

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

Name of person served: Kelly Swenberger

Date of development: August 27, 2020

For the annual period from: August 2020 to August 2021

Name and title of person completing the *CSSP Addendum*: Cortney Kelly, DC

Legal representative: Julie Olson

Case manager: Natalie Hanna, Pinnacle Services

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 Kelly is DT&H intensive supports in a community environment. PAI works with Kelly to develop and implement achievable outcomes based on Kelly’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 her health, safety, and well-being as needed by Kelly.

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:** Kelly is becoming more independent in letting staff know when she needs a break and how to effectively communicate it.

“Kelly will show her break card when she needs a break, 50% of all trials until next review.”

**Outcome #2:** Kelly enjoys community activities and staying active. Kelly is working on picking her own outing locations and following through when the day come that that outing is scheduled.

“Kelly will pick and participate in 1 community activity from a provide list each month, 70% of all trials until next review.”

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:

- N/A – Kelly is working on an outcome to identify when she needs a break by using a break card, then an iPad is sometimes Kelly chosen relaxation activity during her break. Kelly would like to continue this outcome, but does not wish to use technology in other ways to achieve her outcomes at this point in 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:

- **Allergies:** Kelly only know allergy is to a medication, Abilify. Staff at PAI only administer medication per a signed physician’s order. Kelly’s allergies are listed on her medication administration record. If Kelly is exhibiting signs of seasonal allergies, Kelly’s residence will be notified and help her follow up with her physician as needed.
- **Choking:** Kelly packs and prepares her lunch from home, and her lunch should come cut into bite size pieces. If Kelly’s lunch does not come cut up or if Kelly is having additional food at PAI, from a cooking class or community outing, staff will assist Kelly with cutting up her food into bite size pieces. Staff will thicken the drink in Kelly’s lunch and any other drinks to nectar consistency.
- **Special Dietary Needs:** Kelly packs and prepares her lunch from home in accordance with her diet. If Kelly is going to participate in a community outing to a restaurant, Kelly’s residence will be notified a few days prior when a funds request form is sent home. A receipt for the purchase will be sent home with Kelly.
- **Chronic Medical Conditions:** Kelly is under the care of her physicians for her chronic medical conditions. Any sign/symptom of illness/injury will be reported to Kelly’s residence who will help her follow up with her physician as needed. Staff will encourage Kelly to drink at lunch and throughout the day to stay hydrated and prevent constipation. If has been observed that a straw may help Kelly drink more, though it is not required.
- **Self-Administration of Medication or Treatment Orders:** Staff administer Kelly’s medication at PAI. A staff trained in medication administration will administer medication to Kelly per a signed physician’s order. Kelly’s residence will provide PAI with the medication and PAI will request more as needed.
- **Preventative Screenings; Medical and Dental Appointments:** Kelly’s residence schedules and attends all medical appointments with Kelly. Any signs/symptoms of illness/injury will be reported to Kelly’s residence who will help Kelly follow up with her physician as needed.
- **Risk of Falling; Mobility Issues:** Staff will walk 1:1 with Kelly when she is transitioning and will let Kelly hold onto their and or arm for stability. Staff will be patient and let Kelly go her own speed, while provide positive verbal encouragement to keep walking. Staff will point out physical obstacles to Kelly and help her navigate around them.
- **Regulating Water Temperatures:** PAI’s water temperature is regulated to a safe degree for hand washing. When in the community, staff will have Kelly turn on the faucet and then staff will adjust and check the temperature of the water before Kelly uses it to wash her hands.
- **Community Survival Skills:** Staff are always with Kelly when in the community. Staff will walk 1:1 with Kelly when she is transitioning and will let Kelly hold onto their and or arm for stability. Staff will point out physical obstacles to Kelly and help her navigate around them. Staff will model safe pedestrian skills and stranger safety and will prompt Kelly to follow these as needed. When in the community, staff carry Kelly’s basic medical information and ID information with and would provide this to emergency personnel as needed.

- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Kelly were to participate in an activity near or on a large body of water, staff would stay with Kelly the duration of the activity and provide Kelly with a life jacket. Due to Kelly’s fear of deep water, Kelly may choose to not participate in such activities.
- **Self-Injurious Behaviors:** If Kelly is picking at hair on her body, staff will encourage Kelly to stop and find an alternative activity for Kelly to do that will keep her hands busy. Kelly can be given privacy when using the restroom, but staff will hand Kelly toilet paper to hold in her hands (both to use and to occupy her hands from picking) and will stay in the restroom until Kelly has finished.
- **Verbal/Physical Aggression:** Kelly’s verbal and physical aggressive is attributed to her anxiety, which can impact all aspects of Kelly’s daily living when it is high. Certain steps can be taken to help stop Kelly’s anxiety from increasing.

Staff will offer Kelly a weighted blanket or headphones/music when Kelly is in class. Staff will walk with Kelly 1:1 and provide her verbal encouragement and say "I'm here, you're not going to fall." Staff will not try to get Kelly to go somewhere she is uncomfortable, like down many stairs, an escalator, or elevator. If Kelly has stopped worked and doesn't appear to want to work anymore, staff will offer Kelly a class to attend instead when available. If Kelly is experiencing high anxiety and is being verbally or physically aggressive, staff will ask Kelly to stop and redirect her to another activity. Staff will offer Kelly sensory activities. Kelly takes a psychotropic medication before bussing to ease anxiety during transport, which staff will administer per a signed physician's order.

● **Person-Centered Information:**

The **important to** Kelly items are: consistency in my routine, my family, and coffee.

The **important for** Kelly items are: Staying active and having continued opportunities in the community and consistency from providers and supports.

A **good day** for Kelly would be when Kelly is having a calm, routine day and isn't experiencing high anxiety. Kelly likes her schedule to be consistent and predictable and likes working with staff she knows well. When Kelly isn't experiencing high anxiety, Kelly will work on cards and participates in class. Kelly will communicate with others and can tell others what she needs and wants.

A **bad day** for Kelly would be when Kelly is experiencing high anxiety due to several possible factors. Changes to Kelly's schedule, new staff or peers, illness/injury or general discomfort, shiny floors, water, loud noises, disinterest in an activity or work, and vehicle rides are just some of the factors that can cause Kelly's anxiety to rise. Kelly's anxiety can affect all aspects of her life when not maintained. Kelly will not want to participate in work or class. Kelly may participate in self-injurious behaviors. Kelly may be verbally or physically aggressive to others including inappropriate comments to others often about "scratching someone's eyes out." Kelly will not be able to communicate her needs and wants to others, and may instead say repetitive words, shriek, or make a nervous laugh.

Kelly **likes** going out for coffee, music (country and old time rock and roll), dancing, getting her hair and nails done, animal watching, puzzles, using an iPad, and going on community outings (especially to Caribou or Starbucks).

Kelly **dislikes** loud noises, transitions (which can cause anxiety), and changes in staff.

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:

- Kelly had control over her schedule by choosing how many classes she'd like to take and which ones. Kelly chooses where she'd like to go on community outings. Kelly chooses to work on the work floor, but other employment services are available at PAI if Kelly and her team decide to pursue further employment.
- Kelly prefers to be reassured that she is not going to fall when walking.
- Kelly prefers to have access to sensory items throughout the day.
- Kelly prefers that staff give her verbal encouragement when she's doing a good job.
- Kelly prefers that when she is uninterested in a class or working that other alternatives are given so Kelly doesn't get frustrated and anxious.
- Kelly prefers to take a mix of classes and work and wants help managing her schedule.
- Kelly prefers to receive clear and simple directions and feedback in the moment.

Is the current service setting the **most integrated setting available and appropriate** for the person?

Yes  No

# PAI

If no, please describe what action will be taken to address this:

N/A

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?

- Kelly's guardian, residence, PAI, and case manager exchange information as it relates to Kelly's services and cares. Meetings and reports are shared with Kelly's team. Kelly's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Kelly's guardian, Julie Olson, advocates on Kelly's behalf and makes legal decisions for her.
- Kelly resides at a North East Residence group home. North East provides all in home care needed and attends all medical appointments with Kelly. Kelly's residence ensures all of Kelly's needs are being met and provides any information to Kelly's team about changes in supports needed.
- Case manager, Natalie Hanna from Pinnacle Services, develops Kelly's CSSP and completes Kelly's service agreements. Kelly's case manager communicates with Kelly's support team to ensure continuity of care.
- PAI will provide Kelly with employment opportunities onsite and help Kelly work on vocational training and skill building. PAI will communicate any health and medical concerns to Kelly'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:

Julie Olson, Guardian  
P: 763-443-8869  
Email: gjcmj@comcast.net

Natalie Hanna, Case Manager, Pinnacle Services  
P: 612-977-3969  
Email: natalie.hanna@pinnacleservices.org

Jane Riley Best, North East Residence  
P: 414-315-3536  
Email: jbest@nerinc.org

Cortney Kelly, PAI  
P: 651-747-8740  
Email: ckelly@paimn.org

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) are restricted:**

# PAI

N/A If rights are being restricted the Rights Restrictions form must be completed.
Does this person use <b>dangerous items or equipment</b> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, address any concerns or limitations:</b> N/A
Has it been determined by the person's physician or mental health provider to be <b>medically or psychologically contraindicated to use an emergency use of manual restraint</b> when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.
<b>Health needs</b>
Indicate what <b>health service responsibilities</b> 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." <ul style="list-style-type: none"><li>• Medication administration.</li><li>• Providing CPR and First Aid as applicable.</li><li>• Monitoring for illness and injury. PAI will notify Kelly's residence if any are noted.</li><li>• Applying sunscreen and bug spray per bottle instructions as needed.</li></ul> 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
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: <input type="checkbox"/> Medication set up <input type="checkbox"/> Medication assistance <input checked="" type="checkbox"/> Medication administration
The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here. <ul style="list-style-type: none"><li>• Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)</li><li>• The person's refusal or failure to take or receive medication or treatment as prescribed.</li><li>• Concerns about the person's self-administration of medication or treatments.</li></ul>
<b>Psychotropic medication monitoring and use</b>
Is this person prescribed psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Has the license holder been assigned responsibility for the medication administration of the psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, the following information will be maintained by the company:

1. Describe the target symptoms the psychotropic medication is to alleviate:  
Verbal/physical aggression, self-injurious behaviors (hair picking)
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

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 and procedures**

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: Staff will walk 1:1 with Kelly and let Kelly hold onto staff's arm or hand for stability. If Kelly is doing a task when standing that requires she use both hands, like hand washing, staff may hold onto Kelly's arm or shoulder to provide Kelly stability for the duration of the task.
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: Staff will walk 1:1 with Kelly and let Kelly hold onto staff's arm or hand for stability. Kelly has the tendency to walk very slowly when experiencing anxiety, which is likely to happen in an emergency situation. When there is imminent risk of harm, staff will physical assist Kelly is walking faster by guiding her with a hand on her shoulder 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:
  
- 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 what these requirements are: N/A

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**

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:

1:4     1:8     1:6     Other (please specify):

**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
  
- 2. Frequency of service plan review meetings, at a minimum of annually:  
 Quarterly     Semi-annually     Annually
  
- 3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:  
 Quarterly     Other (specify):     NA
  
- 4. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed

# PAI

(for licensed holders when assigned responsibility for medication administration):

Quarterly     Other (specify):     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: N/A
6. 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
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).  
 Quarterly     Semi-annually     Annually     Other (specify):     NA