

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

Name of person served: Hope Gustafson

Date of development: 1.21.2021

For the annual period from: 01.01.2021 to 12.31.2021

Name and title of person completing the *CSSP Addendum*: Kennedy Norwick, Designated Coordinator

Legal representative: Patty and Scott Gustafson (parents, private)

Case manager: Caitlin Magnuson, Meridian Services

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 Hope is intensive support services in a day training and habilitation community-based program. The program works with Hope 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 Hope’s physical, emotional and social functioning. Staff support Hope in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, data tracking and daily support related to her health, safety and wellbeing as needed by Hope. Support is provided in the most integrated and least restricted environment for Hope. PAI works with Hope’s guardians, residential provider and transportation provider for continuity of care.

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 is important for Hope that she can use the iPad. It is also important to and for Hope that she can be as independent as possible.

Hope will assist staff in unlocking the iPad.

Outcome #2: It is important to and for Hope that she is able take a break when needed.

Hope will use a break pass when she wants to leave the room.

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:

Hope uses an iPad for leisure. No further research is needed.

PAI

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Choking and Special dietary needs:** Hope will eat food very quickly, and will not wait for it to cool before eating. When eating, staff will ask Hope to place a napkin on her lap to wipe her hands to replace her desire to wipe her hands on her pants. Staff will monitor the temperature of Hope's food, and will provide verbal prompts to slow down while eating. Staff will cut Hope's food into bite-size pieces.
- **Self-Administration of Medication or Treatment Orders:** Hope does not take any medication at PAI. If the need did arise for her to take medication at PAI, a staff trained in medication administration would administer the medication to Hope per a signed physician's order.
- **Preventive Screenings, Medical and Dental Appointments:** Hope's guardians schedule and attend all medical appointments with her. Any concern of medical changes or signs/symptoms noted at PAI will be relayed to Hope's guardians.
- **Risk of falling/mobility:** Hope may not navigate obstacles, ice, curbs, etc. She can be easily distracted and may not pay attention to where she is walking. Staff will offer verbal and point prompts to remind to Hope to "look" or "watch" where she is walking. When in icy or wet areas, staff will offer an arm for additional support.
- **Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Hope coming into contact with it.
- **Community Survival Skills:** Hope utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Hope while in the community to practice all pedestrian and traffic safety skills. She is supported in safely engaging with the community activities and people of her choice. Staff observe what is occurring around Hope and intervene on her behalf if a potentially dangerous situation were to arise. Staff will call 911 on Hope's behalf in the event of an emergency.
- **Water safety skills:** PAI does not offer swimming or bathing. When near bodies of water, staff will stay within arm's reach of Hope.
- **Sensory:** Hope may be sensitive to loud noises. Hope may run away and/or "collapse." Staff will attempt to dampen environmental sensory stimuli (turn music down, turn off lights) to aid in successful de-escalation of overstimulation. Staff will also provide access to a sensory area if she needs a place to calm down and have time to herself. Hope can have unsupervised time in a breakout room for up to 5 minutes. Hope must be accompanied by staff when walking in the hallway (when agitated).
- **Self-injurious behaviors:** Hope has a history of hitting herself in the head when upset. Though this has not been seen in a long time, staff will watch for signs of frustration and will work to help Hope de-escalate.
- **Change/transitions:** Hope may become upset if there is a change in her routine. Hope also struggles with transitions. Staff will inform Hope of any changes in her routine ahead of time to give her time to process the change. Verbal cues, visual cues, social stories and visual prompts (such as clocks or timers) help Hope through transition times and changes in her routine.
- **Physical aggression:** When upset, angry, frustrated and/or sad, Hope may reach out and grab hair, hit or throw objects. Staff will visually monitor Hope for signs of distress and redirect her to walk in the hallways, as this seems to help her. When she is walking in the hallways, staff remain with Hope to monitor and intervene if she were to reach out to a peer. Staff may also re-direct hope to a sensory/breakout room where she can use the iPad to cool down. If Hope chooses to use the iPad in a sensory/breakout room, she can maintain unsupervised for up to 5-10 minutes. Staff will help Hope identify her feelings and help her work towards self-regulation. If 1:1 for an hour, Hope will be picked up.
- **Person-centered information**
- Important to Hope: music, iPad, walks, independence

PAI

- Important for Hope: taking walks, especially when agitated, prompting independence, persistence, re-direction, self-regulation, participation
- Balance of important to and for: It is important for Hope that she is able to take walks throughout the day, especially when she is upset/agitated. It is important for Hope that she is able to accept re-direction and works towards self-regulation. It is important to Hope that she is independent and makes her own choices, however, it's also important for Hope that she is encouraged to participate in group activities.
- Good day for Hope: A good day for Hope is when she is smiling/happy and does not engage in physical aggression.
- Bad day for Hope: A bad day for Hope is when she is agitated and engages in physical aggression. A bad day for Hope is also when she needs to be 1:1 with staff.
- How to have more good days: In order for Hope to have more good days, staff will try and provide Hope with a calm environment. Staff will also give Hope time on her iPad. If Hope were to become aggressive/agitated staff would offer her walks/time in a breakout space and work with her to de-escalate.
- Likes: iPad, gloves, music, taking walks
- Dislikes: loud noises (i.e. balloons), escalators, merry-go-rounds, the city bus
- Preferences: Hope prefers to be independent. Hope prefers calm environments. She prefers time on her iPad to listen to music. She prefers to walk a lot and prefers to observe rather than participate.

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**:

Hope prefers to be independent. Hope prefers calm environments. She prefers time on her iPad to listen to music. She prefers to walk a lot and prefers to observe rather than participate.

Hope is able to choose which groups/activities she would like to participate in.

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**?

Hope has daily opportunities to develop and maintain skills. Hope often prefers to observe rather than participate. If Hope does show interest in a group/activity, staff support her to do so.

Hope has daily opportunities to engage in activities that she is interested in (walking, iPad).

PAI

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

Hope chooses where she would like to go on community outings. Her support staff discuss upcoming outings each week 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?

As Hope's communication style may be hard to understand for those not familiar with her, staff support Hope 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?

Hope's team is interested in exploring competitive employment. Hope will start employment services (Exploration) on 3/11/2021.

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?

- Hope's guardians, case manager and PAI staff collaborate to share necessary information as it relates to Hope'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.
- Patty and Scott are Hope's guardians and advocate on her behalf as well as makes legal decisions. Her legal guardians provide information and direction on Hope's services and supports in collaboration with other members of her support team.
- Caitlin Magnuson, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and assists Patty and Scott in advocacy and finding additional opportunities for community involvement. Caitlin also completes Hope'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
Kennedy Norwick
knorwick@paimn.org
Phone: 651.426.2484
Fax: 651.426.3789
- Case Manager
Caitlin Magnuson
cmagnuson@meridiansvs.com
Phone: 952.767.4164
- Guardians
Patty and Scott Gustafson
brightbeersanitation@gmail.com
651.777.2523 (H) or 651.295.1189 (C)

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:

Hope's team is interested in exploring competitive employment. Hope will start employment services (Exploration) on 3/11/2021.

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 of injury or illness and provision of first aid or care to treat the concern.
- 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: 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

PAI

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:
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:
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:
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: Blocking aggression towards staff and peers
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:
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:
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: To assist in the safe evacuation or redirection in the case of an emergency where Hope is at risk of harm.
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:
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: To re-direct Hope when she is upset/displaying aggressive behaviors
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:
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:

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: N/A

PAI

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