

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

Name of person served: Melissa Kitchell

Date of development: 05/04/2021- updated 5/26/21

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: Jennifer Kitchell

Case manager: Alexandra Fratto

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 Melissa is intensive support services in a community DTH program and community environment. The program works with Melissa 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 Melissa to encourage activities, outings, and visiting with peers. Staff support Melissa 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 Melissa. 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, Melissa will choose a group to join 85% of all trials over a 12 month period.

It is important to and for Melissa that she can engage in preferred activities/groups.

Outcome #2: Three times a week, Melissa will greet a peer by their name at 75% of all trials over a 12 month period.

Melissa is a great friend. It is important to her to interact with her peers.

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:

- Melissa can utilize an iPad in her program room to make choices or watch and listen to sensory music videos.
- Melissa 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, among many other uses. There is also a Smartboard at the Linden program site, which is primarily in Melissa's program room. The Smartboard is also used for similar purposes as the computer, but on a larger scale.
- Further technology exploration is not needed at this time.

PAI

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

Allergies: Staff are aware of Melissa's allergy to Sulfa. Staff will not give Melissa medication with Sulfa in it. Staff will notify Melissa's foster family if she is prescribed a medication with Sulfa.

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

Choking and special dietary needs: Staff will cut Melissa's food into bite sized pieces and encourage her to drink more liquids. Melissa is on a physician ordered carbohydrate controlled diet. She should only what is sent with her from home and should not attend any community outings that would involve purchasing food.

Chronic medical conditions, risk of falling, and mobility issues: Melissa is diagnosed with a brain injury. Melissa is also diagnosed with toxic megacolon, a widening of the large intestine. Melissa has an ileostomy, a surgical opening in the abdominal wall to release stool, chronic diarrhea, and renal failure. Staff are trained to help Melissa with her colostomy bag. Melissa has a history of Meningococcal Meningitis, inflammation of the membranes (meninges) around the brain or spinal cord, Ataxia, a degenerative disease of the nervous system. Melissa is diagnosed with Hemiparesis, weakness of one entire side of the body. Melissa is also diagnosed with chronic sinus infections. Melissa is diagnosed with Trigeminal Neuralgia, a chronic pain condition that affects the trigeminal nerve, which carries sensation from your face to your brain. Staff will monitor Melissa for signs or symptoms of pain from her diagnoses and report them to her foster family. If you have trigeminal neuralgia, even mild stimulation of your face — such as from brushing against her right cheek, may trigger a jolt of excruciating pain. For Melissa, this pain can last for seconds or minutes. Staff should support Melissa by trying to avoid touching or brushing her right cheek, unless necessary. Melissa is diagnosed with Type 2 diabetes, an impairment in the way the body regulates and uses sugar (glucose) as a fuel. This long-term (chronic) condition results in too much sugar circulating in the bloodstream. Staff will follow the physician order diet only give Melissa food sent from home (no other snacks or treats). Staff will monitor Melissa for signs or symptoms of pain from her diagnoses and report them to her foster family. If Melissa is showing signs of pain, staff should list parts of her body and see if she will indicate what is uncomfortable. Melissa is transferred using a two person Hoyer lift or a one-person in-ceiling track system. When Melissa is on the mat table the side rails will be up unless staff is standing in front of her.

Personal cares: Melissa is transferred using a two person Hoyer lift or a one-person in-ceiling track system. When Melissa is on the mat table the side rails will be up unless staff is standing in front of her. Staff are trained to help Melissa with her colostomy bag (including emptying, airing out, cleaning, changing the bag, as needed). Staff will request any supplies needed from Melissa's foster family. Staff will notify Melissa's foster family if Melissa's bag is detaching or leaking. Melissa wears a brief for incontinence. Staff will change the brief, as needed. Staff will assist Melissa with dressing/changing and repositioning in her wheelchair, as needed.

Self-administration of medication or treatment orders: Staff are trained to help Melissa with her colostomy bag. Staff will request any supplies needed from Melissa's foster family. Staff will notify Melissa's foster family if Melissa's bag is detaching or leaking.

Other health and medical needs: Overheats- Melissa is prone to overheating if the temperature is above 95 degrees. Melissa will not go on outdoor outings if the temperature is about 95 degrees. Staff will observe Melissa for signs of overheating such as a flushed face, lethargy or reports from Melissa of being hot. Staff will seek shade or a cooler environment for Melissa. Staff may remove a layer of clothing to help her cool down. Staff will encourage Melissa to drink plenty of fluids by offering her water throughout the day.

PAI

Other health and medical needs: Pain- Melissa does not always verbalize when she is in pain. Staff will observe Melissa's non-verbal cues such as hitting herself, tears, or a look on "wincing" on her face. Staff will inform Melissa's foster family if they believe she is in pain.

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 Melissa to the water.

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

Sensory disabilities: Melissa is legally blind. When offering Melissa choices they will put the object within Melissa's field of vision and verbally describe the object.

Self-injurious behaviors: Staff will help Melissa problem solve if she is hitting herself. Staff will ask Melissa yes/no questions to help her find a solution.

Person-centered planning:

Important to: Things important to Melissa are her friends and family, spending time with her extended family, getting out into the community, picking out her clothes, and being told she looks nice.

Important for: Things that are important for Melissa is staying cool, following her doctor prescribed diet, and having staff trained on her medical supports.

Good day: A good day for Melissa would involve giving the therapy animals treats, looking at picture cards, dancing in her wheelchair, and working hard on arts and crafts projects.

Bad day: A bad day for Melissa would be if she were uncomfortable or in any pain, if her environment was loud and chaotic, or if she didn't have matching clothes to change into.

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**:

Melissa is very friendly and enjoys spending time with staff

If Melissa needs to change clothes she prefers to pick out her new outfit to make sure it matches, she prefers to look her best at all times.

Melissa likes looking at picture cards and placing them neatly in a pile

Melissa enjoys painting and other arts and crafts projects

Melissa 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**?

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

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

Melissa is encouraged to interact with community members. Melissa 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?

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

- Melissa’s foster family, guardian, and PAI staff will share necessary information as it relates to Melissa’s services and care. Needed supplies and medications will be provided by her foster family. 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.
- Alexandra Fratto, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Alexandra, her foster family 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

Eileen and Terry Schmidt, Foster Family
3823 Keri Ann Ln. White Bear Lake MN, 55110
651-426-1855

Jennifer Kitchell, Guardian
7923 Wa Se Gishek Dr. Crandon WI, 54520
952-215-7181
Jennifer.kitchell@yahoo.com

Alexandra Fratto, Case Manager
2042 Wooddale Dr., Suite 190, Woodbury, MN 55125
651-714-6295
Savannah.waters@rescare.com

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:

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

PAI

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 Melissa • 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: 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: Melissa shows interest in holding hands with people to be calmed or comforted. Staff are able to hold Melissa's hand if tolerated.
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: Melissa 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: Melissa is unable to move herself long distances. Melissa may not be able to remove herself in an emergency. Staff can push Melissa'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: Melissa is not able to position herself, staff are able to help Melissa be positioned comfortably in her chair. Melissa uses a seatbelt 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: Melissa uses AFO's on both feet/legs. Melissa also uses a chest strap during transport.

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