

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

Name of person served: Tiffany Olson

Date of development: 2/23/2021

For the annual period from: February 2021 to February 2022

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

Legal representative: Steve and Michelle Olson

Case manager: Sarah Anderson, Thomas Allen Inc

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 Tiffany is intensive support services in a day training and habilitation community based program. The program works with Tiffany 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 Tiffany’s physical, emotional and social functioning. Staff support Tiffany 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 Tiffany. Support is provided in the most integrated and least restricted environment for Tiffany. PAI works with Tiffany’s residential provider and transportation provider for continuity of care.

PAI

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: It has been observed that when Tiffany arrives at PAI and walks to her room without making stops, she has better days. This outcome will support Tiffany in walking to her room without making stops, with the goal of this helping her have happy and engaging days while at PAI.

When she arrives, Tiffany will walk to her room making no stops along the way.

Outcome #2: Tiffany tends to want to keep her jacket and backpack on throughout her day. It is important for Tiffany to be able to put away her belongings to help with her morning routine. This outcome will support Tiffany in establishing this routine.

Tiffany will put away her backpack when she arrives to 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:

- Tiffany utilizes technology at PAI daily through use of the iPad for music and calming videos
- Tiffany is able to access the television in her program area for sensory videos.

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:

- **Seizures:** Tiffany has been diagnosed with Lennox-Gestaut Syndrome. She has a physician ordered seizure protocol. Staff will be trained to the location of Tiffany's seizure protocol. Tiffany also has a VNS magnet that is kept on site. Staff carry her magnet with them when she visits another room, and when out in the community. Tiffany will be supervised and monitored for seizure activity. Staff are trained to her protocol and trained in her VNS procedure. Staff will only provide physical supports such as a light touch as necessary to ensure Tiffany's safety because she does not like to be touched or comforted during or following a seizure.
- **Choking:** Tiffany will be given her lunch sent from home. Per the agreement of her extended support team staff will prepare Tiffany's food into nickel sized pieces to aid in a greater level of independence and to decrease risk of choking.
- **Special dietary needs (Appetite):** If Tiffany is observed to lack appetite and refusing her meal, staff will provide verbal prompts to encourage her eat. If Tiffany continues to refuse her meal, staff will offer snacks, and will inform her residential provider if she does not eat at least half her lunch.
- **Self-administration of medication or treatment orders:** PAI staff give Tiffany medications and treatments according to current doctors' orders located on the MAR. Tiffany receives all of her medication by trained medication passers. Medications are reviewed by the site nurse and forwarded to staff. Tiffany takes her medications in a portion of food from her lunch or with a glass of water or juice. If Tiffany refuses to take her medication, staff will say "we will try again in 5 minutes." If Tiffany refuses again, another staff will try to administer her medication and this is usually successful. Tiffany's home will be notified if she does not take her medication, or it is administered late.
- **Other health and medical needs (Personal Cares):** Tiffany receives full support to complete her bathroom personal cares. Tiffany utilizes the support of briefs due to incontinence. Tiffany needs full assistance to reduce the risk of skin break down, rash, and other related conditions. Tiffany does not independently use proper hygiene, and does not recognize the need to wash her hands before meals, and requires full staff assistance in this area. She is supported in completing cares twice daily and as needed throughout the day.
- **Risk of falling: Seizure disorder:** Due to the possibility of Tiffany having a seizure and falling, staff will take Tiffany's arm if she allows, when on stairs or escalators. When Tiffany is using stairs, staff will walk behind her on the way up and in front of her on the way down. When Tiffany is sitting at PAI, staff will provide her with a chair that has arms to minimize the risk of injury from falling should she have a seizure.
- **Mobility:** Staff will offer Tiffany their arm or hand for Tiffany to hold, when walking on slippery, icy, or uneven surfaces and on stairs and escalators. Staff will verbally describe and point to any obstacles or dangerous surfaces as they steer her around them. Staff will verbally remind Tiffany to "hold the handrail" when using stairs or escalators.
- **Additional supports:** When Tiffany arrives to PAI, staff will bring her personal walker. The walker is not needed for mobility support; Tiffany is able to walk independently. This is to help support Tiffany to walk to her room without making stops along the way. It been observed that Tiffany has better days here at PAI when she walks straight to the room rather than stopping along the way; usually to where the wheelchairs are kept in the entry way.
- **Regulating water temperature:** Staff will physically check the water temperature by placing their own hand in the water and adjust the temperature to an appropriate degree prior to exposing Tiffany to the water.
- **Community Survival skills:** Tiffany is accompanied by staff while in the community at all times. Staff model appropriate social behavior and provide prompts to help appropriately communicate his needs and interactions with others. Staff will verbally redirect Tiffany from any potentially dangerous situations. When unable to verbally redirect, staff will offer their hand with slight pressure to move away from the situation. If this does not work, two staff will help Tiffany, one on either side of her, gently holding her hand and elbow.

- **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 where water is present. Tiffany is directed by staff at a safe distance from bodies of water.
- **Sensory disabilities:** If Tiffany resists verbal or physical attempts for her “to put shoes/socks on”, staff will try again in five minutes or have another staff try to put them on. If Tiffany has another pair of shoes, staff can offer her a choice between the two. Staff will prevent Tiffany from going outside without shoes and socks by saying “shoes first, then we can go outside.”
- **Self-injurious behaviors (Slapping legs, and head):** Staff keep Tiffany active and engaged by offering a variety of activities, projects, games, crafts and groups. If Tiffany starts to raise her voice or slap the table- (signs of agitation), staff will offer alternative choices to keep Tiffany engaged. Staff will block her attempts at self-harm and they will provide verbal cues for her to “stop.”
- **Physical aggression/conduct: Taking other’s belongings:** If Tiffany takes an item that belongs to another, staff will say “that is not yours, please give it back to ____.” Staff will try to interest Tiffany in a similar item to replace the one she gives back.
- **Verbal/emotional aggression:** Staff will ask Tiffany “What’s wrong?” and then address the issue. Staff will walk with her to another area to remove her from the upsetting situation. If Tiffany is upset with a certain staff, it can help calm Tiffany to switch out staff.
- **Person-centered information**
 - Important to Tiffany: It is important to Tiffany that she have her personal items from home to hold and have access to, and time to relax in her favorite spot.
 - Important for Tiffany: It is important for Tiffany that she have encouragement to be as independent as she is able, balanced meals, and time and support to be social and engaged in activity with others.
 - Balance of important to and for: Providing Tiffany opportunities for engagement during of her day, and providing her with time to relax.
 - Good day for Tiffany: A good day for Tiffany includes access to her personal items from home. She has a balance of rest, and time to be social and be engaged in activity.
 - Bad day for Tiffany: A bad day for Tiffany is when she doesn’t have an opportunity to relax, or when she is overstimulated in her environment. She also would not be engaged in any activity.
 - How to have more good days: Tiffany can have more good days by communicating what activities she’d like to participate in and being engaged through positive staff support. She is given time to relax as a part of her daily routine, and as needed throughout the day.
 - Likes: Tiffany likes sensory activities, and holding her personal items from home. Tiffany enjoys community outings, especially ones related to food. Tiffany lets you know she is enjoying an activity by remaining alert and engaged, and reaching out to participate.
 - Dislikes: Tiffany doesn’t like having to wait. When Tiffany doesn’t like something she will let you know by vocalizing “no” loudly, or pushing staff’s hand away and looking away.
 - Preferences: Tiffany prefers to engage in activities with positive, supportive staff that know her well. She also prefers periods of rest throughout her day.

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**:

- Tiffany prefers to have plenty of opportunity to rest and relax in a recliner.
- She prefers to observe activities, generally, rather than directly participating in them.
- For supports, Tiffany prefers gentle reminders and physical cues.
- Tiffany communicates through vocalizations and some short phrases, going toward/reaching for things she wants and pushing away items she does not want. Tiffany generally responds well to short verbal requests with physical prompts.

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

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

Tiffany has daily opportunities to develop and maintain skills. To do so, she prefers to have a consistent and structured routine that includes time to rest and relax. Tiffany prefers to engage in activities when her routine is followed by her support staff.

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

Tiffany chooses where she would like to go on community outings. Her support staff discuss upcoming outings for the next month, and help plan for any outings in which she would like to attend.

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

Tiffany chooses where she would like to go on community outings. As Tiffany does not typically interact with others in the community independently, staff support Tiffany to interact and maintain relationships with those in the community.

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

Tiffany has communicated that she is not interested in competitive employment at this time. If she were to change her mind, opportunities to seek competitive employment are available via enrollment in Employment services.

PAI

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?

- Tiffany's residential and PAI staff collaborate to share necessary information as it relates to Tiffany'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.
- Tiffany receives residential services through North East Residence. PAI works with her home staff for supplies needed at PAI, as well as medications and corresponding orders.
- Michelle and Steve Olson are Tiffany's guardian and advocate on her behalf as well as makes legal decisions. Her legal guardian provides information and direction on Tiffany's services and supports in collaboration with other members of her support team.
- Sarah Anderson, county case manager with Thomas Allen Inc., develops the Coordinated Service and Support Plan, participates in service direction for PAI and North East Residence, and assists Michelle and Steve, and Tiffany in advocacy and finding additional opportunities for community involvement. Sarah also completes Tiffany'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
- North East Residence, Residential Provider
Griffin Goode
ggoode@nerinc.org
605.254.8392
- County Case Manager, Thomas Allen Inc.
Sarah Anderson
Sarah.anderson@thomasalleninc.com
Phone: 651.453.5293
- Guardian
Michelle and Steve Olson
smtcn@msn.com
Phone: 651.484.0623

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:
Tiffany has communicated that she is not interested in employment services at this time.

Describe any further research or education that must be completed before a decision regarding this transition can be made:
There is no further research to be completed at this time.

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) will be 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

PAI

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.
- Monitor for seizure activity, follow physician ordered seizure protocol and communicate seizures to team members as appropriate.
- 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 Tiffany's residential provider.
- Set up and administration of medication following the prescribers order.
- Application of VNS procedure when Tiffany meets the criteria for her seizure protocol.
- 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**

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

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:

Medication set up:

Medication assistance:

Medication administration:

Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

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

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:

N/A

Permitted Actions
<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: 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: 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: <ul style="list-style-type: none"> • Tiffany may require hand over hand assistance to complete an activity. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: <ul style="list-style-type: none"> • If Tiffany is attempting to hit others or throw items, staff may block her to avoid injury to herself or others. 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: 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: 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: <ul style="list-style-type: none"> • Tiffany will be physically assisted in walking or provided a wheelchair, if needed, to quickly and safely evacuate or move away from an emergency situation. 8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 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: <ul style="list-style-type: none"> • If Tiffany is displaying verbal or physical aggression, she may be verbally redirected. 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: 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:

- Tiffany may require hand over hand assistance to complete an activity.

- If Tiffany is attempting to hit others or throw items, staff may block her to avoid injury to herself or others.

- Tiffany will be physically assisted in walking or provided a wheelchair, if needed, to quickly and safely evacuate or move away from an emergency situation.

- If Tiffany is displaying verbal or physical aggression, she may be verbally redirected.

PAI

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:

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

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): NA

Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:
 Quarterly Semi-annually Annually
2. Frequency of service plan review meetings, minimum of annually:
 Quarterly Semi-annually Annually
3. 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
4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:
 Quarterly Other (specify): NA