

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

Name of person served: Nina D’Amato

Date of development: 4/29/2021 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: Mark D’Amato

Case manager: Allyssa Hickman

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 Nina is intensive support services in a community DTH program and community environment. The program works with Nina 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 Nina to encourage activities, outings, and visiting with peers. Staff support Nina 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 Nina. 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: Three times a week, Nina will select a music genre to listen to using a communication switch with assistance an overall average of 50% or more of opportunities for a 6 month.

Nina enjoys listening to music. Listening to music is important to her.

Outcome #2: Daily, Nina will participate in a group of her choosing for 2 minutes (or more) in 75% of trials in a twelve month period.

It is important to and for Nina to be able to make choices throughout her day.

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:

- Nina uses technology at PAI daily through the use of the iPad for choice making and music.
- Nina 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: Nina is allergic to Cephalosporins and may be allergic to dust, pollen, and animal dander. Staff will notify Nina's residence and/or doctor if she is prescribed Cephalosporins. Staff ensure that Nina does not interact with the Pet Therapy Dogs or other therapy animals at PAI.

Seizures: Nina is diagnosed with a seizure disorder that is partially controlled. Staff will monitor Nina for seizure activity. Staff will assist Nina with safety during a seizure. Staff are trained on Nina's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

Choking and special dietary needs: Nina's doctor prescribed diet is pureed foods with pudding thick liquids. Nina will be given her lunch from home. Her family prefers that Nina avoids consuming sugar free items. Home staff will prepare to physician orders. PAI staff will serve food that is consistent with her dietary plan. Liquids will be prepared according to dietary plan. Staff will give Nina reminders to swallow and check her mouth for any pocketed food.

Chronic medical conditions, risk of falling, and mobility issues: Nina is diagnosed with RETT'S Syndrome, a rare genetic neurological and developmental disorder that affects the way the brain develops, causing a progressive loss of motor skills and speech. Scoliosis, a curvature of the spine. Asthma, a respiratory condition marked by spasms in the bronchi of the lungs, causing wheezing, coughing, trouble breathing, etc. Osteoporosis, a disease in which the density and quality of bone are reduced. Left Lower Lobe Bleb, an air-filled pocket in the lung, Hyperlipidemia, an abnormally high concentration of fats or lipids in the blood. Insomnia, a sleep disorder in which you have trouble falling and/or staying asleep. Heel Cord Contracture, a joint pulled into an abnormal position because the tissue around it shrinks and hardens. Dropped feet, a difficulty in lifting the front part of the foot, which can make walking challenging. Nina is also diagnosed with Constipation and Hemorrhoids. Nina uses a manual wheelchair for transportation to and from work, on outings, and on days when her gross motor skills are lacking. Staff verbally inform Nina before moving her chair so that she is aware of what is happening in her environment. Nina has a wide gait, a history of falling while ambulating, and in 2018 cut her head on her metal hair clip head when she fell. Staff will remove metal hair clips if she arrives with them from her residence. Nina is ambulatory and wears a transfer belt when ambulating to allow for staff assistance. Nina will ambulate one on one with PAI staff at all times while at Linden. Nina is also observed to sometimes attempt to step forward but her feet do not move putting her at risk of falling forward. Staff will utilize a transfer belt at all times while assisting Nina's ambulation at Linden. PAI staff will notify PAI nursing and residential nurse/provider of observable wheezing and/or coughing. Staff will call 911 for respiratory distress. Nina follows a Bowel Protocol at home. PAI staff report bowel movements and any observed signs or symptoms of constipation such as refusing to eat, distended abdomen, vomiting, grunting, or loud negative vocalizations, indicating pain, to Nina's residence.

Personal Cares: Staff will assist Nina out of her wheelchair. Nina wears a transfer and staff will assist her to ambulate to the cares room. Nina holds on to the bar on the wall and staff will assist her with changing her brief. Nina sits on the toilet if she needs her clothing changed. Staff will help Nina wear clothes that are clean and dry.

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

PAI

Collapsing Lungs by history: If Nina displays difficulty breathing, including panting instead of wheezing, this may be a sign of a collapsed lung. PAI staff will contact PAI nursing support services and home to seek medical directives, 911 will be called immediately if Nina is experiencing respiratory distress or if not breathing.

Sun sensitivity: Staff apply liberal amounts of sunscreen to Nina'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 Nina out of direct sunlight, when possible, by utilizing shaded areas when available.

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 Nina to the water.

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

Sensory disabilities: Nina dislikes having gloves on her hands during transportation. Staff ensure that name is safely and quickly transported from building into the bus during cold weather. Staff will encourage Nina to wear appropriate outerwear as tolerated.

Depression: Staff are aware of her diagnosis and will be mindful of this. Staff will monitor Nina for any signs or symptoms of her depression and notify Nina's residence.

Peron-centered planning:

Important to: It is important to Nina to have the opportunity to walk around her room or around the building. She enjoys going for walks with staff. Nina enjoys music, she likes all kinds of genres. Nina will sit and smile when music is being played in her room. Nina also enjoys Music Therapy when she attends. She likes hearing the various instruments being played near her. It is important to Nina to have the opportunity to listen to music, and to attend Music Therapy. Nina has displayed that she likes doing art projects with hand over hand assistance from staff. She smiles often when she is participating. She also has shown that she likes having her hair styled during beauty groups. It is important to Nina that she can participate in activities of her choosing. It is important to Nina that she is offered choices throughout the day, and that her choices are respected by staff.

Important for: It is important for Nina that she receives assistance from staff and caregivers that know best how to serve her. It is important for Nina that she is offered choices throughout the day to promote independence. It is important for Nina that staff continue to give her opportunities to walk to maintain that skill, and to promote muscle and bone strength.

A **Good day** for Nina would involve her being given opportunities to walk around her environment. Staff giving Nina choices and opportunities to participate in the activities that she enjoys would also help Nina in having a good day.

A **Bad Day** for Nina would involve her not feeling well, or not being able to participate in activities she enjoys. A bad day for Nina would also involve her not being able to have opportunities to go for walks with staff.

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**:

Nina prefers not to wear gloves or mittens

Nina enjoys taking time to walk throughout her day

Nina likes to help walk the dishes and laundry down to be cleaned

Nina enjoys attending music therapy

Nina 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.

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**?

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

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

Nina is encouraged to interact with community members. Nina 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?

Nina and her team are not interested in seeking competitive employment at this time. Nina 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?

- Nina's guardian, residence, and PAI staff will share necessary information as it relates to Nina'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.
- Allyssa Hickman, Nina's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Nina, 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
651-777-5622
bblackorbay@paimn.org

Phoenix Residence, Residential
1866 Furness St. Maplewood MN, 55109
651-777-6349
furness@phoenixresidence.org

Mark D'Amato, Guardian
10005 Greenbrier Rd. Apt. 320 Minnetonka MN, 55305
952-593-0670
Mdamato29@comcast.net

Allyssa Hickman, Case Manager
1633 West 7th St. St. Paul MN, 55102
(651) 332-9274
ahickman@jfssp.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:

Nina and her team are not interested in seeking competitive employment at this time. Nina and her team feel he 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

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 Nina
- First aid, CPR as needed

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:
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?
 Yes No NA
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"> 1. 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: NA 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: Nina is unstable while ambulating, staff are able to assist Nina to walk using a gait belt and holding onto her. 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: Nina has limited fine motor skills, staff are able to assist Nina 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <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: Nina is not able to walk safely independently or propel her wheelchair, staff are able to assist Nina away from the 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: When Nina uses her wheelchair she may need assistance repositioning. Nina also wears a seatbelt while in her wheelchair. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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