

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

Name of person served: Jessica Kreiner

Date of development: 10/14/2020

For the annual period from: October 2020 to October 2021

Name and title of person completing the *CSSP Addendum*: Jessica Gunderson, Designated Coordinator

Legal representative: David and Bonita Kreiner

Case manager: Caitlin Manguson, Meridian 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 Jessica is intensive support services in a day training and habilitation community based program. The program works with Jessica to develop and implement achievable outcomes that support her goals and interests, and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Jessica’s physical, emotional and social functioning. Staff support Jessica in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, medication administration, data tracking and daily support related to her health, safety and wellbeing as needed by Jessica. Support is provided in the most integrated and least restricted environment for Jessica. PAI works with Jessica’s residential provider and transportation provider for continuity of care.

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: Jessica enjoys engaging with peers, though often does not independently initiate. This outcome is intended to build on her success with communication, and extend this to participation in activities:

Jessica will participate in activities with peers.

Outcome #2: If in need of assistance with her lunch, Jessica will often sit silently until staff notice she is not eating, and ask her if she needs any help. This outcome is intended to support Jessica in independently requesting staff assistance as needed:

Jessica will independently ask staff assistance during lunch.

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:

- Jessica has use of the smart TV and iPad for group/lesson activities
- Jessica also uses the Smart TV and iPad for sensory relaxation
- Jessica uses her personal iPad for communication and entertainment.

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:** PAI staff will relay symptoms they notice to Jessica's residential staff. Jessica will take her allergy medication at her home.
- **Seizures:** If Jessica seizes, staff will remain with Jessica and remove nearby objects that could cause injury. Staff are with her during the seizure and they will remind her in a soft voice that "you will be ok, you are safe." Her seizures are so infrequent that Jessica is not on any medication for them. If the seizure is deemed to be mild in severity and duration and there is no respiratory compromise, staff will continue to stay near Jessica. Staff will document the seizure on a Seizure Report Form and send a copy home. Jessica's parents will be notified of seizure activity via phone call. After a seizure Jessica may be confused and/or cry. Staff will offer comfort by speaking in a calm tone and rubbing her back if that seems to help. Staff will also notify Jessica's parents if there will be a loud, crowded or costumed event as this may bring on seizure activity. Her parents will assess the risk and decide whether or not to have Jessica attend the event.
- **Choking:** Staff will cut Jessica's food prior to serving it to her both at PAI and in the community.
- **Self-administration of medication or treatment orders:** Staff will verbally explain any new orders to Jessica. Med-trained staff would set up and administer any needed medications by following doctor's signed orders.
- **Preventative screening/medical or dental appointments:** Staff visually observe Jessica for signs and symptoms of illness and injury, such as marks, a change in demeanor, flushed or pale appearance, elevated temperature, coughing, drowsiness, or reports of illness typed on her I-pad. PAI staff will report concerns to Group Home staff and/or Jessica's parents via phone call or written report.
- **Regulation of water temperature:** The water temperature at PAI is set at a safe level. When in the community staff will place their hand in the water prior to letting Jessica use it to ensure it is the correct temperature.
- **Community survival skills:** Staff will model and demonstrate pedestrian and community safety by following all safety rules and signs. Staff will provide verbal information such as "watch for cars, stop here, look both ways etc."
- **Water safety skills:** Swimming is not an activity that is done at PAI. When Jessica is near a large body of water, staff will be within arm's reach. If Jessica were to go on a boat, staff would secure an approved life vest on her.
- **Self-injurious behaviors:** When staff see Jessica becoming upset, they will ask her to tell them what is wrong on her talker or they will assess the environment to see if they can determine what the problem is. If possible, staff will eliminate the source of Jessica's frustration. Staff may also ask Jessica if she would like to go to another area to calm down.
- **Physical aggression/conduct:** When staff notice that Jessica is becoming upset, they will try to calm her by asking her to express what is bothering her on her talker. Staff may discuss the situation with her or suggest that she move to a quieter area or away from what is upsetting her. Staff would go with her or stay within earshot.

PAI

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:

- Jessica prefers to have plenty of opportunity for independent activity, opportunities to interact with others.
- She prefers to actively engage in activities, with opportunities to contribute ideas.
- For supports, Jessica prefers gentle reminders and verbal cues.
- Jessica communicates through her iPad, signs and gestures.

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

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?

- Jessica’s residential and PAI staff collaborate to share necessary information as it relates to Jessica’s services and care. Meetings and reports are shared and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Jessica receives residential services through Community Living Options. PAI works with her home staff for supplies needed at PAI, as well as medications and corresponding orders.
- David and Bonita Kreiner are Jessica’s guardian and advocate on her behalf as well as makes legal decisions. Her legal guardians provide information and direction on Jessica’s services and supports in collaboration with other members of her support team.
- Caitlin Magnuson, county case manager with Meridian Services, develops the Coordinated Service and Support Plan, participates in service direction for PAI and Phoenix Residence, and assists David and Bonita, and Jessica in advocacy and finding additional opportunities for community involvement. Caitlin also completes Jessica’s service agreements and communicates with members of the support team to ensure continuity of care.

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:

- PAI-Parkway, Day Program
Jessica Gunderson
jgunderson@paimn.org
Phone: 651.426.2484
Fax: 651.426.3789
- Community Living Options, Residential Provider
Sheilagh Jellison
Fawn.lake.mn@clomail.com
Phone: 651-462-3502
- County Case Manager, Meridian Services
Caitlin Magnuson
cmagnuson@meridiansvs.com
Phone: 952-767-4164
- Guardian
David and Bonita Kreiner
nkreiner@hotmail.com
Phone: 651.470.9406

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:

Jessica is allowed 5 minutes of alone time in the bathroom.

PAI

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:

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 related to mental health concerns and communication with team members as needed or as concerns arise.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Jessica's residential provider.
- Set up and administration of medication following the prescribers order.
- Provide first aid, 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:

N/A

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

Quarterly Other (specify): NA

PAI

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