

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

Name of person served: Jason Hansen

Date of development: 2/25/2021

For the annual period from: March 2021 to March 2022

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

Legal representative: Sharon Stoddard

Case manager: Courtney Mulder

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 Jason is intensive support services in a community DTH program and community environment. The program works with Jason 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 Jason to encourage activities, outings, and visiting with peers. Staff support Jason 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 Jason. 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: Twice a week, Jason will participate/ join a group activity of his choosing 80% of all trials over a six month period.

Outcome #2: Daily, Jason will choose a sensory item/activity of his choice in 80% of all trials over a 6 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:

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

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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:

Allergies: Jason is allergic to sulfa. Staff are aware of Jason's allergies and will not give him medications with sulfa. Staff will alert Jason's residence and doctor if he is prescribed sulfa medications.

Seizures: Jason is diagnosed with generalized tonic-clonic seizures. Staff will monitor Jason for seizure activity. Staff will assist Jason with safety during a seizure. Jason's seizure protocol will be followed.

Choking and special dietary needs: While eating, staff will support Jason by providing verbal cues for him to slow down, chew his food and take one bite at a time. Jason has a regular diet and his lunches are sent from home. Staff at PAI help set up his meal and heat food items as needed in the microwave. Staff will allow time for food to cool down before Jason eats his lunch. Staff may offer snacks to Jason that are low fat or low calorie, but on a very limited basis. Jason has a history of having a sensitivity to large amounts of corn syrup (i.e. pop, ketchup, etc.). This sensitivity exhibits as increased activity. Jason's lunches are sent from his residence and they are aware of his sensitivity. Staff will support Jason in this area while on community outings by encouraging him to choose a healthy snack or purchase a fidget or manipulative.

Chronic medical conditions: Jason is diagnosed with Autism, a broad range of conditions characterized by challenges with social skills, repetitive behaviors, and difficulties with communication and behavior. Jason is also diagnosed with hyperthermia, which is overheating. Jason is not able to sweat when he is warm and is at risk of overheating. Jason is transported to and from PAI in an air conditioned bus. Jason will not go on outings outdoors when it is 80 degrees or above, with high humidity and high dew point per his mother's request. A sign of Jason becoming over heated is him having a bright red face. Staff support Jason by ensuring that he is in an air-conditioned area and offer him water to drink. Staff can also apply a cool washcloth to his skin to help cool down. Staff will visually observe Jason throughout the day and work hours and will report any signs and symptoms of illness, such as a change in appearance and/or behavior.

Personal Cares: Jason will go to the cares room independently. He may need assistance freshening up. If Jason needs to go to the cares room and is not able to use the bathroom due to another participant in there, he will, at times, run out the room to get to another cares room.

Self-administration of medication or treatment orders: Staff are trained in medication passing. If Jason were prescribed medications to take at PAI staff will follow doctor's orders.

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 Jason to the water.

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

Sensory disabilities: Jason is near sighted. Jason is also diagnosed with Keratoconus, a degenerative disorder of the eye in which structural changes within the cornea cause it to thin and change to a more conical shape. The light coming through is distorted and the lens cannot focus properly therefore affecting vision. Symptoms include increased light sensitivity, eye irritation, and excessive eye rubbing. Jason currently wears "unbreakable" style glasses while at PAI to help protect his eyes from excessive eye rubbing in both eyes. Jason has a history of refusing to wear his glasses. Staff support Jason by verbally asking him to wear his glasses. Staff will provide verbal cues to remind him

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of any obstacle or environment change and, if needed, staff will put their hand under his arm and guide him to an open area.

Physical aggression: Jason communicates through pointing, gesturing, and some sign language. Jason may become frustrated or upset if he is unable to communicate his needs/wants and has a history of pushing his upper body against others when he is upset. Staff observe Jason for signs of frustration or getting upset, such as pacing or invading others personal space, and staff will verbally ask Jason to “please take a seat” and offer him a chair to sit in. Jason has a history of being able to self-regulate quickly when seated. Staff will attempt to problem solve with Jason to help eliminate the source of his frustration. Staff will then offer Jason a preferred activity (manipulative, art, craft, etc.) when he is seated.

Person-centered planning:

Important to: Things important to Jason are his family, having space, mealtimes, and being able to observe activities.

Important for: Things important for Jason are his seizure protocol, having staff who know him well, and taking breaks when feeling overwhelmed or upset.

Good day: Jason is a happy individual and he enjoys a good laugh. A good day for Jason would be him having the opportunities to participate in activities that he enjoys. When he has a lunch that he enjoys.

Bad day: A bad day for Jason would be not having the opportunities to participate in groups and activities that are important to him.

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**:

Jason prefers to observe activities

Jason really looks forward to lunchtime at PAI

Jason likes to have easy access to bathrooms

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**?

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

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

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

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

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

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

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

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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?

- Jason's guardian, residence and PAI staff will share necessary information as it relates to Jason's services and care. Needed supplies and medications will be provided by his residence. 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.
- Courtney Mulder, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Jason and his 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

Wingspan, Residence
975 Demont Ave. E Maplewood MN, 55109
651-776-0380
rzaffke@wingspanlife.org

Sharon Stoddard, Guardian
1312 104th lane NE Blaine, MN 55434
763-786-4801

Courtney Mulder, Case Manager
1444 Northland Dr. Mendota Heights MN, 55120
651-789-5823
cmulder@dungarvin.com

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:

Jason and his team are not interested in seeking competitive employment at this time. Jason and his team feel he 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

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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
<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 residence • Administration of medications to Jason • Provide first aid and CPR, as 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

<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>

Psychotropic Medication Monitoring and Use
<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

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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

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: NA
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: NA
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: NA
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: 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.
 Yes 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.
 Yes 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.
 Yes No If yes, explain how it will be used: Jason may become overwhelmed in an emergency and not know what to do or where to go. Staff are able to direct Jason out of the building.
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: NA
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: NA
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: 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?
 Yes No If yes, explain how it will be used: NA

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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: NA

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