

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

Name of person served: Olivia Moore

Date of development: 4/2/21

For the annual period from: April 2020 to April 2021

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

Legal representative: Steve and Cheryl Moore

Case manager: Debra Thao

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 Olivia is intensive support services in a community DTH program and community environment. The program works with Olivia 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 Olivia to encourage activities, outings, and visiting with peers. Staff support Olivia 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 Olivia. 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, Olivia will get her nutritional supplement and bring it over to the medication table. Olivia will independently hold onto her syringe during feeding for 12 month overall average of 55% or more of all trials.

Outcome #2: Daily, Olivia will sign when she needs freshening up 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:

- Olivia uses technology at PAI daily through the use of the iPad for choice making and music. There is a keyboard in Olivia's room that she enjoys playing.
- Olivia is able to access the television in the room for sensory videos and to play games. There is a Smartboard in Olivia's room that she can also use for sensory videos and to play games during groups and activities.
- 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:

Seizures (state specific seizure types): Olivia has a seizure disorder that is controlled by medication. She has not had a seizure in years. A typical seizure for Olivia will involve her appearing still, with a low gaze, and her eyes will rapidly move and she will not react to staff. Staff support Olivia by assisting her in remaining safe in the event of a seizure, and following her seizure protocol. Staff will administer Olivia's seizure PRN when her protocol calls for it.

Special Dietary needs (State specific need): Olivia has a physician ordered NPO diet. She receives all of her nutrition via g-tube. Staff provide support to Olivia by assisting her with her g-tube feedings, and by ensuring that she does not eat any food by mouth.

Chronic medical conditions: Olivia has been diagnosed with chronic lung disease. Staff will provide support to Olivia by assisting her in managing her chronic lung disease. Staff will ensure that they are mindful of her diagnosis when she is participating in groups in the building, or out in the community. Staff will assist Olivia in avoiding things that could affect her lungs, like smoke, dust, or other lung irritants.

Self-administration of medication or treatment orders: Olivia does not currently receive regularly scheduled meds while at PAI. Olivia does have a seizure PRN prescribed as part of her seizure protocol. Should Olivia be prescribed a regularly scheduled medication during PAI program hours, staff would set up and pass medications to Olivia according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each medication administration time, staff would dispense the medication and pass it to Olivia via G-tube. Staff would request medications/refills from Olivia's residence. Staff will follow Olivia's seizure protocol regarding her PRN medication and administer as needed. 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 would be communicated by staff to Olivia's residence and any orders or instructions will be followed.

Other health and medical needs (state specific need): Olivia has poor circulation and is sensitive to cold. Her hands are often a reddish color, this is normal for her. Olivia's hands may turn a dark grey or blue color if she is too cold. Staff will provide support to Olivia by ensuring that she is warm enough, and that she has blankets available to her as needed.

Risk of falling: Staff will provide support to Olivia by telling her where obstacles and changes in terrain are. If needed, staff will offer their arm to Olivia for her to hold onto to navigate stairs, curbs, or uneven terrain. Olivia will also be supported by staff by staff assisting her in avoiding the use escalators if possible. Staff may remind Olivia to hold onto railings when walking up and down stairs. Staff assist Olivia when using stairs by following behind her while ascending upstairs, and going in front of her while descending down stairs.

Mobility issues: Staff will provide support to Olivia by telling her where obstacles and changes in terrain are. If needed, staff will offer their arm to Olivia for her to hold onto to navigate stairs, curbs, or uneven terrain. Olivia will also be supported by staff by staff assisting her in avoiding the use escalators if possible. Staff may remind Olivia to hold onto railings when walking up and down stairs. Staff assist Olivia when using stairs by following behind her while ascending upstairs, and going in front of her while descending down stairs.

Personal cares: Olivia wears a disposable brief. Olivia may either stand while being freshened up or assisted onto the mat table to lay down while being freshened up. If on the mat table Olivia needs assistance getting up and down. Staff will assist Olivia to wear clean and dry clothing. Olivia is able to independently reposition herself throughout the day.

PAI

Regulating water temperature: Olivia is unable to independently adjust the water temperature to a safe level. Staff will provide support to Olivia by physically checking the water by placing their own hand in the water, and will adjust the water to a safe and comfortable temperature prior to exposing Olivia to the water.

Community survival skills: Olivia is accompanied by staff 1:1 while in the community. Staff support Olivia by modeling appropriate social behavior and following 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. Olivia is 1:1 with staff while in the community. Staff will support Olivia by ensuring that she remains a safe distance from water risks.

Sensory disabilities: Olivia has a vision impairment and mild hearing loss. Staff support Olivia by assisting her in cleaning and maintaining her corrective lenses as needed, and in ensuring that she is safe should she be in an environment where her vision and/or hearing impairment could put her in danger.

Person-Centered Information:

Important to: It is important to Olivia to be able to relax in a chair or recliner. She enjoys sitting in recliners with a blanket on. Olivia enjoys listening to music. It is important to her to be able to listen to music she particularly enjoys. She really likes classic R&B, especially Earth, Wind and Fire and Stevie Wonder. She also enjoys listening to Bruno Mars. Olivia likes being read to, it is important for her to be able to have a staff or caregiver read a book or article to her, or to her and her peers. Olivia does like to go for a walk with staff and caregivers on occasion. This depends on how she is feeling. Olivia does not like to be expected to go for walks when she is not interested in going for one, or participate in activities that she is not interested in. Olivia does not like to wait for items or activities that she wants to do and is ready to do. It is important to Olivia that staff wait to show her or give her something that she would like until the item is ready for her. It is important to Olivia that her wishes to be respected by staff and caregivers. Olivia enjoys playing notes on a keyboard, when a keyboard is available. She has shown that playing on a keyboard can have a calming effect on her should she be feeling discomfort. It is important to Olivia to have a keyboard available to her that she can play when she desires.

It is **important for** It is important for Olivia that she continues to get up from her chair and walk around to maintain her ability to do so, and to promote healthy bone strength and tone. It is important for Olivia to have staff and caregivers know her well, to provide the best possible assistance and care. It is important for Olivia to continue to be encouraged to be as independent as able in participating in activities, and assisting staff and caregivers in her feedings. It is important for Olivia that staff are respectful of her wishes, and don't ask or expect her to participate in activities that she doesn't enjoy, as this can cause her to become upset and agitated.

A **Good day** for Olivia would involve her having the opportunity to participate in things and activities that she enjoys, such as relaxing in a recliner and listening to music she enjoys. A good day for Olivia would also involve her being able to do things at her pace, and not be rushed. A good day for Olivia would involve her receiving things that she wants when they are ready for her, so she doesn't have to wait too long. Staff reading to Olivia would contribute to her having a good day. A good day for Olivia would involve her having things available to her that she enjoys doing, such as playing the keyboard.

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A **Bad Day** for Olivia would involve her not getting to relax in a recliner or chair. Olivia having to listen to music that she has shown she doesn't like would contribute to her having a bad day. Olivia not having the opportunity to be read to could contribute to her having a bad day. It could cause Olivia to have a bad day if she has many instances during a day where she is waiting for something she likes or wants. Not having enough blankets and other warm items available to her when she is cold would contribute to her having a bad 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**:

Olivia enjoys being part of the group, when she chooses, and spending time and socializing with peers, friends, and staff. She also enjoys spending time in a recliner relaxing away from the group.

Olivia communicates via facial expressions, body language, and vocalizations.

Olivia likes having a schedule of activities during the day, and knowing when and how she is able to do the things she enjoys.

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**?

Olivia works on outcomes that are important to and for her. Olivia makes choices throughout her day of what activities she prefers to participate in.

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

Olivia chooses the outings she attends. When Olivia chooses to go into the community, she is encouraged to interact with community members as she is comfortable.

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

When Olivia chooses to go into the community, she is encouraged to interact with community members as she is comfortable.

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

At this time Olivia and her team are not seeking competitive employment options.

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?

- Olivia's guardians, contracted case manager, residential provider, and PAI staff will share necessary information as it relates to her services and care. Needed supplies and medications will be provided by PRI, Olivia's residential provider. 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.
- Debra Thao, Olivia's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Olivia 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 55117
651-777-5622 Ext 202
bhinzman@paimn.org

Steve and Cheryl Moore, Guardians
29 N Deep Lake Road
North Oaks, MN 55127
651-787-9729 (H)
651-402-8632 (Cheryl Cell)
651-485-5985 (Steve Cell)
cherylcmoore@comcast.net

Debra Thao, Case Manager
Handy Help LLC
2365 McKnight Rd N
St. Paul, MN 55109
651-760-3236
debra.thao@handyhelppllc.com

Pam Owen, PRI Residential Contact
Phoenix Residence-Viking House
645 Viking Drive E
Little Canada, MN 55117
651-294-2076 (H)
651-231-4976 (On Call Cell)
Viking@phoenixresidence.org

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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: At this time Olivia and her team are not seeking other providers or options.

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 PRI-Viking, Olivia's residential provider.
- Administration of medications and assistance with tube feedings.
- Provide first aid and CPR, 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: **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

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: When upset Olivia may request a hug to help calm down.
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: Olivia may need assistance from staff with some fine motor skills. Staff can assist Olivia 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: Olivia may not respond appropriately to emergency situations or become fearful in such situations, which could hinder her in safe evacuation. Staff will assist her in evacuating during an emergency as needed.
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

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