PREVENTION PLAN (IAPP) 245D HCBS STANDARDS**

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Disability Services Division

Minnesota Department of Human Services

Positive Support Community of Practice

February 4, 2014

# Goals of this session

- To provide a high level overview of the provider requirements for developing and documenting the CSSP addendum and the IAPP
- To provide links to resources for more information

# Flow of functions

Assessment



Community Support Plan (CSP)



Coordinated Services and Support Plan  
(CSSP)



CSSP Addendum

# Coordinated service and support plan (CSSP)

- Required under
  - 256B.49, Subd 15
  - 256B.092, Subd 1B
  - 256B.0915, Subd 6
- Individual plans are the cornerstone of waiver quality
- Completed by case manager and signed by the recipient
- CSSP is more detailed version of the Community Support Plan (CSP) – DHS 4166 lends itself to task level description of services needed

# CSSP: Cornerstone of quality

- Person-centered
  - Based on assessment and Community Support Plan (CSP)
  - Based on informed-choice
  - Identifies person's goals;
    - Long-term
    - Short-term
  - Reasonably ensures health and safety of recipient
  - Must include risk management, emergency back up plans
- Delineates services and supports
  - Formal (paid) services: Identifies specific services, amount and type
  - Identifies informal support
    - Friends, family, neighbors
    - Use of generic community services

# CSSP development

- Developed by case manager in consultation with participant and/or their representative
- Provides direction to service providers
- Assigns responsibilities to service providers
  - Services/tasks that the provider is responsible to implement (Must be within the scope of waiver service definition for each service)
  - Reporting requirements (minimum reporting is required in 245D)
  - Includes person-centered planning elements, e.g. What's important to the person
  - Additional assessments to be completed by the provider, if any.

# CSSP addendum definition

## 245D.01 CITATION

- Subd. 4c. **Coordinated service and support plan addendum.**  
"Coordinated service and support plan addendum" means the documentation that this chapter requires of the provider for each person receiving services.

# CSSP addendum elements

Within the scope of services and the responsibilities assigned to the provider in the CSSP, the CSSP addendum includes the following elements:

- Health service needs; need for staff with CPR training
- Psychotropic medication monitoring
- Incident reporting
- Positive support transition plan
- Individual abuse prevention plan (IAPP)
- Assessments
- Supports & methods; use of “permitted” procedures
- Data collection & evaluation
- Progress reports & recommendations

# CSSP addendum participation

The person's support team or extended support team participate in the development of the CSSP addendum:

- "Expanded support team" means the members of the support team and a licensed health or mental health professional or other licensed, certified, or qualified professionals or consultants working with the person and included in the team at the request of the person or the person's legal representative.
- "Support team" means the members of the service planning team or the interdisciplinary team.

# CSSP addendum development & implementation

Services must be developed and provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

- person-centered service planning and delivery;
- self-determination; and
- most integrated and inclusive settings

# Person-Centered

Person-centered service planning and delivery must:

- Identify and support what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
- use that information to identify outcomes the person desires; and
- respect each person's history, dignity, and cultural background

# Self-Determination

Self-determination that supports and provides:

- opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- the affirmation and protection of each person's civil and legal rights

# Integrated and Inclusive

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with others as a valued community member;
- opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
- a balance between risk and opportunity, to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights

# Development timelines

- Development timelines for basic support services is identified in section 245D.07; you can also refer to the *Service Admission Checklist for Basic Services* form
- Development timelines for intensive support services is identified in section 245D.071; you can also refer to the *Service Admission Checklist for Intensive Services* form
- Both these forms, and other sample policies and forms are available online from DHS Licensing Division's HCBS [Program Policies and Forms](#) web page.

# Service planning and delivery timelines for intensive support services

- Develop an individual abuse prevention plan prior to or upon service initiation
- Develop a preliminary CSSP addendum based CSSP within 15 days of service initiation
- Conduct & complete assessments before 45-day planning meeting
- Convene support team to develop ongoing CSSP addendum based on CSSP and assessment results within 45 days of service initiation
- Develop and document supports and methods within 10 working days of 45-day planning meeting
- Coordinate and evaluate services ongoing and according to timelines and requirements in the CSSP and CSSP addendum
- Provide progress reports and participate in support team meetings according to timelines and requirements in the CSSP and CSSP addendum

# Abuse Prevention Plan

- Prior to or upon initiating services, the provider must develop, document, and implement an individual abuse prevention plan (IAPP) according to section 245A.65, subd. 2 and section 626.557, subd. 14.
- The IAPP becomes part of the CSSP addendum.

# VAA requirements for the IAPP

Under the Vulnerable Adults Act (VAA) section 626.557, subdivision 14, paragraph (b), the plan shall contain an individualized assessment of:

- (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults;
- (2) the person's risk of abusing other vulnerable adults; and
- (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

# IAPP contents under the HSLA

- Under the Human Services Licensing Act (HSLA) section 245A.65, subd. 2, the IAPP must include a statement of measures that will be taken to minimize the risk of abuse to the VA when the individual assessment required in section 626.557, subd. 14(b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan.
- The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.
- When the assessment indicates that the vulnerable adult *does not* need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the IAPP must document this determination.

# IAPP process under the HSLA

- An IAPP must be developed for each new person as part of the initial individual program plan or service plan required under the applicable licensing rule.
- The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan.
- The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan.
- The interdisciplinary team must document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan must be revised to reflect the results of this review.

# Assessments: health & medical needs

- The provider must assess the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;

# Assessments: personal safety

- The provider must assess the person's ability to self-manage personal safety to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities; and

# Assessments: symptoms or behavior

- The provider must assess the person's ability to self-manage symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11, clauses (4) to (7), suspension or termination of services by the provider, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.

# 45-Day planning meeting

Within 45 days of service initiation the provider must meet with the person, the person's legal representative, the case manager, and other members of the support team or expanded support team to assess and determine the following based on the person's CSSP and the requirements for service outcomes and supports and for person-centered planning and service delivery:

(1) the scope of the services to be provided to support the person's daily needs and activities;

# Progress review meetings

The provider, in coordination with the person's support team or expanded support team, must meet with the person, the person's legal representative, and the case manager, and participate in progress review meetings:

- Following stated timelines established in the person's *CSSP* or *CSSP addendum* or
- within 30 days of a written request by the person, the person's legal representative, or the case manager,
- at a minimum of once per year.

# Changes to the CSSP addendum

- Within 10 working days of the progress review meeting, the provider must obtain dated signatures from the person or the person's legal representative and the case manager to document approval of any changes to the *CSSP addendum*.
- Any other changes to the *CSSP addendum* must be approved by the support team before implementation and dated signatures obtained within 10 working days.

# Staffing standards

The provider must provide the level of direct service support staff supervision, assistance, and training necessary:

- (1) to ensure the health, safety, and protection of rights of each person; and
- (2) to be able to implement the responsibilities assigned to the provider in each person's *CSSP or identified in the CSSP addendum*, according to the requirements of this chapter.

# DHS online resources

Go to the DHS Home Page at [www.dhs.state.mn.us/](http://www.dhs.state.mn.us/)  
and select your area of interest:

From **General Public** - select **Licensing**

- Go to DHS licensed programs
  - Select - Home and Community-Based Services

From **Partners & Providers** - select **Health Care**

- Go to Minnesota Health Care Program (MHCP) Enrolled Providers – Home
  - Select provider type – Waiver and Alternative Care (AC) for provider resources & requirements

# More DHS online resources

From **Partners & Providers** - select **Continuing Care** then **Disability Services**

- Go to Programs and services
  - Select A-Z of DSD initiatives, programs and services
    - Go to HCBS Waiver Provider Standards for background and updates

From **Partners & Providers** – select **County and Tribes**

- Go to Manuals
  - Select Community-Based Services Manual (CBSM), previously the Disability Services Program Manual (DSPM) for service descriptions

# DHS Licensing Division Contacts

## 245D Home and Community-Based Services (HCBS) Standards:

- Please email questions about the new licensing standards for HCBS providers to [DHS.245Dlicensehelp@state.mn.us](mailto:DHS.245Dlicensehelp@state.mn.us).
- Call the HCBS Licensing Unit at (651) 431-6500 and follow the prompts to speak to the licenser on call

# THANK YOU!

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