

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

Name of person served: Michelle (Shelly) Scott

Date of development: 4/2/21

For the annual period from: April 2021 to April 2022

Name and title of person completing the *CSSP Addendum*: Briana Hinzman, Designated Coordinator

Legal representative: Deb Fetter

Case manager: Cory Severson

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 Shelly is intensive support services in a community DTH program and community environment. The program works with Shelly 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 Shelly to encourage activities, outings, and visiting with peers. Staff support Shelly 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 Shelly. 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: Weekly, Shelly will choose a music genre to listen to 75% of all trials over a 12 month period.

Outcome #2: Daily, Shelly will participate in a sensory group 80% 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:

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

Allergies: Shelly is allergic to cats, farm animals, zoo animals, and bug bites. Shelly will avoid going places she may be exposed to any of the listed allergies. Staff will monitor Shelly for signs and symptoms of an allergic reaction.

Seizures: Shelly has seizures frequently at PAI. Staff will monitor Shelly for seizures. Staff will follow Shelly's seizure protocol and assist to keep her safe and comfortable during her seizures.

Choking and special dietary needs: Staff will offer bite-sized pieces of food to Shelly and encourage her to fully chew and swallow. If Shelly has a seizure with food in her mouth, staff will stop the meal and will offer the rest of her meal to her once she has recovered. Shelly will have her lunch prepared and sent from home. Shelly uses a double handled spouted cup and a mother care spoon. Staff will scoop a bite-sized piece of food onto the spoon and will offer it to Shelly's hand after verbally prompting her. Shelly may lift the spoon herself, may tolerate hand over hand assistance with holding the spoon, but she usually prefers assistance. Shelly will eat finger foods independently and she is also able to pick up her drink with a cover independently once staff places it in her hand.

Chronic medical conditions, risk of falling, and mobility issues: Shelly is diagnosed with Microcephaly, is a neurological condition in which a person's head is exceptionally smaller than average. It is often accompanied by seizures, intellectual disabilities, and difficulties with coordination/balance. Severe Rheumatoid Arthritis, an autoimmune disease that most commonly affects the joints of the hands, feet, wrists, elbows, knees and ankles. Asthma, a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath. Scoliosis, curvature of the spine. Shelly is also diagnosed with Upper & Lower Extremities Spasticity and reflexive extensor tone. If Shelly were to lie on a bed, mat table or sit in the recliner, staff would use a safety belt to support her in a recliner and have the bed rails up on the mat table. Staff inform Shelly before moving her chair so that she is aware of what is happening in her environment. Staff transfer Shelly utilizing a two person top bottom lift or the in-ceiling track system with a stand by assist. During transfers, Shelly can be very stiff/flexed. Staff will utilize proper lifting techniques and keep their body close to Shelly's when transferring her.

Personal cares: Shelly uses disposable briefs and the mat table to freshen up. Staff will assist Shelly to wear clean and dry clothing. Shelly is not able to reposition herself, staff will assist her with repositioning throughout the day.

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

Bruises easily: If Shelly were to sustain any bruising at PAI, staff notify Shelly's residence.

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 Shelly to the water.

Community survival skills: Shelly is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules.

PAI

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. Shelly is with staff while in the community.

Sensory disabilities: Staff will verbally inform Shelly of her surroundings and any time staff touch her, such as before transfers, utilizing hand over hand techniques, sensory integration, etc. Since Shelly keeps her eyes to the right, staff will offer objects for choice-making on her right side at a distance of one to two feet.

Person-centered planning: Things important to Shelly are her family, having fidgets available, and being a part of activities. Things important for Shelly are her seizure protocol, her dietary needs, and her team who advocates for her.

A good day for Shelly is when she has plenty of good food, when she is seizure free, when she sees her family and friends, and when she is engaged in activities she enjoys.

A bad day for Shelly is when she is tired from her seizures or PRN, when she is not feeling well, and if she is bored or not engaged with others.

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:**

Shelly prefers to have access to a fidget on her lap tray

Shelly often likes to rest after a seizure

Shelly enjoys listening to music

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?**

Shelly works on outcomes that are important to and for her. Shelly makes choices throughout her day of what activities she would prefer to engage in.

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

Shelly chooses the community events she attends. Shelly is encouraged to interact with community members as she is comfortable.

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

Shelly attends outings in the community. She is encouraged to interact with community members as she is comfortable.

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

Shelly and her team are not seeking competitive employment at this time.

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?

- Shelly's, residence, guardian, and PAI staff will share necessary information as it relates to Shelly'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.
- Corey Severson, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Shelly 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:

Briana Hinzman, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
651-777-5622
bhinzman@paimn.org

Axis St. Michael, Residence
5533 St. Michael St. Moundsview MN, 55112
763-717-4967
vnguyen@axis-mn.com

Deb Fetter, Guardian
623 Griffin St. Carver MN 55315
612-741-7168
Deb.fetter@chtechnology.com

Core Severson, Case Manager
20 E. Thompson Ave. West St. Paul MN, 55118
651-789-5132
Corey.severson@thomasalleninc.com

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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: Shelly and team are not seeking other services or options at this time.

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

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 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 Shelly

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:
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:

Permitted Actions

PAI

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: Shelly is able to move her body with her arms, when shelly is in a recliner a gait belt will be used to keep Shelly safe.
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: Shelly has limited fine motor skills, staff are able to assist Shelly 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.
 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: Shelly is not able to propel her wheelchair, staff are able to assist Shelly to transfer to a safe area.
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: Shelly is not able to position herself, Shelly wears a seatbelt and lap tray.
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: Shelly uses a seatbelt, lap tray, and AFO's.

Staff Information

PAI

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