

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

Name of person served: Jack Kestner

Date of development: 03.08.2021 For the annual period from: 03.01.2021 to 02.28.2022

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

Legal representative: Michelle Baruth, Legal Representative

Case manager: Allyssa Hickman, Jewish Family 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 Jack is intensive support services in a day training and habilitation community-based program. The program works with Jack to develop and implement achievable outcomes that support his goals and interests and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Jack’s physical, emotional and social functioning. Staff support Jack in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, medication administration, data tracking and daily support related to his health, safety and wellbeing as needed by Jack. Support is provided in the most integrated and least restricted environment for Jack. PAI works with Jack’s 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 to and for Jack that he is able to join activities that are of interest to him.

Jack will join a group/activity.

Outcome #2: Animals are very important to Jack. Jack also likes to learn about animals.

Jack will research an animal of his choice with staff.

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:

Jack uses an iPad for leisure. Jack will use Zoom to make calls.

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:** Jack has seasonal allergies. Jack does not require any supports in this area at PAI.
- **Choking/special dietary needs:** Staff will provide Jack with constant supervision while eating. Staff will help Jack cut his food into bite-sized pieces. Staff will provide Jack with verbal reminders to “slow down” and to “take small bites”.
- **Chronic medical conditions:** Jack’s chronic medical conditions include GERD, constipation, anxiety, acne and symptoms of ADHD (not diagnosed).. If Jack is showing signs of constipation, staff will let his house know. Jack has a PRN for anxiety. If Jack appears anxious, staff will help him self-sooth (taking a walk, deep breaths, squeezes, rubbing his head, etc.). Jack does better if he can follow a daily schedule and knows what to expect. “First/then” language is also helpful for Jack, as well as verbal cues during transitions. Staff will ensure that Jack is able to be active in his environment. If Jack states that he feels sick/says his stomach hurts, staff can offer him water and rest.
- **Self-administration of medication or treatment:** A staff trained in medication administration administers Jack’s PRN per a signed physician’s order.
- **Preventive Screenings, Medical and Dental Appointments:** Jack’s residential staff schedule and attend all appointments with him. Any signs/symptoms of illness/injury will be relayed to Jack’s residential staff. If staff observe the need for a medical or dental appointment, they will notify Jack’s residential staff via phone call or in his communication book.
- **Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Brock coming into contact with it.
- **Community survival skills:** Staff will go into the community with Jack and will remain with him, keeping him within visual range at all times. Staff will model and demonstrate pedestrian safety and how to stay safe in the community. Staff can give Jack a “10-minute warning” before leaving somewhere (i.e. bookstore). When going out into the community, staff should bring along a small snack that Jack likes, such as chips, and also a small bag of Skittles. When Jack does a good job at some activity, reward him with chips (“Jack you did terrific moving away from that big group of people and keeping to your own space. Here are some chips.”). If Jack gets overstimulated and verbally aggressive and is out in the community with staff, tell him he needs to move to safe space and to calm, and then he may have Skittles. (“Jack, let’s move over here where we can get some space, and have some Skittles.”)
- **Water safety skills:** PAI does not offer swimming or bathing. When near bodies of water, staff will stay within arm’s reach of Jack.
- **Sensory disabilities:** If Jack appears to be over-stimulated (especially by noise, however, sometimes triggers may be unknown), staff can offer Jack a quiet place to move to. Staff can also offer him headphones and/or self-soothing exercises.
- **Self-injurious behaviors:** If staff sees Jack biting himself, staff should calmly ask Jack to take his fingers out of his mouth and use his words to tell them what he is upset about. Staff should then help Jack solve his problem. staff can offer Jack a quiet place to move to. Staff can also support him in engaging in self-soothing exercises.
- **Physical aggression/conduct:** Staff will tell Jack that his behavior is not ok and will move him to safe area. Staff will attempt to block any aggressions. Staff can ask Jack if he wants to take a walk or engage in self-soothing exercises.
- **Verbal aggression:** If Jack engages in verbal aggression, staff will ask him to “try again”. If Jack continues to verbally aggress, staff can ask him to take a break.

PAI

- **Person-centered information**

- **Important to:** family, electronics, being active, going into the community, quiet environments, his own space, animals, sitting on a bean bag.
- **Important for:** electronics, being active, going into the community, quiet environments, his own space, help regulating his emotions, reliability (especially with staff), having a schedule/knowing what to expect, self-calming, joining the group.
- **Balance of important to and for:** It is important to Jack that he has his own space and the ability to do what he wants; however, it is important for Jack that he joins in group activities (especially because he ends up enjoying them).
- **Good day for:** quiet environment, knowing what expect, consistency in his day, being able to be outside.
- **Bad day for:** a loud/hectic environment, not knowing what to expect, inconsistency, anxiety
- **How to have more good days:** Staff will try and provide Jack in a calm and quiet environment. Staff can offer Jack a daily schedule, tell him what to expect, and provide consistency.
- **Likes:** spending time with family, electronics/iPad, books, movies, ice cream, hamburgers, going on outings, hiking, biking, swimming, being active
- **Dislikes:** loud noises, crying babies, washing his hands/water on his face

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**:

- Jack prefers a calm/quiet environment
- Jack prefers to use an iPad/look at books
- Jack prefers to be around one specific peer for a lot of the day
- Jack prefers consistency
- Jack prefers routine
- Jack prefers a daily schedule
- Jack prefers that he knows what to expect/what is happening
- Jack prefers that can he can be active
- Jack prefers to sit in a bean bag with blankets

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

PAI

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Jack has daily opportunities to develop and maintain skills.

PAI offers a large variety of leisure and skill building group/activities. Jack is able to work on outcomes that are important for and to him. Jack makes choices throughout the day of what activities, outings, and groups he would like to participate in.

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

Jack can choose what outings or community activities he would like to participate in. Jack is encouraged to interact with community members as he is comfortable.

Due to COVID-19, Jack has not had the opportunity to go into the community.

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

Jack has the opportunity to volunteer and spend time in the community. Jack is encouraged to interact with community members as he is comfortable. Staff support Jack in building and maintaining relationships in the community.

Due to COVID-19, Jack has not had the opportunity to go into the community.

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

The team is not interested in competitive employment at this time. Competitive employment is always available via enrollment in Employment Services.

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?

- Jack's legal guardian, parents, case manager, house staff and PAI staff collaborate to share necessary information as it relates to Jack'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.
- Michelle Baruth is Jack's legal guardian and advocates on his behalf as well as makes legal decisions. His legal guardian provides information and direction on Jack's services and supports in collaboration with other members of his support team.
- Allyssa Hickman, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and assists Michelle in advocacy and finding additional opportunities for community involvement. Allyssa also completes Jack'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
Allyssa Hickman
ahickman@jfssp.org
Phone: 651.332.9274
- Legal Guardian
Michelle Baruth
michelle@guardconserve.com
Phone: 612-505-2758 – Cell or 952-426-4681 – Fax
- Parents
Pete and Melissa Kestner
mckestner@comcast.net or pete@crawfordkestner.com
Phone: 612-802-0960 (Melissa)
- The Lodges
Colleen Sherman and Erica Hennen
Phone: 612-200-0901 Ext. 1035 (Erica)
Erica@thelodgesco.com
Colleen@thelodgesco.com

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:

The team is not interested in competitive employment at this time. Competitive employment is always available via enrollment in Employment Services.

Describe any further research or education that must be completed before a decision regarding this transition can be made: No further research is needed 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
<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.• Provide first aid and CPR, as needed.• Medication Administration <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: N/A</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 checked="" type="checkbox"/> Yes <input 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: Anxiety2. 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"/> No3. 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

Permitted Actions
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 1. To calm or comfort a person by holding that person with no resistance from the person. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: To help calm Jack when he is anxious(rubbing head, chest, squeezes etc.) 2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: To facilitate Jack's completion of a task (hand-over-hand prompting) 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: To block or redirect if Jack becomes aggressive 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 9. Is positive verbal correction specifically focused on the behavior being addressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: To help calm jack when he is anxous/frustrated/upset 10. Is temporary withholding or removal of objects being used to hurt self or others being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify): <input type="checkbox"/> NA

Frequency Assessments
1. Frequency of <i>Progress Reports and Recommendations</i> , minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
3. Request to receive the <i>Progress Report and Recommendation</i> : <input type="checkbox"/> At the support team meeting <input checked="" type="checkbox"/> At least five working days in advance of the support team meeting
4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i> , this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA