

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

Name of person served: Kathy Leuthner

Date of development: 6/8/21 For the annual period from: June 2021 to June 2022

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

Legal representative: Conni Ricci and Mary Kay Kryshak

Case manager: Ariel Schmitz

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 Kathy is intensive support services in a community DTH program and community environment. The program works with Kathy 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 Kathy to encourage activities, outings, and visiting with peers. Staff support Kathy 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 Kathy. 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, Kathy will choose a type of music to listen to, while relaxing in the recliner, by pushing one of two programmed communication switches in 75% of opportunities over the next 12 months.

Music is important to Kathy. She has demonstrated an interest in using communication switches and prefers to spend part of her program day at PAI in a recliner. Kathy would benefit from increased opportunities to make choices which are important to her.

Outcome #2: Three times per week, Kathy will choose a sensory activity by eye pointing at the item in 75% of opportunities over the next 12 months.

Sensory activities are both important to and for Kathy. She enjoys hand and head messages but also benefits from visual sensory such as bubbles or sensory videos. Sensory activities benefit Kathy’s social, emotional, and physical wellbeing.

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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:

- Kathy uses technology at PAI daily using the iPad for choice making and music.
- Kathy can access the television in the room for sensory videos and to play games.
- Kathy uses the SMART Board daily for sensory videos and program activities.
- No further exploration of technology is needed at this time.

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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: Kathy is allergic to Cerumenex (ear solution) and contrast dye omnipaque (dye used for x-rays). Kathy's allergies are listed on her Medication Administration Record, Face Sheet and Physician's Orders. The type of reaction is not known but could include hives, rash, anaphylactic shock or respiratory distress. Staff are trained to Kathy's allergies and will administer medications in accordance with her physician's orders.

Seizures: Kathy's seizures are partially controlled with medication. She is diagnosed with Epilepsy and experiences seizures a couple times a year. Kathy will be supervised and monitored for seizure activity. During a seizure, the time will be noted and staff will stay with Kathy to comfort her. Staff are trained to Kathy's seizure protocol and where to locate her PRN rescue medication. A trained medication passer will administer Kathy's PRN medication per the protocol and report to her residence via a seizure report. Kathy's seizure medications in conjunction with other diagnoses may cause her to become tired and her team would like her to rest daily as needed.

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

Chronic medical conditions:

- **Cerebral Palsy (CP)** Spastic is a developmental disorder as a result of damage to the motor cortex in the brain, the part that affects muscle control and coordination. Kathy's ability to move and maintain balance and posture is impaired due to limited muscle control. Kathy is supported in fine and gross motor tasks and in the activities involving coordination. Concerns will be communicated to Kathy's residence via phone, email, or in her communication book.
- **Kyphoscoliosis:** is an abnormal curve in the spine which occurs on the coronal plane, meaning it twists sideways. To minimize potential pain and discomfort, Kathy is supported in her wheelchair with specialized seating supports and when repositioned in the recliner, she is supported by pillows for her comfort.
- **Dependent Edema:** is the swelling in the lower body such as feet and legs. Kathy uses the recliner during her program day at PAI to elevate her feet and legs. Kathy may also be tilted back in her wheelchair to elevate her legs. Concerns related to swelling in Kathy's legs will be communicated to her residence via phone, email, or her communication book.
- **Osteoporosis, and Osteopenia:** is a disease in which the density and quality of bone are reduced increasing the risk of fracture. Staff take care in transferring Kathy and assisting her in pushing her wheelchair. Concerns related to bumping into objects or occurrences which may have the potential for injury will be reported to Kathy's residence via her communication book, email, or phone.
- **History of UTI's and urinary retention:** Kathy has a history of urinary tract infections and retention of urine for extended periods of time. Kathy often has an increase in seizure activity when dealing with a UTI. Kathy is assisted with personal cares every two hours and as needed; her voids are tracked and sent home with her in her communication book daily. Changes in Kathy's voids or noted concerns of color or smell of urine will be reported to her residence via phone, email, or in her communication book.

Risk of Falling: Kathy has a lap belt, as well as shoulder straps, that should be securely fastened to keep her safe in her chair. Kathy may use a recliner or mat table while at PAI. When Kathy is on the mat table, the side rails will be up unless staff is standing in front of her. While sitting in a recliner staff will ensure that footrests are raised, and she is not leaning to one side in the recliner, which would put her at risk of falling from the recliner. Kathy uses a Hoyer or the in-ceiling track system for her transfer needs. Staff will perform a 2 person Hoyer, or a 1-2-person track system

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lift. Staff will ensure that Kathy is being transferred with her Osteoporosis in mind, making sure she is not twisted and that her limbs are supported during her transfer.

Mobility: Kathy is not able to independently propel her wheelchair. Staff will assist Kathy to move where she prefers. Staff will help Kathy safely navigate in her wheelchair and tell her where she is going. Kathy will be assisted in transfers by using the track system or a Hoyer lift.

Personal cares: Kathy wears a disposable brief and uses the mat table to freshen up. Staff will assist Kathy to wear clean, dry clothes. Kathy is repositioned throughout the day by staff.

Self-administration of medication or treatment orders: Staff request medications from Kathy's residence. Staff set up and pass medications to Kathy 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 Kathy via G-tube. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Concerns or issues regarding medication will be communicated by staff to Kathy's residence and any orders or instructions will be followed.

Other Health Needs:

- **DNR/DNI:** Staff will ensure that all of Kathy's medical protocols and orders are followed according to doctor directives. Staff will not perform CPR on Kathy in an emergency. Staff would follow PAI policies and procedures regarding emergency situations concerning DNR/DNI orders and provide a copy of the orders to paramedics.
- **Oxygen protocol:** Kathy has a history of low blood oxygen saturation. Should Kathy's O2 measure low when taken in the morning, her residential staff will keep her home to monitor her. While at PAI, staff will take Kathy's O2 stats as needed per her Oxygen protocol. If Kathy's O2 drops below 88%, 911 will be called.
- **Neck Brace:** Kathy wears a during periods of her day at PAI to help strengthen the muscles in her neck. Kathy receives full support in applying her neck brace and removing her neck brace and wears it for the duration prescribed by her physician.

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 Kathy to the water.

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

Person-centered planning:

Things **important to** Kathy are reading books with staff, music, arts and crafts, her family and spending time in the recliner.

Things **important for** Kathy are repositioning, her oxygen protocol, her seizure protocol, and her NPO order.

Likes: Kathy likes oldies, Disney, and seasonal music. Kathy likes reading books, her favorite are books that rhyme.

Kathy likes being comfortable and spending time in the recliner. Kathy likes to have opportunities to rest throughout the day when she is feeling tired. Kathy likes to help with arts and crafts projects. Kathy prefers a quiet environment.

Kathy likes to people watch while on outings.

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Dislikes: Kathy does not like large crowds or loud/chaotic environments. Kathy does not like music that is too loud or hard rock. Kathy has some tactile defensiveness and does not like being touched without warning.

A good day for Kathy would consist of spending time in a comfortable recliner, someone singing or playing music for her, someone reading her a fun rhyming book, spending time with her sisters, and being comfortable.

A bad day for Kathy would include being in a large, loud crowd. Traveling in a personal vehicle. Listening to rock music or music that is too loud. And not being able to spend time out of her wheelchair.

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**:

Kathy enjoys doing arts and crafts projects

Kathy prefers Disney, soft classical, and seasonal music

Kathy likes to sit in a recliner

Kathy likes reading books, especially rhyming books

Kathy prefers quiet, calm environments

Kathy prefers not to spend time in large crowds

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**?

Kathy participates in outcomes that are important for and to her. Kathy chooses the activities she joins throughout the day.

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

Kathy chooses the outings she attends. Kathy is encouraged to interact with community members as she is comfortable.

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

Kathy is encouraged to interact with community members as she is comfortable.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

Kathy and her team are not seeking competitive employment at this time.

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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?

- Kathy's guardians, residence, and PAI staff will share necessary information as it relates to Kathy'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.
- Ariel Schmitz, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Kathy, her residence, and her guardians in other supports as requested.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Briana Hinzman, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
651-777-5622
bhinzman@paimn.org

ACR, Residential
2234 Bicentennial Ct. New Brighton MN, 55112
612-567-0709
Taylor.gonyea@acrhomes.com

Connie Ricci, Guardian
9125 68th St. N. Stillwater MN, 55082
612-963-3910
Riccifamily1@msn.com

Mary Kay Kryshak, Guardian
1030 North Shore Dr. Menomonie WI, 54715
715-235-1887
marykaykryshak@gmail.com

Ariel Schmitz, Case Manager
PO Box 1107 St. Cloud MN, 56302
320-656-6222
Ariel.schmitz@co.stearns.mn.us

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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: Kathy and her team are not seeking other options at this time.

Describe any further research or education that must be completed before a decision regarding this transition can be made: NA

Does the person require the **presence of staff** at the service site while services are being provided?

Yes No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide: NA

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

Yes No

If yes, please indicate what right(s) will be restricted: NA

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**?

Yes No

If yes, address any concerns or limitations:

NA

Has it been determined by the person's physician or mental health provider to be **medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety? Yes No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

Health Needs

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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 Kathy

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here: **NA**

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:

- Medication set up:
- Medication assistance:
- Medication administration:

Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:
2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?
 Yes No
3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

Permitted Actions

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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: Kathy may find a hug or having her hand held comforting 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.
 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: Kathy has limited fine motor skills, staff are able to assist her to complete a task.
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: Kathy is not able to propel her own wheelchair, staff are able to assist Kathy 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: Kathy is not able to position herself, staff are able to assist Kathy with positioning. Kathy wears a seatbelt and shoulder straps while in her wheelchair.
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: Kathy wears compression socks and a neck pillow as directed.

Staff Information

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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