

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

Name of person served: Greg Johnson

Date of development: 10/27/2020

For the annual period from: October 2020 to October 2021

Name and title of person completing the *CSSP Addendum*: Beth Blackorbay, Designated Coordinator

Legal representative: Margarita Godina, for Ramsey County Human Services

Case manager: Eric Antonson, Ramsey County Human 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 Greg is intensive support services in a community DTH program and community environment. The program works with Greg to develop and implement achievable outcomes that support his goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Greg to encourage activities, outings, and visiting with peers. Staff support Greg in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to his health, safety, and well-being, as needed by Greg. 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: Daily, when Greg arrives at Linden, he will grab his morning snack.

Outcome #2: Twice a week, Greg will indicate what group he would like to join 75% of all trials for a 12 month period.

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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:

- Greg has the opportunity to utilize an iPad in his program room to make choices, watch videos, or listen to sensory music videos.
- Greg and his peers have a computer connected to a television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard at the Linden program site, which primarily resides in another program room. The Smartboard is also used for similar purposes as the computer, but on a larger scale.
- Further technology exploration is not 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:

Allergies: Greg has environmental allergies as he is allergic to ragweed, grass, pollen, and mold. He is at risk of discomfort from allergy symptoms including runny nose and respiratory irritation ranging from coughing to asthmatic reaction. Greg is also lactose intolerant. Staff provide support to Greg by assisting him with managing his allergies, and ensuring he stays clear of the ragweed, grass, pollen, and mold. Staff will also ensure that Greg does not consume dairy products. Greg's allergies are listed on his Medication Administration Record (MAR) and on his Face sheet.

Choking and Special Dietary needs: Per physician orders, Greg is on a pureed diet. He may also eat quickly, take large bites of food, or take other's foods that are not prepared to his physician orders putting him at risk of aspirating, swallowing difficulty and choking. Greg is lactose intolerant. Staff support Greg by ensuring that his meals are sent into PAI prepared according to his dietary guidelines, and that he does not consume any dairy products. Staff will assist Greg with his meals, as needed.

Chronic medical conditions:

- **PKU or Phenylketonuria** is an [inborn error of metabolism](#) that results in decreased [metabolism](#) of the [amino acid phenylalanine](#). Staff is aware of this condition.
- **Asthma** is a condition in which your airways narrow and swell and produce extra mucus. Staff is aware of this condition and will report any changes to Greg's residence. If staff notices Greg having a difficult time breathing they will consult the PAI nurse. PAI staff will follow the nurses orders and notify the residence.
- **Gastroesophageal reflux disease (GERD)** is a condition that occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). Staff is aware of this condition and will report any changes to residence.
- **Gastric Ulcer**, also known as peptic ulcer, is a localized area of erosion in the stomach lining, resulting in abdominal pain, possible bleeding, and other gastrointestinal symptoms. Staff is aware of this condition and will report any changes to residence.

Self-administration of medication or treatment orders: Greg requires assistance in the administration of his medications. 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 Greg's residential provider, and any orders or instructions will be followed.

Other health and medical needs: Greg has sensitive skin and has been diagnosed with Pruritus and Eczema which compounds his sensitive skin. Staff provide support to Greg by assisting him in managing his skin sensitivities. Staff will redirect Greg if he is scratching his skin to point of injury.

Other health and medical needs:

- **Neurogenic bladder/Supra-pubic catheter:** Greg is unable to maintain it and monitor it himself. He is at risk of bladder infections or urinary tract infections or an infection to the catheter site. Staff support Greg by assisting him in emptying his catheter, when needed, and ensuring that it is in place. Staff will maintain his catheter as needed, and as directed by his residential provider, within the scope of PAI services.
- **Personal Cares:** Greg wears briefs and will be assisted in freshening up his brief, as needed.

Risk of falling: Greg can walk independently, but his ability level for walking independently can vary, resulting in him being unsteady at times. Greg may occasionally choose to shift his weight onto assisting staff, resulting in potential fall or injury. Greg utilizes a manual wheelchair coming to and from the bus, and while out in the community, while at PAI.

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Staff provide support to Greg by assisting him with his walking as needed, and by propelling his wheelchair when he is utilizing one.

Mobility issues: Greg can walk independently, but his ability level for walking independently can vary, resulting in him being unsteady at times. Greg utilizes a manual wheelchair coming to and from the bus and while out in the community with PAI. Staff provide support to Greg by assisting him with his walking, as needed, and by propelling his wheelchair when he is utilizing one.

Regulating water temperature: Greg is unable to independently regulate water temperatures to a safe level. Staff provide support to Greg in this area by assisting him in the regulation of water temperature and faucets.

Community survival skills: Due to his developmental disabilities Greg is not able to independently display community survival skills in a safe manner. Staff will support Greg by staying 1:1 with him in the community and assisting him in safely navigating his community environments.

Water safety skills: PAI does not offer community outings that would require Greg to display water safety skills independently. PAI does have outings to local parks that may have bodies of water. Staff will provide support to Greg by assisting him 1:1 and in staying clear of potential water risks.

Other personal safety needs: Greg will at times take jackets, hats, gloves and/or other winter gear off during cold or inclement weather due to tactile defensiveness. Staff provide support to Greg by ensuring that he is wearing appropriate clothing for the weather and redirecting him when he is attempting to remove warm clothing on cold winter days.

Self-injurious behaviors: When Greg is experiencing severe anxiety symptoms he will, at times, bite or scratch his arm and/or wrist area. He many times has open sores on his arm due to this, and wears gauze wrap as a result. He will sometimes attempt to rip this wrap off of his arm. His SIB puts him at risk of injury and/or infection to his arm/wrist area. Staff support Greg by assisting him in managing his anxiety when needed and redirecting him when he is exhibiting SIB behavior. Staff will assist Greg with taking his anxiety medication, should he need it.

Mental or emotional health symptoms and crises:

- **Anxiety Disorder:** Greg has been diagnosed with an anxiety disorder that can, at times, lead to SIB behavior. Staff support Greg by assisting him in managing his anxiety when needed and redirecting him when he is exhibiting SIB behavior. Staff will assist Greg with taking his anxiety medication, should he need it.

Person-Centered Information:

- **Important to:** It is important to Greg to participate in activities that interest him. He likes listening to music, hanging out with a particular peer in his program room, and mealtime. It is important to Greg to maintain a schedule and routine. It is important to Greg not to be expected to participate in an activity that he would rather not participate actively in. He prefers to observe and passively participate in most activities.
- **Important for:** It is important for Greg to maintain independence in as many activities of daily living as he can. Staff should be there to support him. It is important for Greg to receive care and assistance from staff and caregivers that know him well. It is important for Greg to continue to walk independently with staff when he can, to maintain his ability to bear weight, and to promote strong muscle and bone health.
- **Good day:** A good day for Greg would involve him passively participating in groups and activities that he enjoys, such as music groups. A good day for Greg would involve him being able to spend time with a peer in the room that he is fond of. A good day for Greg would involve him getting to eat foods that he enjoys at lunch time.

PAI

- **Bad Day:** A bad day for Greg would consist of him not being able to participate in activities that he enjoys, or being expected to actively participate in a group that he is disinterested in. A bad day for Greg could involve him not being able to spend time with a particular peer that he is fond of. That peer being out for the day could cause anxiety for Greg and result in him having a bad day.

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:

Greg enjoys being part of a group passively, and spending time and socializing with a favorite peer of his

Greg communicates via facial expressions, vocalizations, and hand gestures/body language.

Greg prefers to participate in activities that interest him, and that will keep him engaged when he wants to actively participate in a group.

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

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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?

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

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:

Beth Blackorbay, PAI Designated Coordinator
3595 Linden Ave. White Bear Lake, MN 55117
651-777-5622 Ext 201
bblackorbay@paimn.org

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

Eric Antonson, Case Manager
Ramsey County Human Services
160 E Kellogg Blvd
St. Paul, MN 55101
651-295-8753
eric.antonson@co.ramsey.mn.us

Stephanie Jones, Residential Contact
NER-Hwy 96
1485 Highway 96
White Bear Lake, MN 55110
651-797-3512
sjones@nerinc.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

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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:

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

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."

- 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 NER, Greg's residential provider.
- Administration of medications and assistance with meal time.
- Provide first aid and CPR, as needed.

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:

Medication set up Medication assistance Medication administration

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.

Psychotropic medication monitoring and use

Is this person prescribed psychotropic medication?

Yes No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

Yes No

If yes, the following information will be maintained by the company:

1. Describe the target symptoms the psychotropic medication is to alleviate:
Greg has been prescribed Zyprexa, which is used to treat severe anxiety symptoms that may result in SIB.
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:

Staff chart in her program book any symptoms that Greg displays as a result of severe anxiety symptoms, and what steps were taken to attempt to alleviate those symptoms. Greg has various non-medication strategies that staff assist him with. If those non-medication strategies fail to alleviate his anxiety symptoms only then will his PRN Zyprexa be administered.

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:
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: Greg may need assistance from staff with some fine motor skills. Staff can assist Greg with hand over hand, or hand under hand, 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:
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:

PAI

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: Greg may not respond appropriately to emergency situations, which could hinder him in safe evacuation. Staff may need to assist him in safely evacuating during an emergency.
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: N/A
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: N/A
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: N/A
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: N/A

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

PAI

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 (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:
No Changes
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

