

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

Name of person served: Dorothy Carter

Date of development: 5/1/2020

For the annual period from: May 2020 to May 2021

Name and title of person completing the *CSSP Addendum*: Josh Byrne, Designated Coordinator

Legal representative: Margarita Godina

Case manager: Eric Antonson

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum* based upon the *CSSP*.
- 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 *CSSP Addendum*.

Services and supports

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 information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team.

The **scope of the services** to be provided to support the person's daily needs and activities include:

The scope of services for Dorothy is intensive support services in a community DTH program and community environment. The program works with Dorothy to develop and implement achievable outcomes that support her goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Dorothy to encourage activities, outings, and visiting with peers. Staff support Dorothy in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to her health, safety, and well-being as needed by Dorothy. Support is provided in the most integrated and least restrictive environment.

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: Three times, a week Dorothy will self-propel her wheelchair or walk with assistance to another room to greet her peers using a communication switch.

Outcome #2: Once a week Dorothy will pet or interact with the therapy dog.

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:

- Dorothy uses technology at PAI daily through the use of the iPad for choice making and music.

PAI

- Dorothy is able to access the television in the room for sensory videos and to play games.
- No further exploration of technology is needed at this time.

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

Seizures: Dorothy wears a helmet to help protect her if she were to have a drop seizure. Staff will monitor Dorothy for seizure activity. Staff are trained on Dorothy's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

Choking and special dietary needs: Dorothy eats a regular diet, ground to bite sized pieces, and no raw vegetables unless shredded. Dorothy will be given her lunch from home. Staff will serve food that is consistent with her dietary plan. Dorothy's preference for food consistency may change from day to day and depending on what food item is being offered. Dorothy's team has agreed to alter food to desired consistency as preferred after it has been offered at bite sized. Staff will give Dorothy reminders to swallow the food in her mouth and check for any pocketed food.

Chronic medical conditions, risk of falling, and mobility issues: Dorothy is diagnosed with Spastic Quadriplegia Cerebral Palsy, difficulty in controlling movements in the arms and the legs. Those who experience this form of Cerebral Palsy will not have paralysis of the muscles, but rather jerking motions that come from stiffness within all four limbs. Equinus Deformity of feet, a condition in which the upward bending motion of the ankle joint is limited. Someone with equinus lacks the flexibility to bring the top of the foot toward the front of the leg. Encephalopathy, a general term that means brain disease, damage, or malfunction. Mild Scoliosis, a curvature of the spine. Cellulitis, a common and sometimes painful bacterial skin infection. Hypothyroidism, an underactive thyroid gland. Dorothy is also diagnosed with Constipation. Staff assist Dorothy as needed when she is walking while at PAI. She will be offered physical assistance under her arm/elbow when unsteady. Dorothy wears a helmet to protect her from injuries that could be acquired due to her poor balance and/or drop seizures. PAI staff keep the program room as free of obstacles as possible. If Dorothy is sitting in her preferred chair, a mat will be put under her chair for safety in the event of a seizure. If her ambulation is particularly unsteady, she should reside in her manual wheelchair with her seatbelt fastened. When she is seated in her wheelchair, she should be repositioned every 2 hours. Her helmet should also be repositioned every 2 hours. Dorothy uses a manual wheelchair to transport to and from work and on outings. Dorothy's wheelchair has anti-tip bars that staff place in the downward position at all times as she is able to maneuver her wheelchair independently. Dorothy can independently maneuver her wheel chair for shorter distance so staff may remove her foot rest to allow greater independence. For long distances staff propel her wheelchair. Staff communicate with Dorothy before propelling her wheel chair so that she is aware of what is happening in her environment. Staff will inform Dorothy's home of any discomfort or changes from her chronic medical conditions.

Self-administration of medication or treatment orders: Staff request medications from Dorothy's residence. Staff set up and pass medications to Dorothy according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each medication administration time, staff dispense the medication and pass it to Dorothy via G-tube. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Concerns or issues regarding medication will be communicated by staff to Dorothy's residence and any orders or instructions will be followed.

Dry skin: If Dorothy is observed scratching her skin staff will redirect her to a different activity to deter her from scratching. PAI staff will report excessive scratching and any injuries caused by scratching to the residence.

PAI

History of blood clots: Staff monitor Dorothy for injuries, swelling, pain, etc. and will notify the residence immediately to pursue medical treatment or evaluation.

Regulating water temperature: Staff will physically check the water by placing their own hand in the water and adjust to a safe and comfortable temperature prior to exposing Dorothy to the water.

Community survival skills: Dorothy is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules.

Water safety skills: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. Dorothy is 1:1 while in the community.

Sensory disabilities: If Dorothy is refusing to wear her shoes staff will ensure her foot rests are in place and help reposition Dorothy's legs onto the foot rests to keep her from acquiring possible injuries as a result of dragging her feet. Staff will assist Dorothy with her shoes prior to going outside for transportation.

Person-centered planning: Things important to Dorothy are having her socks and shoes off, resting in a recliner, having a clothing protector or towel to fidget with, and moving around freely. Things important for Dorothy are maintaining her walking skills, her dietary order, wearing her helmet, and her seizure protocol.

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:

Dorothy prefers to be barefoot

Dorothy prefers to sit in a recliner

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:

NA

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?

- Dorothy's guardian, residence, and PAI staff will share necessary information as it relates to Dorothy's services and care. Needed supplies and medications will be provided by her residence. Meetings and reports are shared and the team works together to ensure the continuity of service. In person conversations, phone calls, emails and faxes may be used to discuss information.
- Eric Antonson, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Dorothy, her residence and her guardians in other supports as requested.

PAI

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:

Joshua Byrne, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
651-777-5622
jbyrne@paimn.org

Phoenix, Residence
785 E. County Rd. E Vadnais Heights MN, 55127
651-486-9342
centervillehouse@phoenixresidence.org

Margarita Godina, Guardian
160 E. Kellogg Blvd. St. Paul MN, 55101
651-266-4275
Margarita.godina@co.ramsey.mn.us

Eric Antonson, Case Manager
160 E. Kellogg Blvd. Room 7800 St. Paul MN, 55101
651-295-8753
Eric.antonson@co.ramsey.mn.us

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:

NA

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) are restricted:

NA

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:

NA

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

<p>If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.</p>
<p>Health needs</p>
<p>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."</p> <ul style="list-style-type: none"> Observation of signs of injury or illness and provision of first aid or care to treat the concern Request medical supplies and medication refills from residence Administration of medications to Dorothy First aid/CPR as needed <p>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: NA</p>
<p>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:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Medication set up <input type="checkbox"/> Medication assistance <input checked="" type="checkbox"/> Medication administration </p>
<p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> 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.
<p>Psychotropic medication monitoring and use</p>
<p>Is this person prescribed psychotropic medication?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, the following information will be maintained by the company:</p> <ol style="list-style-type: none"> 1. Describe the target symptoms the psychotropic medication is to alleviate: NA 2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p style="margin-left: 20px;">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: NA</p>
<p>Permitted actions and procedures</p>
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 1. To calm or comfort a person by holding that person with no resistance from the person. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA

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: Dorothy may be unsteady while ambulating or fall while having a seizure, staff are able to offer assistance to Dorothy.

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: Dorothy has limited fine motor function, staff are able to assist Dorothy to complete a task as tolerated.

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: Dorothy may run her wheelchair into peers or push peers, staff are able to redirect Dorothy from her peers.

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: Dorothy may run her wheelchair into peers or push peers, staff are able to redirect Dorothy from her peers.

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: NA

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: Dorothy is unlikely to move herself to a safe place, staff are able to help Dorothy evacuate to a safe place.

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: When Dorothy is in her wheelchair she will wear her seatbelt.

9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: NA

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: NA

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: Dorothy wears a helmet to reduce injury from falls.

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: 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

Staff ratio: For facility-based day services only <input type="checkbox"/> NA for residential services
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: <input checked="" type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify):
Frequency of reports and notifications
<p>*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.</p> <ol style="list-style-type: none"> 1. Frequency of <i>Progress Reports and Recommendations</i>, at a minimum of annually: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually 2. Frequency of service plan review meetings, at a minimum of annually: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually 3. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i>, this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA 4. 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): <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input type="checkbox"/> NA 5. 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: NA 6. Request to receive the <i>Progress Report and Recommendation</i>: <input checked="" type="checkbox"/> At the support team meeting <input type="checkbox"/> At least five working days in advance of the support team meeting 7. Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here). <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA