

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

Name of person served: Dorothy Carter

Date of development: 05/17/2021

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: Margarita Godina

Case manager: Eric Antonson

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 Dorothy is intensive support services in a community DTH program and community environment. The program works with Dorothy 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 Dorothy to encourage activities, outings, and visiting with peers. Staff support Dorothy 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 Dorothy. 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, Dorothy will greet a peer using the MAC switch for 80% of trials over a twelve-month period.

Outcome #2: Daily, Dorothy will choose which scented lotion she would like to have applied in 80% of trials over a 12-month period.

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:

- Dorothy can utilize an iPad to make choices and listen to music in her program room.
- Dorothy 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. Dorothy has the opportunity to participate in various groups and activities that are being run utilizing the Smartboard such as games and art exploration when he 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:

Seizures: Dorothy is diagnosed with a seizure disorder and she takes daily medications to treat her seizure disorder. Staff will monitor Dorothy for seizure activity. Staff are trained on Dorothy's seizure protocol. Staff will follow her protocol and provide support and comfort as needed. Seizures are reported to Dorothy's house via a seizure report or by phone within 24 hours. When Dorothy is sitting in her preferred chair, a mat will be put under her chair for safety in the event of a seizure. Dorothy wears a helmet to help protect her if she were to have a drop seizure. Her helmet should also be repositioned every 2 hours.

Choking and special dietary needs: Dorothy eats a regular diet, ground to bite sized pieces, and no raw vegetables unless shredded. Dorothy will be given her lunch from home. Staff will serve food that is consistent with her dietary plan. Dorothy's preference for food consistency may change from day to day and depending on what food item is being offered. Dorothy's team has agreed to alter food to desired consistency, as preferred, after it has been offered at bite sized. Staff will give Dorothy reminders to swallow the food in her mouth and check for any pocketed food. Dorothy uses a regular cup.

Chronic medical conditions:

- **Spastic Quadriplegia Cerebral Palsy:** Dorothy is diagnosed with Spastic Quadriplegia Cerebral Palsy, difficulty in controlling movements in the arms and the legs. Those who experience this form of Cerebral Palsy will not have paralysis of the muscles, but rather jerking motions that come from stiffness within all four limbs.
- **Equinus:** Dorothy is diagnosed with equines, a malformation of feet, a condition in which the upward bending motion of the ankle joint is limited. Someone with equinus lacks the flexibility to bring the top of the foot toward the front of the leg.
- **Mild Scoliosis:** Dorothy has a curvature in her spine. Symptoms include pain in the back, leaning to one side, muscle spasms, physical deformity, and/or uneven waist. Dorothy is supported while transferring and balance. Concerns will be reported to her residence.
- **Cellulitis:** Dorothy is diagnosed with cellulitis, described as a common, potentially serious bacterial skin infection. The affected skin appears swollen and red and is typically painful and warm to the touch. If staff notices any of these symptoms, her residence will be notified.
- **Hypothyroidism:** Dorothy is diagnosed hypothyroidism and takes medication daily for this condition. Side effects include fatigue, increased sensitivity to cold, constipation, dry skin, weight gain, puffy face, hoarseness, and muscle weakness. Concerns will be communicated to Dorothy's residential provider.
- **Constipation:** Dorothy is diagnosed with constipation, a common condition that is characterized by difficult, infrequent, or perceived incomplete evacuation of bowel movements. Symptoms of constipation include having less than three bowel movements per week, straining, hard stools, incomplete evacuation, and inability to pass stool). Dorothy will be observed for symptoms related to constipation; symptoms or concerns related constipation will be reported to her residence via phone, email, or communication book.
- **Chronic Lymphocytic Leukemia (CCL):** Dorothy is diagnosed with CCL, which is a low-grade leukemia, a type of cancer of the blood and bone marrow. Presently, this is low risk to Dorothy's overall health; however, she is at increased risk for infection. Dorothy's condition is managed by her oncologist. Staff follow universal precautions and symptoms of illness will be reported to Dorothy's home. Any potentially contagious illnesses that Dorothy is exposed to while at PAI will be reported to her residence.
- **Dry skin:** If Dorothy is observed scratching her skin, staff will redirect her to a different activity to deter her from scratching. PAI staff will report excessive scratching and any injuries caused by scratching to the residence.
- **History of blood clots:** Dorothy is evaluated for injuries, swelling, pain, etc., and her residence will be notified if she needs to pursue medical treatment or evaluation.

Other Health and Medical Needs:

- **Personal Cares:** Dorothy receives full support to complete her personal cares. She is supported in using the restroom every two hours and as needed throughout the day. Dorothy wears briefs and uses a transfer belt. She is then supported to standing and fully assisted in getting cleaned up and dressed. Staff assists Dorothy with dressing, as needed. For example, putting on a jacket and/or changing her clothes if they are soiled.

Self-administration of medication or treatment orders: Staff request medications from Dorothy's residence. Staff administer medications to Dorothy according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each medication administration time, staff dispense the medication and administer it to Dorothy. 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 Dorothy's residence and any orders or instructions will be followed.

Risk of Falling and Mobility: The above chronic medical conditions and a seizure disorder place her at high risk of falls. Dorothy uses a wheelchair for mobility. Dorothy can independently maneuver her wheelchair for shorter distance by using her feet, this requires the footrests to be up to provide Dorothy access. For long distances, staff propel Dorothy's wheelchair and communicate with her so that she is aware of what is happening in her environment. Dorothy's wheelchair has anti-tip bars that are placed in the downward position as she can maneuver her wheelchair independently. Dorothy received orders to primarily remain in her wheelchair with the seatbelt on. If Dorothy uses a recliner. If Dorothy is sitting in her preferred chair, staff will sit next to her and a mat will be put under her chair for safety in the event of a seizure. Dorothy wears a transfer belt/posey belt throughout her program day to support her. Dorothy is assisted with transferring by one staff person supporting Dorothy by holding onto the transfer belt. Dorothy wears a helmet to protect her from injuries that could be acquired due to her poor balance and/or drop seizures. PAI staff keep the program room as free of obstacles as possible. Dorothy can shift her weight and reposition herself independently when in a recliner or in her wheelchair. Her helmet should also be repositioned every 2 hours.

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 Dorothy to the water.

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

Sensory disabilities:

- **Tactile defensive** on feet: Dorothy does not like to wear shoes or socks. Dorothy will remove these shortly after arrival and not keep them on should she be assisted in putting them on again. Dorothy will be encouraged to wear her shoes and socks when transferring and in the personal cares room. When Dorothy is in her wheelchair and choosing not to wear her shoes or socks, she will be assisted in placing her legs on the footrests to keep her from acquiring possible injuries as a result of dragging her feet. Staff will assist Dorothy with her shoes prior to going outside for transportation.
- **Vision Impairment:** Dorothy has a myopic astigmatism, meaning she is unable to see things unless they are close to her eyes. Dorothy will not tolerate glasses; however, she appears to have functional vision. When offering choices, items are held close to Dorothy for her to see.

PAI

Person-centered information

- **Important To:** It is important to Dorothy to have her socks and shoes off, having a clothing protector or towel to fidget with, and moving around freely.
- **Important For:** It is important for Dorothy to have her needs met by her caregivers. It is important for her staff and caregivers knowledgeable of her needs (such as her dietary order, wearing her helmet, and her seizure protocol) to provide her the best care.
- **Good day:** A good day for Dorothy would be to have the opportunity to navigate freely in her wheelchair and to have her sensory items or cloth item to flip.
- **Bad day:** A bad day for Dorothy would be when she is not feeling well or has multiple seizures.

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**:

- Dorothy would like to participate in a structured and personalized program day in a calm environment with caregivers who know her well. She would like to spend time in the community and be supported in socialization with peers and staff. Dorothy would like to stay busy doing art and craft activities, sensory activities, listening to and making music, reading, and exploring new activities and interests. Dorothy shows she would like to participate in these activities by laughing, looking up, and participating. Dorothy prefers to engage in activities one to one or observe others.
- For supports, Dorothy prefers efficient care and clear communication from encouraging, upbeat people that know her, her abilities, and her routine well. Dorothy responds best in a calm environment to verbal and physical cues and once routine is established. When talking with Dorothy, it is important to observe her facial expressions and body language and allow her time to make choices.
- Dorothy communicates nonverbally through facial expressions, body language and some vocalizations/laughing. Dorothy will go toward things or activities she would like to do. Dorothy will be laughing and looking up when she is engaged and likes something. Dorothy will occasionally be reaching for things she would like but prefers to make her choices using eye gazing.
- Dorothy would like her communication and preferences to be honored and supported throughout her day. She makes choices about her schedule, community activities, and daily activities and is provided options throughout her day to make choices and decisions. Staff help to communicate Dorothy's decisions to others as relevant to ensure her Dorothy's choices and refusals are honored.

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

PAI

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

Dorothy has the opportunity to work on outcomes that are important to and for her. Dorothy 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?

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

Dorothy is encouraged to interact with community members. Dorothy 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?

Dorothy and her team are not interested in seeking competitive employment at this time. Dorothy appears content participating in enrichment activities.

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?

- Dorothy's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Dorothy's services, health, and care. Meeting and reports are shared and the team works together to ensure continuity of service through in-person conversations, phone calls, emails, and Dorothy's communication book.
- PAI works with Dorothy's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Margarita Godina, is Dorothy's state appointed legal representative who advocates on her behalf as well as makes legal decisions with her. The legal representative provides information and direction on Dorothy's services and supports in collaboration with other members of this support team.
- Eric Antonson, case manager from Ramsey County, develops the Coordinated Services Support Plan, participates in service direction, assists Dorothy and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Dorothy's 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:

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

Phoenix Residence – Centerville House
Sandra Gustafson centerville@phoenixresidence.org
785 E. County Rd. E Vadnais Heights MN, 55127
651-486-9342

Margarita Godina, Guardian
160 E. Kellogg Blvd. St. Paul MN, 55101
651-266-4275
Margarita.godina@co.ramsey.mn.us

Eric Antonson, Case Manager
160 E. Kellogg Blvd. Room 7800 St. Paul MN, 55101
651-295-8753
Eric.antonson@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:

Dorothy and her team are not interested in seeking competitive employment at this time. Dorothy 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 Dorothy • First aid/CPR as needed <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 checked="" type="checkbox"/> 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: NA

Permitted Actions

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: Dorothy may be unsteady while ambulating or fall while having a seizure, staff are able to offer assistance to Dorothy.
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: Dorothy has limited fine motor function, staff are able to assist Dorothy to complete 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.
 Yes No If yes, explain how it will be used: Dorothy may run her wheelchair into peers or push peers, staff are able to redirect Dorothy from her peers.
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used: Dorothy may run her wheelchair into peers or push peers, staff are able to redirect Dorothy from her peers.
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: Dorothy is unlikely to move herself to a safe place, staff are able to help Dorothy evacuate to a safe place.
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: When Dorothy is in her wheelchair she will wear her seatbelt.
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: Dorothy wears a helmet to reduce injury from falls.

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: 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