

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

Name of person served: Kelly Pederson

Date of development: 5/26/2021

For the annual period from: May 2021 to May 2022

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

Legal representative: Kerry “Toby” Pederson

Case manager: Olivia Garcia

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 Kelly is intensive support services in a community DTH program and community environment. The program works with Kelly 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 Kelly to encourage activities, outings, and visiting with peers. Staff support Kelly 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 Kelly. 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 Kelly will initiate an activity to participate in 80% of trials over a 12 month period.

It is important to Kelly to be able to make choices throughout her day.

Outcome #2: Once a month Kelly will choose somewhere to tour virtually 80% of all trials over a 12 month period.

Kelly is working on expanding her decision making skills.

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:

- Kelly uses technology at PAI daily through the use of the iPad for choice making and music.
- Kelly and her peers have a computer and 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 at the Linden program.
- Further technology exploration is not needed at this time.
- Kelly will be utilizing remote services with PAI staff. Staff will support Kelly remotely to work on outcome implementation, data tracking, and daily support related to her health, safety, and well-being as needed by Kelly. Support is provided in the most integrated and least restrictive environment.

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 (Seasonal Allergies): Kelly is diagnosed with seasonal allergies. Staff are aware of her allergies. Staff will monitor Kelly for signs and symptoms of seasonal allergies. Kelly is able to report to staff if she is feeling ill or in physical discomfort. Concerns with allergies will be communicated to residence via phone, email or communication book, and noted in her Daily Progress Notes.

Choking and Special Dietary Needs: Kelly may eat too quickly putting her at risk of choking. Kelly occasionally uses her fingers to move food around in her mouth. Kelly has a history of weight problems, high cholesterol, and high blood pressure. Kelly may need encouragement and assistance making healthy food choices. Kelly should be encouraged to eat food that is low in sodium and saturated fats. Kelly may also need encouragement to eat slowly and recognize when she is full. Staff support Kelly by ensuring that her meals come in to PAI prepared according to her dietary guidelines. If her meals are not prepared correctly, staff will do so, and will notify Kelly's residence.

Chronic Medical Conditions, Risk of Falling, and Mobility Issues: Kelly is diagnosed with Cerebral Palsy with right hemiparesis, a group of disorders that affect a person's ability to move and maintain balance and posture. Due to her Cerebral Palsy, Kelly has limited use of her left hand. Kelly is able to request assistance, as needed, to perform fine motor tasks. Neurogenic bladder, a bladder dysfunction caused by neurologic damage. Scoliosis, curvature of the spine. Kelly is also diagnosed with right hip dysplasia, a hip socket that does not fully cover the ball portion of the upper thighbone. This allows the hip joint to become partially or completely dislocated. Staff provide support to Kelly by assisting her when needed in managing her chronic medical conditions. Due to an increase in falls, Kelly no longer able to transfer herself independently. Kelly may need reminders to wear her seatbelt in her wheelchair. Kelly may choose not to utilize her leg rests which may cause her feet to drag on the ground and cause injury. Staff will encourage Kelly to utilize her footrests. Kelly has previously gone down ramps too quickly and has fallen out of her wheelchair. Staff will hold on to Kelly's wheelchair handle to monitor her speed while using a ramp. Kelly may need assistance propelling her wheelchair long distances, uphill, or on rough terrain. Kelly is able to ask for assistance propelling her wheelchair. Staff will assist Kelly propelling her wheelchair coming in and out of the building, near curbs, or near other potentially dangerous situations. Kelly may have different bruises or scratches on her legs from independently maneuvering her wheelchair. Typically, these bruises/scratches will be on her lower legs, outer thigh, buttocks, arms and hands. Any concerns will be communicated to residence via phone, email or communication book, and noted in her Daily Progress Notes. Kelly utilizes the in-ceiling track system and/or hooyer lift for transfers.

Personal needs: Kelly utilizes the in-ceiling track system and/or hooyer lift for transfers. She uses the "U" sling. Kelly wears a brief for occasional incontinence. Staff will unfasten her brief while sitting in her wheelchair and transfer her on to the toilet. Staff will assist her with freshening up and place a clean brief on the wheelchair and fasten it after she is sitting down. Kelly should not bear any weight (she may ask you to, but due to her increased falls, she is not able to do so). Staff will make sure that she wears clean and dry clothing.

Self-administration of medication or treatment orders: Kelly may need assistance when preparing or taking her medications. Kelly's group home staff assist her with her medications. Kelly may refuse or choose not to follow all doctor's orders. Kelly does not presently have any physician prescribed medications that she will be administered at PAI. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred, should Kelly be prescribed medications.

Other health and medical needs (Inconsistent Injury Reporter): Due to Kelly's disability she may not report injuries as they occur. Kelly may hide cuts and dry skin on her hands. Staff observe Kelly for changes in behavior and encourages her to take care of her hands by giving verbal reminders to apply lotion and assist her, as requested.

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Staff will apply bandages, when necessary. Any concerns will be communicated to residence via phone, email or communication book, and noted in her Daily Progress Notes.

Community survival skills: Kelly may need assistance propelling her wheelchair long distances, on hills, ramps, and uneven terrain. Kelly may need a reminder to wear her seatbelt in the vehicle and in her wheelchair. Staff will ask Kelly if she needs assistance propelling her wheelchair. Kelly is able to fasten her seatbelt independently. Kelly is friendly however may not recognize if a situation is unsafe in the community. Kelly may need assistance navigating connections in the community. Kelly may not implement pedestrian safety skills consistently due to her cognitive ability. Staff observes the environment and verbally warns of dangers. Staff will tell Kelly when it is safe to cross the street. Staff will provide supports to Kelly by being 1:1 with her while in the community and providing her assistance when needed in displaying proper community safety skills.

Water safety skills: Kelly is able to swim. Kelly continues to need supervision around water due to her disability. PAI does not offer community outings that would require Kelly to display water safety skills independently. PAI does have outings to local parks that may have bodies of water. Staff will provide support to Kelly by assisting her 1:1, and in staying clear of potential water risks.

Sensory Disabilities: Kelly is diagnosed with myopia (also known as near-sightedness) which is a condition in which one can see near objects but cannot see far objects clearly. Kelly chooses not to wear her prescription lenses. She is able to perform daily functions without her glasses.

Other personal safety needs (15 minutes of alone time): Staff will ask Kelly if she would like to navigate herself to her room in the morning. Kelly is permitted 15 minutes of alone time to navigate her wheelchair in the hallway or visit others, while inside the premises

Physical aggression/conduct (Throws Items): Kelly is aware of how she is feeling. Kelly often is able to discuss her feelings before they overwhelm her. Kelly may become overwhelmed by negative emotions. Kelly may express this by throwing items. These often occur when Kelly is unable to express herself. Once she is withdrawn, she may have difficulty pulling herself out of that cycle. When she is withdrawn, staff should not give her special attention. Staff will encourage Kelly to use words to express herself when she is withdrawn or angry. If staff is having difficulty understanding Kelly, staff will ask her to clarify what she is saying or ask her to tell them in a different way. Staff will ask Kelly if she wants to take a break from the situation that is making her upset to allow her time to work things out in her head, then come back and figure things out. Staff will offer Kelly a quiet space or preferred activities to participate in. Staff will encourage Kelly to talk about about what is upsetting her when she is ready.

Mental or emotional health symptoms and crises (Depression): Kelly is diagnoses with depression. Kelly is aware of her feelings. Staff will encourage Kelly to communicate if she is feeling uneasy or upset. Kelly is able to discuss emotions. Kelly may withdraw or ignore people. Once she is withdrawn, she may have difficulty pulling herself out of that cycle. When she is withdrawn, staff should not give her special attention. Staff will encourage Kelly to use words to express herself. If staff is having difficulty understanding Kelly, staff will ask her to clarify what she is saying or ask her to tell them in a different way. Staff will be mindful of Kelly's diagnoses. If Kelly shows any signs of, or makes mention of, being very depressed, staff will attempt to re-direct her to an activity she particularly enjoys. Any concerns will be communicated to residence via phone, email or communication book, and noted in her Daily Progress Notes.

Other symptom or behavior (False Reporter): She may become very alarmed or emotional about small injuries or issues involving her peers. It can be difficult whether Kelly is really hurt or alarmed. Kelly has occasionally stated nonfactual information to staff. Kelly did at one time convey nonfactual information of a sexual nature concerning a

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staff situation. All staff are mandated reporters and are trained upon hire and annually thereafter MN State Vulnerable Adult Law and company Vulnerable Adult Maltreatment Reporting and Review Policy and Procedures. Staff will report and suspected or known maltreatment of Kelly per company policy.

Person-centered planning:

Important to: It is important to Kelly to be able to plan her own schedule, to be able to go out for fun activities, to be able to go to church, camp, arts & crafts.

Important for: It is important for Kelly to have staff that support her make healthy choices, having staff that know her well, be able to help plan her schedule, and getting out in the community.

Good Day: A good day for Kelly would involve having the opportunity to help others, going in the community, be able to be involved in fun activities, plus arts & crafts activities.

Bad Day: A bad day for Kelly would be being told what to do, not being able to have privacy, and bad weather, including storms.

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**:

- Kelly makes choices about her schedule, community activities, and daily activities. She is provided options throughout her day to make choices and decisions. Her decisions are honored.
- Kelly prefers working with happy, upbeat individuals.
- Kelly likes being a part of the team and helping others
- Kelly enjoys arts and crafts projects

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**?

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

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

Kelly chooses which outings and community activities she prefers to participate in. Kelly 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?

Kelly is encouraged to interact with community members. Kelly 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?

Kelly and her team are not interested in seeking competitive employment. Kelly appears content participating in enrichment activities.

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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?

- Kelly's residence, guardians, and PAI staff will share necessary information as it relates to Kelly'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.
- Olivia Garcia, Redeemer Services case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Kelly, 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:

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

ACR Home on Oakwood, Residence
260 Oakwood Dr., New Brighton, MN 55112
651-635-0778

ACR Homes, Residential Supervisor
Raquel Becker
612-590-3573
Raquel.becker@acrhomes.com

ACR Homes, Program Director
Melissa Leonard
612-708-6629
melissa.leonard@acrhomes.com

Kerry "Toby" Pederson, Guardian
1790 Oakcrest Roseville, MN 55113
651-633-9663
lackbeery@aol.com

Olivia Garcia, Case Manager
Redeemer Services, Inc.
6053 Hudson Road
Woodbury, MN 55125
651-414-1102
Olivia@Redeemerservices.com

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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:

Kelly and her team are not interested in seeking competitive employment at this time. Kelly 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: N/A

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 • Request medical supplies and medication refills from residence • Administration of medications to Kelly • First Aid and 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: 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 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: 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? <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: 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: Kelly may accept staff to hug her, hold her hand, or rub her arm when upset. 2. 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: If Kelly attempts to stand from her wheelchair, staff will attempt to safely guide her back to sitting in her wheelchair. 3. 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: Kelly has limited fine motor skills and may need assistance to work on a task 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Staff can redirect Kelly's limb if she is throwing something that may injure another person. 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: NA 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: NA 7. 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: Kelly is unable to move herself long distances. Kelly may not be able to remove herself in an emergency. Staff can push Kelly'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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Staff will encourage Kelly to wear her seatbelt and foot pedals for safety. 9. 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 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: 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Kelly may wear TED hose to reduce swelling.

PAI

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

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