

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

Name of person served: Dirk Quistad

Date of development: 3/15/2021 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: Tom and Becky Quistad

Case manager: Caitlin Hinton

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 Dirk is intensive support services in a community DTH program and community environment. The program works with Dirk 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 Dirk to encourage activities, outings, and visiting with peers. Staff support Dirk 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 Dirk. 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: Dirk will ask staff what, where, & when questions by using his communication device twice a week 80% of all trials over a 12 month period.

Outcome #2: Three times a week, Dirk will greet an individual using his communication device 80% of all trials for a 12 month recording 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:

- Dirk uses his communication device daily.
- Dirk also uses the iPad for choice making and music.
- Dirk is able to access the television in the room for sensory videos and to play games.
- Not 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: Dirk is allergic to Cephalosporin and Vancomycin. Staff are aware of Dirk's allergies. Staff will notify Dirk's residence and doctor if he is prescribed these medications.

Choking and special dietary needs: Staff support Dirk by assisting him with meals for pleasure tasting, per doctor's modified diet orders. Dirk has been diagnosed with dysphagia (which is difficulty swallowing). Dirk receives most of his nutrition through his g-tube. Dirk is in control of what he wants to eat or does not want to eat. He is on a soft/mechanical soft diet with nectar consistency liquids. Food that is not soft are to be cut into pea to dime-sized pieces and will be placed on one side of his mouth. Staff will verbally remind Dirk to swallow, as needed. If Dirk begins to cough excessively, staff will discontinue with his pleasure tasting.

Chronic medical conditions, risk of falling, and mobility issues: Dirk is diagnosed with Cerebral Palsy with Spastic Quadraparesis, a group of disorders that affect movement and muscle tone or posture. Spasticity, treated with Baclofen, a muscle relaxant medicine commonly used to decrease spasticity. Harrington Rods and Spinal Fusion, Gastroesophageal reflux disease (GERD), which occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). This backwash (acid reflux) can irritate the lining of your esophagus, heartburn or acid indigestion. Internal Hemorrhoids, are deep inside the rectum and not visible from outside. They are normally painless. Often, the first sign that internal hemorrhoids are present is rectal bleeding. Staff will monitor Dirk's chronic medical conditions and inform his residence of concerns. Dirk is transferred using a one person hooyer lift. Dirk uses a wheelchair for mobility. He is able to inform staff where he would like to go using his communication device. Due to Dirk's diagnoses, he is not able to propel his own wheelchair. Staff will physically propel Dirk's wheelchair.

Personal Cares: Dirk is transferred using a hooyer lift. A small wedge is placed under his neck, while on the mat table, if he is having a difficult time swallowing his saliva or coughing excessively. He has Harrington rods and must be kept straight while rolling. Dirk wears disposable briefs with a liner and uses the mat table to be freshened up. Staff will assist Dirk with wearing clean and dry clothes.

Self-administration of medication or treatment orders: 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 Dirk's residence and any orders or instructions will be followed.

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 Dirk to the water.

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

Sensory disabilities: Dirk is nearsighted. He has exotropia, eyes turning inward and nystagmus, side to side movement of the eye is rapid and involuntary, which only affects the left eye. In the past, attempts have been made to have Dirk wear glasses but Dirk chooses not to wear them. Staff will provide Dirk with a verbal description of the

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environment, as needed. Staff will also, as needed, verbally tell Dirk what they are showing him, pointing at, along with showing him a picture, symbol, etc.

Mental or emotional health symptoms and crises: Staff will watch for signs or symptoms of anxiety. Staff will report any signs or symptoms to Dirk's residence. Dirk may communicate his anxiety by coughing to the point his skin becomes red. Dirk may need encouragement to use his communication device to communicate what is causing his anxiety. Staff should complete an ABC chart to document when Dirk coughs for longer than 60 seconds.

Peron-centered planning:

- **Important to:** Things important to Dirk are hugs, his family, going to concerts, listening to music, watching movies, playing games, and having his communication device working.
- **Important for:** Things important for Dirk are his communication device, having staff who know him well, and knowing his schedule.
- **Good day:** When his communication device is working, he is able to see his family, listening to music he enjoys, and playing games.
- **Bad day:** A bad day for Dirk is when his communication device is not working or was not charged, not seeing his family, not getting hugs, or unexpected staffing or schedule changes.

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**:

Dirk likes to know his schedule, he does not like surprises

Dirk likes having his communication device connected

Dirk prefers to have many hugs throughout his day

Dirk prefers female staff

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**?

Dirk has the opportunity to work on outcomes that are important to and for him. Dirk 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?

Dirk chooses which outings and community activities he prefers to participate in. Dirk 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?

Dirk is encouraged to interact with community members. Dirk 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?

Dirk and his team are not interested in seeking competitive employment at this time. Dirk 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?

- Dirk's residence, guardians, and PAI staff will share necessary information as it relates to Dirk'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.
- Caitlin Hinton, County Case Manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Dirk and his guardians 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

ACR Cummings, Residence
1385 Cummings Arden Hills MN, 55112
612-567-1385
tyler.bakker@acrhomes.com

Tom and Becky Quistad, Guardians
1359 Myrtle St. Maplewood MN, 55109
tomq@usfamily.net

Caitlin Hinton, Case Manager
1801 American Blvd. E. Suite 6 Bloomington MN, 55425
Caitlin.hinton@fraser.org

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:

Dirk and his team are not interested in seeking competitive employment at this time. Dirk 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.

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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 guardian
- Administration of medications to Dirk

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

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:
Coughing, anxiety
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:
ABC chart to document when Dirk coughs for longer than 60 seconds

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: Dirk when anxious may like to be hugged or has his arms or legs rubbed. Staff are able to hug Dirk as he requests.
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: Dirk has limited limb movement and fine motor skills, staff are able to help Dirk with hand over hand or hand under hand to complete tasks 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: 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: Dirk is not able to propel his wheelchair, staff are able to help Dirk out of the building in 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: Dirk is not able to position himself. Dirk uses a seatbelt at all times, and a chest strap and foot straps during transportation.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: When Dirk is feeling anxious he may need positive affirmations when he is coping, staff are able to help Dirk when he is feeling anxious.
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: Dirk uses AFO's, a seatbelt, chest strap, and foot straps.

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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