

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

Name of person served: Monica Bredemus

Date of development: 02/11/2021

For the annual period from: February 2021 to February 2022

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

Legal representative: Beth and John Bredemus

Case manager: Siera Walton

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 will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation
- Annually, the support team reviews the *CSSP Addendum*.

Services and Supports

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

The scope of services for Monica is intensive support services in a community DTH program and community environment. The program works with Monica 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 Monica to encourage activities, outings, and visiting with peers. Staff support Monica 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 Monica. 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, Monica will choose a sensory activity to participate in 80% of trials over a 6 month period.

Outcome #2: Daily, Monica will choose an activity from a choice board by pointing or eye gazing 85% of all trials over a 12 month period.

PAI

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:

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

PAI

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

Choking and special dietary needs: Monica will be in an area that is kept clear of small items. Monica has a history of PICA. She may ingest non-edible items such as paper, Band-Aids, Scotch tape, or any other small item that may fit in her mouth. Monica will be monitored when working with small items or paper that she might eat. Monica's food is cut to bite size (quarter) pieces. Monica will be reminded to "slow down" or "swallow before taking another bite" if she puts too much food in her mouth. Monica will use her fingers to eat and may take her up to an hour to consume her meal. She uses a cup with a lid for drinking, a built up plate, and a sticky mat on the table. Monica's food is prepared and sent from home.

Self-administration of medication or treatment orders: Staff request medications from Monica's guardian. Staff set up and pass medications to Monica 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 Monica. 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 Monica's guardian and any orders or instructions will be followed.

Risk of falling and mobility issues: Monica wears her lap belts and shoulder straps at all times. Monica's lap belt can be turned over or put her shirt over the belt to help avoid disengagement of her lap belt. Monica's foot straps will be on for transportation. Monica is able to bear weight on her legs and wears AFO's. Monica is supported transferring into and out of her wheelchair. Monica is transferred with an Arjo. Monica is able to transfer using the hooyer on extended outings. Monica will receive assistance propelling her wheelchair when she is traveling a long distance, or near hills, curbs, or doorways. Monica's brakes will be set as needed for safety. Monica will receive prompts to use "gentle arms" or a light touch prompt to redirect her to move her arms to his armrests when moving her wheelchair through doorways or in tight places.

Other Health and Medical Needs:

Personal Cares: Monica receives full support to complete her personal cares. Monica wears briefs and uses the Arjo. She is fully assisted in getting cleaned up and dressed. Staff assists Monica with dressing, as needed. For example, putting on a jacket and/or changing her clothes if they are soiled.

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 Monica to the water.

Community survival skills: Monica 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. Monica is 1:1 while in the community.

Person-centered planning:

Important to: Things important to Monica are her family, friends, socializing, and swimming.

Important for: Things important for Monica are being active, being with people who know her well, and her family.

PAI

Good day: A good day for Monica would include having delicious food, spending time with fun, upbeat people, spending time outside, going for a swim, and being with her favorite people.

Bad day: A bad day for Monica would be when she is not feeling well, she is bored or doesn't like the activities being offered, having negative people around her, and not being able to make decisions for her 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**:

Monica prefers upbeat people

Monic likes to be busy

Monica enjoys listening to music

Monica likes being around her friends and peers

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

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Monica has the opportunity to work on outcomes that are important to and for her. Monica makes choices throughout the day of what activities and groups she prefers to participate in.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities?

Monica chooses which outings and community activities she prefers to participate in. Monica is encouraged to interact with community members as she wants.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?

Monica is encouraged to interact with community members. Monica can choose to participate in volunteer activities and other opportunities she chooses.

PAI

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

Monica and her team are not interested in seeking competitive employment at this time. Monica appears content participating in enrichment activities.

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?

- Monica's guardians and PAI staff will share necessary information as it relates to Monica's services and care. Needed supplies and medications will be provided by her guardian. 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.
- Siera Walton, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Monica and her guardian 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 DC
3595 Linden Ave. White Bear Lake MN, 55110
612-446-3685
bblackorbay@paimn.org

Beth and John Bredemus, Guardians
3 Scotch Pine Lane North Oaks MN, 55127
651-486-9712
bethbred@aol.com

Siera Walton, Case Manager
541 2nd Ave. S. Hopkins MN, 55343
952-767-4038
swalton@meridiansvs.com

PAI

The person currently receives services in (check as applicable): community setting controlled by a provider (residential) community setting controlled by a provider (day services) NA

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider or for transitioning from day services to an employment service:

Monica and her team are not interested in seeking competitive employment at this time. Monica and her team feel she is content participating in enrichment activities.

Describe any further research or education that must be completed before a decision regarding this transition can be made: NA

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) will be 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

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

| Health Needs |
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| <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 guardian • Administration of medications to Monica, if needed • First aid/CPR if 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>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 |

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| <p>If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration:</p> |
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| Psychotropic Medication Monitoring and Use |
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| <p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</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 3. 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 |

| Permitted Actions |
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| <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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Monica has limited fine motor skills, staff are able to help Monica 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Monica is not able to propel her wheelchair long distances, staff are able to help Monica transfer out of the building. 8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Monica is not able to position herself, Monica may remove her seatbelt and attempt to scoot out of her wheelchair. Monica wears two seatbelts. 9. Is positive verbal correction specifically focused on the behavior being addressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Monica may attempt to remove her seatbelt, staff are able to encourage Monica to keep her seatbelt on. 10. Is temporary withholding or removal of objects being used to hurt self or others being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Monica uses two seatbelts, shoulder straps, foot straps, and AFO's. |

| Staff Information |
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| <p>Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: NA</p> |

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| <p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| <p>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): <input type="checkbox"/> NA</p> |
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| Frequency Assessments |
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| <p>1. Frequency of <i>Progress Reports and Recommendations</i>, minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p> |
| <p>2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually</p> |
| <p>3. Request to receive the <i>Progress Report and Recommendation</i>: <input type="checkbox"/> At the support team meeting <input checked="" type="checkbox"/> At least five working days in advance of the support team meeting</p> |
| <p>4. 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</p> |