

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

Name of person served: Larry Therrien

Date of development: 6/4/2021

For the annual period from: June 2021 to June 2022

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

Legal representative: Jennette Wasmund and Ned Therrien

Case manager: Christine McGonagle

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 Larry is intensive support services in a community DTH program and community environment. The program works with Larry to develop and implement achievable outcomes that support his goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Larry to encourage activities, outings, and visiting with peers. Staff support Larry in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to his health, safety, and well-being as needed by Larry. Support is provided in the most integrated and least restrictive environment.

PAI

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: Larry will lead a group of his choosing in the program room once a week 80% of all trials over a 12 month period.

"It is important to Larry to make choices."

Outcome #2: Daily, Larry will set up a game of checkers with a peer or staff 80% of all trials over a 12 month period.

"It is important to Larry to socialize with his peers. Larry enjoys playing checkers."

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:

- Larry uses technology at PAI daily through the use of the iPad for choice making, music, and research.
- Larry is able to access the television in the room for sensory videos and to play games.
- Not further exploration of technology is needed at this time.

PAI

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

Seizures: Larry is diagnosed with epilepsy. Staff will monitor Larry for seizure activity. Staff are trained on Larry's seizure protocol. Staff will follow his protocol and provide support and comfort as needed.

Special dietary needs: Staff will cut Larry's food into bite sized pieces. Staff will assist Larry with eating his lunch when it is apparent that Larry's tremors are making it difficult for him or when Larry expresses that he needs help from staff.

Chronic medical conditions, risk of falling, mobility issues: Larry is diagnosed with Ataxia, which is a lack of muscle control or coordination of voluntary movements such as walking or picking up objects. This has caused Larry to have a hand tremors. Cerebral Palsy, a disorder that affects movement and muscle tone or posture. Osteoporosis, a disease in which the density and quality of bone are reduced. Rosacea, a common skin condition that causes redness and visible blood vessels in your face. Larry will be provided ample time to complete tasks for himself. He will be asked prior to staff assisting when it is apparent he needs support due to his hand tremor. Larry may use wrist weights as tolerated. Larry will also request help when he needs it. Staff will monitor Larry for any and all medical issues he may have while at PAI. Larry uses a gait belt when transferring. Staff will help Larry with all transfers. Staff will visually check that Larry's seatbelt is on securely and remind him to put it on if it is not. Staff will keep the room free and clear of obstacles so Larry is able to navigate independently.

Personal Cares: Larry uses a gait belt when transferring. Larry stands and pivots in the bathroom. He will utilize the handrail for stability, as needed. Larry will sit on the toilet and will ask for assistance to freshen up, if needed or as requested. Staff will help Larry wear clothes that are clean and dry.

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

Community survival skills: Larry is accompanied by staff while in the community. Staff will help Larry propel his wheelchair when requested. 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. Larry is 1:1 while in the community.

Alone time: Larry may have up to 10 minutes, without direct supervision, to navigate in between rooms at Linden.

Sensory disabilities: Larry is diagnosed with alternating esotropia, a form of strabismus in which one or both eyes turns inward. Hypermetropia, Far-sightedness. Viterous floater, eye floaters that cause spots in your vision. Staff will offer Larry visual options as a distance. Staff will help Larry clean and maintain his glasses. Sensorineural, hearing loss that is permanent and can make even loud noises sound muffled.

PAI

Mental or emotional health symptoms and crises: Larry is diagnosed with depressive disorder. Staff will honor Larry's choices and requests. Symptoms such as sadness, irritability, loss of interest, changes in sleeping habits, etc. will be communicated to Larry's residence.

Person-centered planning:

Important to: Things for are important to Larry are his family, being independent, playing checkers, the Vikings and Twins teams, and his friends.

Important for: Things that are important for Larry are his seizure protocol and encouragement when he is feeling depressed or sad.

Good day: A good day for Larry includes going out to eat, seeing his siblings, playing checkers with friends, and having limited tremors.

Bad day: A bad day for Larry is when his tremors are increased and is not able to be as independent, he is feeling depressed, and when he is not able to see his friends or preferred staff.

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:**

Larry would like his independence honored, he prefers to try and complete tasks independently first prior to receiving assistance.

Larry likes having his alone time to visit staff and friends on his own.

Larry loves math and likes opportunities to practice this skill.

Larry likes going out to eat

Larry enjoys playing checkers

Larry enjoys resting in a recliner

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**?

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

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

Larry chooses which outings and community activities he prefers to participate in. Larry is encouraged to interact with community members as he wants.

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

Larry is encouraged to interact with community members. Larry can choose to participate in volunteer activities and other opportunities he chooses.

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

Larry and his team are not interested in seeking competitive employment. Larry goes to Commerce to work, when the opportunity arises. Larry appears content with working at Commerce, periodically, and 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?

- Larry's guardians, residence, and PAI staff will share necessary information as it relates to Larry's services and care. Needed supplies and medications will be provided by his 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.
- Christine McGonagle, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Larry and his guardian 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 Designated Coordinator
3595 Linden Ave. White Bear Lake MN, 55110
612-446-3685
bblackorbay@paimn.org

Phoenix Residence-English House, Residence
1336 E. County Rd. E. Vadnais Heights MN, 55110
651-484-3278
Englishhouse@phoenixresidence.org

Jennette Wasmund, Guardian
1021 Larpenteur Ave. W. Roseville MN, 55113
651-329-7015
jwasmu@gmail.com

Ned Therrien, Guardian
34 Swain R. Gilford NH, 03249
603-524-6274
nedtherrien@gmail.com

Christine McGonagle, Case Manager
160 E. Kellogg Blvd. Room 7800 St. Paul MN, 55101
651-266-4286
Christine.mcgonagle@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:

Larry goes to Commerce to work, periodically. His team is not seeking other employment or other outside employment opportunities.

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 Larry. • Provide first aid and 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 checked="" type="checkbox"/> Yes <input 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: Depression 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

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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: Larry uses a gait belt and needs assistance while transferring. Staff are able to help Larry put on a gait belt and transfer. 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: Larry has hand tremors, staff are able to assist him complete tasks with hand over hand or hand under hand as requested and tolerate. 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: Staff can push Larry's wheelchair or help him transfer out of the building in an emergency. 8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 9. Is positive verbal correction specifically focused on the behavior being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 10. Is temporary withholding or removal of objects being used to hurt self or others being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Larry uses a seatbelt in his wheelchair

Staff Information
Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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: <input checked="" type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify): <input type="checkbox"/> NA
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Frequency Assessments
1. Frequency of <i>Progress Reports and Recommendations</i> , minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
3. Request to receive the <i>Progress Report and Recommendation</i> : <input checked="" type="checkbox"/> At the support team meeting <input type="checkbox"/> At least five working days in advance of the support team meeting
4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i> , this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA