

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

Name of person served: Terri Leonard

Date of development: 5/11/21

For the annual period from: May 2021 to May 2022

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

Legal representative: Carole Leonard and Lisa Banwell

Case manager: Carrie Kioski

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 Terri is intensive support services in a community DTH program and community environment. The program works with Terri 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 Terri to encourage activities, outings, and visiting with peers. Staff support Terri 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 Terri. 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: Terri will play the Wii once a week 80% of all trials for a 12 month recording period.

Terri has shown an interest in holding the Wii controller. Terri would benefit from continuing to expand her sensory acceptance.

Outcome #2: Terri will choose a sensory activity daily for 85% of all trials over a 12 month period.

Terri would benefit from continuing to expand her sensory acceptance.

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:

- Terri uses technology at PAI daily through the use of the iPad for choice making and music.
- Terri 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: Staff are aware of Terri's allergies. Staff will not give Terri Aspirin, Ibuprofen, Nsaids, or A&D ointment. Staff will notify Terri's residence and doctor if she is prescribed any of these medications.

Seizures: Staff will monitor Terri for seizure activity. Staff are trained on Terri's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

Choking and special dietary needs: Terri has a nothing by mouth (NPO) order. Terri will receive nutrition and medications via her G-tube. Staff receive training on G-tubes prior to assisting Terri with her feeding. Concerns or issues regarding her G-tube will be communicated by staff to Terri's residence and any orders or instructions will be followed.

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

Chronic medical conditions, risk of falling, and mobility issues: Terri is diagnosed with Cerebral Palsy, a muscle disorder. Scoliosis, a curvature of the spine, Polymyalgia rheumatic (PMR), an inflammatory disorder typically seen in older adults that causes widespread aching, stiffness and flu-like symptoms. GERD, acid reflux with Nissen, a surgery to strengthen the esophagus. Hyperopia, farsightedness, and a history of ear infections and UTI's. Staff will offer Terri visual choices from a distance or offer tactile or auditory options. Staff will support Terri by monitoring pain through facial expressions or vocalizations. Any concerns regarding symptoms of diagnoses will be reported to the home. Terri is also diagnosed with Cerebral palsy, a group of disorders that affect movement and muscle tone or posture. Scoliosis, a curvature of the spine with Harrington Rod in back and a Spinal Fusion. Severe Osteoporosis, porous bone with right femur repair. When Terri is on the mat table, the side rails will be up unless staff is standing in front of her. If Terri uses a recliner, a safety strap will be used to support her in place. Terri is transferred using a two person Hoyer lift or a one-person in-ceiling track system. Staff use care when positioning Terri or performing personal cares. Staff will physically and visually ensure that Terri is positioned all the way back in her wheelchair after transfers. In the recliner, Terri is positioned to the back of the chair with the footrest out. Staff may place supporting pillows to assist Terri with positioning in the recliner and also use a safety belt.

Personal Cares: Terri wears disposable briefs and uses the mat table to be freshened up. Staff will assist Terri to wear clean, dry clothing. Staff will help Terri reposition throughout the day.

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 Terri to the water.

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

PAI

Sensory disabilities: Terri has hyperopia. She is able to view objects from a distance, however, lacks the ability to focus her eyes on objects close up. When offering Terri objects to view, staff will hold them at a distance to allow for her to properly focus her eyes.

Person-centered planning: Things that are important to me are my family, going on outings, Music Therapy, 1 on 1 time, always having access to my fidgets on my lap tray, help me be engaged, talk with me in what we are working on, I enjoy doing sensory based activities, and I like playing the Wii. Things that are important for me are I have an NPO order, I have a seizure disorder and a seizure PRN, and sometimes my G-tube gets clogged.

A good day for Terri would be when she has her fidgets, experiences different sensory, can listen to music or attends music therapy, and is around her family.

A bad day for Terri would be when she experiences seizures, is uncomfortable, or not feeling well. Not having access to her fidgets would also be a bad day for Terri.

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**:

Terri prefers to have her lap tray on and have access to her fidgets on her lap tray.

Terri enjoys having music in her life.

Terri enjoys being around caring, calm people.

Terri enjoys sensory activities, they are more meaningful to her

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**?

Terri is encouraged to work on outcomes that are important for and to her. Terri makes choices of the activities she participates in throughout the day.

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

Terri chooses the community outings she would like to attend. Terri is encouraged to interact with community members as she is comfortable.

PAI

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

Terri 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?

Terri 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?

- Terri's guardians, residence, and PAI staff will share necessary information as it relates to Terri'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.
- Carrie Kioski, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Terri, her residence and her guardians 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

Carole Leonard, Guardian
6910 W. 24th St. St. Louis Park MN, 55426
952-544-4394
Carole2hike@gmail.com

Lisa Banwell, Guardian
4629 43rd Ave. S. Minneapolis MN, 55406
612-387-1572
lia@queeniandpearl.com

Carrie Kioski, Case Manager
2112 Broadway St. NE Suite 195 Minneapolis MN 55413
612-400-1252
ckioski@cipmn.org

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: Terri and her team are not currently seeking other 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 Terri

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: 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: Terri has limited fine motor skills, staff are able to assist her complete tasks 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: Terri is unable to remove herself from an emergency, staff can push Terri's wheelchair or help her transfer out of the building in an emergency.
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: Terri is not able to position herself, staff are able to help Terri be positioned comfortably in her chair. Terri uses a seatbelt and lap tray to help her stay comfortable in her chair.
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