

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

Name of person served: Mary Bromander

Date of development: 3/31/2021 For the annual period from: April 2021 to April 2022

Name and title of person completing the *CSSP Addendum*: Beth Blackorbay, Designated Coordinator

Legal representative: Katie Schultz

Case manager: Dawn Kirchoff

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 Mary is intensive support services in a community DTH program and community environment. The program works with Mary 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 Mary to encourage activities, outings, and visiting with peers. Staff support Mary 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 Mary. Support is provided in the most integrated and least restrictive environment.

PAI

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: Twice a week using the MAC switch, Mary will make a choice between two music genres in 70% of trials for a twelve-month period.

It is important to Mary to be able to listen to music. She enjoys different music genres. This outcome will provide an opportunity for Mary to make choices.

Outcome #2: Daily, Mary will choose if she wants to use a blanket or a pillow while in the recliner at 80% of all trials for a twelve-month period.

It is important to Mary to be able to sit in a recliner and relax during her day with a blanket or pillow. It is important that Mary is able to make choices.

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:

- Mary can utilize an iPad to make choices and listen to music in her program room.
- Mary and her peers have a computer connected to a television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard that resides in another program room within the building. Mary has the opportunity to participate in various groups and activities that are being run utilizing the Smartboard such as games and art exploration when she visits the program room where the Smartboard resides. The Smartboard is used for similar purposes as the computer, but with a much larger screen.
- Further technology exploration is not 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: Mary has seasonal allergies and has an allergic reaction to bug bites. Prior to outings in which there may be exposure to insects such as nature centers and parks, staff will apply insect repellent to Mary's skin, per the product directions. If Mary were to be bitten/stung staff will notify Mary's residence. Staff verbally redirect Mary from scratching the bite area or cover the area with clothing or a bandage to prevent further irritation or injury.

Seizures: Mary has a history of seizures which occurred in 1977, 1984, and 1989. If Mary were to have a seizure staff will follow Mary's protocol and keep her safe and comfortable.

Choking and special dietary needs: Mary has a doctor ordered diet of low cholesterol, ground/chopped diet with thinned liquids. Mary may have pureed consistency to promote independence (this has been identified by Mary and her team as her preference). Mary will be given her lunch sent from home. Residential staff will prepare Mary's meal according to physician's order. PAI Staff will serve food that is consistent with her dietary plan. Mary will eat very quickly and may scoop too much food onto her spoon and into her mouth causing her to have too much food in her mouth at once. Mary has a history of gulping her liquids, which puts her at risk for choking. Mary should be encouraged to drink fluids, to maintain healthy bowels. Staff will give reminders to Mary to eat slowly and take small bites as needed. Mary is also distracted by staff touching her during meals, so if she appears irritable, staff will refrain from wiping her mouth/chin until after the meal is over. Mary prefers to drink after eating. If staff offer a cup (without her indicating that she wants it by hand placement), she might think the meal is done and refuse to eat more.

Chronic medical conditions: Mary is diagnosed with Scoliosis, is a sideways curvature of the spine, which has been Surgically repaired, Dementia, a decline in memory, language, problem-solving and other thinking skills that affect a person's ability to perform everyday activities. Hypothyroidism, a condition in which the thyroid gland is not able to produce enough thyroid hormone. Hyperlipidemia, an abnormally high concentration of fats or lipids in the blood. Mary is also diagnosed with Constipation and High Cholesterol, the presence of high levels of cholesterol in the blood. Staff will follow Mary's dietary protocol and report any signs for symptoms of Mary's chronic medical conditions to her residence. If Mary becomes confused staff will inform Mary where she is and comfort her. PAI reports bowel movements to residential provider daily via Mary's communication book. PAI reports signs and symptoms of constipation or bowel obstruction such as vomiting, distended stomach, crying, or not wanting to eat or drink. Staff physically offer water to Mary throughout the day and walk with her daily to help promote bowel health.

Self-administration of medication or treatment orders: Staff request medications from Mary's residence. Staff administer medications to Mary 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 Mary. 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 Mary's guardian and any orders or instructions will be followed.

PAI

Sun sensitivity: Staff apply liberal amounts of sunscreen to Mary's exposed skin per the sunscreen directions prior to spending time outside for more than 10 minutes and reapply per bottle directions during the months of April – September even if there is an overcast sky. Staff will also keep Mary out of direct sunlight as possible utilizing shaded areas when available.

Eye redness: Staff will monitor any instances of eye redness and communicate concerns with residence for treatment. Historically the redness dissipates with time over a few days. Mary has also rubbed her eyes to the point of causing bruising around her eyes. Staff monitor and redirect Mary has tolerated.

Risk of falling and mobility issues: Mary is blind. Staff will keep the program floor as clear of obstacles as possible. Immediately upon sitting down, Mary will independently remove her shoes and socks. Staff will aid Mary in putting her shoes on prior to ambulating. Staff physically assist Mary to walk short distances by walking next to her linking their arm with her arm or letting Mary hold their arm/hand. Staff verbally tell Mary if there are obstacles and where to step so she is aware of what is happening in her environment. For longer distances in the community staff physically assist Mary to a wheelchair and propel the wheelchair for Mary. Mary's extended support team is aware that Mary chooses to lay in the seat while her seat belt is fastened, as it appears to be more comforting to Mary. The team has agreed this is acceptable for Mary.

Personal Cares: Guide Mary to the restroom by holding her hand or wrapping your arm around hers; she uses the middle toilet. Once at the toilet, assure sure she gets a hold of the railings and she will turn around by herself. Staff will assist her by pulling down her pants and brief. When she is finished, help her freshen up, put a clean brief on, and pull up her pants. Guide Mary to the sink to have her wash her hands (staff will check the water temperature).

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 Mary to the water.

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

Sensory disabilities: Mary is blind. Staff provide verbal prompts and warnings prior to approaching or touching Mary, in order to reduce symptoms of anxiety, tactile defensiveness, and to communicate to her what is happening in her environment. Mary is very nervous about being touched. Mary is at risk of not accepting assistance when needed or refusing assistance for tasks like receiving eye drops or brushing her teeth. Mary is at risk of further health complications if she will not allow staff to complete health related tasks. Staff will provide verbal prompts for each step required to complete the desired task so she knows what to expect and increase the likeliness that she will accept assistance.

Depression, Dysthymic disorder: Mary has a diagnosis of depression and is currently on psychotropic medication, at her residence, to manage symptoms of depression. Staff will watch for signs or symptoms of

depression, and signs or symptoms of medication side effects. Staff will report any signs or symptoms to Mary's residence.

Person-centered planning:

Important to: Mary enjoys listening to music. She likes many different genres of music. It is important to Mary to be able to listen to music during the day. Mary enjoys sitting in a chair or recliner with a blanket. It is important to her to have the opportunity to relax in a chair during her program day. Mary has shown like she likes to receive lotion massages on her hands and feet. It is important to Mary that during sensory groups and activities she can receive lotion massages from staff. Mary has shown that she likes to participate in some groups and activities with hand over hand assistance. It is important to Mary that staff are explaining to Mary what is happening while she is participating, as she cannot see what is happening. Mary has responded positively to guitars and other instruments being played for her. She likes attending Music Therapy. It is important to Mary that she has opportunities to attend Music Therapy and other music groups where she is able to listen to live musical instruments. It is important to Mary that her environment is not too loud, as this can be upsetting to her. Mary really likes spending time outside during warm seasons. She likes to take her shoes and socks off and sunbathe. It is important to Mary that she has opportunities to spend time outside on nice sunny days. Mary enjoys mealtime, and especially likes spicy food. She does not like food that is bland. It is important to Mary that she is able to eat food that she enjoys.

Important for: It is important for Mary that she is receiving care from staff and caregivers that know her well. It is important for Mary that she continues to receive opportunities to walk to maintain her skill to do so, and to maintain bone and muscle strength/tone. It is also important for Mary that staff are assisting her when she is walking by offering their arm to assist, also explaining her environment and surroundings as she walks. Due to her vision impairment, she is at risk of falling or bumping into objects if staff are not being descriptive while assisting her while walking. It is important for Mary to be able to utilize a wheelchair while in the community, or if she is expected to go on long walks. Mary can become fatigued if she is to walk a long distance, putting her at risk of falling. She is able to eat her meals independently when her plate and eating utensil are set up correctly. It is important for Mary that she continues to eat her meals as independently as possible.

A **Good day** for Mary would involve her having the opportunities to participate in activities that she enjoys, such as music, sensory groups with lotion massages, and some games and art with hand over hand assistance from staff. A good day for Mary would also involve her having the opportunity to relax in a chair or recliner.

A **Bad Day** for Mary would involve her not having the opportunities to participate in activities that she enjoys. A bad day for Mary could come as a result of being in a loud environment, as she prefers her environment to be quieter with less commotion. Walking with staff that are not describing her environment to her as she is walking. Walking without this assistance from staff can be scary for her, due to her vision impairment.

PAI

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**:

- Mary prefers a relatively quiet environment.
- Mary likes to have her socks and shoes off.
- Mary prefers to relax in a recliner.

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**?

Mary has the opportunity to work on outcomes that are important to and for her. Mary makes choices throughout the day of what activities and groups she prefers to participate in.

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

Mary chooses which outings and community activities she prefers to participate in. Mary is encouraged to interact with community members as she wants.

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

Mary is encouraged to interact with community members. Mary can choose to participate in volunteer activities and other opportunities she chooses.

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

Mary and her team have decided not to seek competitive employment. Mary and her team feel she is content participating in enrichment activities during the day.

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?

- Mary's residence, guardian, and PAI staff will share necessary information as it relates to Mary's services and care. Needed supplies and medications will be provided by her 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.
- Dawn Kirchoff, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Mary 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:

Beth Blackorbay, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
612-446-3685
bblackorbay@paimn.org

ACR, Residential
1822 Dale Crt. Roseville MN, 55113
651-488-1088
Susie.abramson@acrhomes.com

Katie Schultz, Guardian
160 E. Kellogg Blvd. St. Paul MN, 55101
651-266-4268
Katie.schultz@co.ramsey.mn.us

Dawn Kirchoff, Case Manager
160 E. Kellogg Blvd. #7800
St. Paul, MN 55101
651-368-3028
Dawn.kirchoff@co.ramsey.mn.us

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:

Mary and her team are not interested in seeking competitive employment. Mary and her team feel she 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

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
<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 • Request medical supplies and medication refills from residence • Administration of medications to Mary • First aid, CPR <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: NA</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 type="checkbox"/> Yes <input checked="" 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: NA 2. 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A 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: NA

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"> To calm or comfort a person by holding that person with no resistance from the person. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Mary is blind and needs assistance navigating her environment. Staff are able to hold Mary's arms or hands as she walks. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Mary is blind and may not be able to complete a task, staff are able to assist Mary as tolerated. 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: If Mary gets up or walks without assistance Mary is at risk of falling or walking into someone/something, staff are able to redirect Mary. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: If Mary gets up or walks without assistance Mary is at risk of falling or walking into someone/something, staff are able to redirect Mary. 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: NA Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Mary would not be able to independently exit during an emergency, staff are able to guide Mary to a safe place. 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: NA Is positive verbal correction specifically focused on the behavior being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 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: NA 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: NA

Staff Information
<p>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: NA</p>

<p>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>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</p>

Frequency Assessments
<p>1. Frequency of <i>Progress Reports and Recommendations</i>, minimum of annually: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p>
<p>2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p>
<p>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</p>
<p>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</p>