

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

Name of person served: Alan Flader

Date of development: 6.7.2021

For the annual period from: June 2021 to June 2022

Name and title of person completing the *CSSP Addendum*: Emily Elsenpeter, Designated Coordinator

Legal representative: Shelly Wold, Washington County

Case manager: Hamdi Hassan, Washington County

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 Alan is intensive support services in a day training and habilitation community-based program and/or day services and supports. The program works with Alan to develop and implement achievable outcomes that support his goals and interests and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Alan’s physical, emotional and social functioning. Staff support Alan in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, medication administration, data tracking and daily support related to his health, safety and wellbeing as needed by Alan. Support is provided in the most integrated and least restricted environment for Alan. PAI works with Alan’s residential provider and transportation provider for continuity of care.

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, Alan will choose a sensory activity to participate in 80% of all trials until his next review.

Sensory activities are important to Alan. This outcome allows Alan to make choices about which activity he would like to participate in. Alan is also encouraged and supported in using his communication skills to make these choices and staff ensure those choices are honored and followed through. This outcome also allows him to participate in activities that are already important to him as well as having opportunities to try new sensory experiences.

Outcome #2: Daily, Alan will choose a video or music during lunch time in 80% of trials until his next review.

Alan enjoys listening to music and will often tap his fingers or hum along. This outcome would encourage Alan to communicate his preferences during down time in his day. Staff will honor Alan’s communication and follow through with the choices that Alan communicates.

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:

- Alan may utilize technology at PAI daily when using the iPad for choice making, music, games, and calming videos.
- Alan can access the television in his program area for sensory videos and to play games on the Wii.
- Alan may use the SMART Board to play games, watch sensory videos or educational apps.
- Alan may use communication switches.

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: Alan has a seizure disorder but has not had a seizure since 2005. Alan's seizure protocol is located on his Medication Administration Record and in his chart. Alan does not have a seizure PRN medication. Staff are trained to Alan's Seizure Protocol and will stay with him and support him should he have a seizure. A seizure report will be completed and sent to his residence.

Choking and Special Dietary Needs: Alan receives all his nutrition and water via his g-tube and a feeding pump. He does not receive anything by mouth due to risk of aspiration. Alan's nutrition is administered per the rate and amount prescribed by his physician. Alan is elevated while receiving his nutrition and will not be repositioned for thirty minutes after receiving his feeding, except for receiving his personal cares.

Chronic Medical Conditions:

- **Osteoporosis:** Alan is diagnosed with thin and/or brittle bones which places him at risk for fractures. Staff take care when transferring or assisting Alan in moving his wheelchair as to not bump into things. Any occurrence that may potentially result in injury will be reported to Alan's residence via his communication book, email, or phone.
- **Chronic Hematuria:** If blood is noted in Alan's brief, staff will notify his residence via his communication book, email or by phone. Alan takes daily medication for this condition, and it rarely occurs.
- **Chronic Constipation:** Alan experiences infrequent bowel movements, and small, hard-to-pass stool. This may cause Alan discomfort. Eliminations are reported to Alan's residence daily via his communication book. Concerns with constipation related pain and/or symptoms will be reported to Alan's residential provider via phone, email, or communication book.

Medication Administration: PAI receives Alan's treatments and PRN medications from his residential provider, REM, and trained staff set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle. Alan currently takes Metoclopramide for stomach health, Mi-Acid gas (simethicone) also for stomach health, and Felbamate for seizures. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding treatments/medication will be communicated by PAI staff to staff at his residential provider via phone or email and noted in his Daily Progress Notes.

Other health and medical needs:

- **Personal Care:** Alan wears briefs and requires total physical assistance in providing for his toileting routine and monitoring his skin integrity. Alan is assisted in changing his brief every two hours and as needed. Alan uses a sling for transfers and wears the sling under him the duration of the program day. Concerns and requests for supplies are communicated to Alan's residence via phone, email, or communication book.
- **Prone to Bruising:** Alan is prone to experiencing bruising due to bumping things in his environment. Alan is encouraged to roll during his personal cares to limit bruising from assistance from staff supporting him. Alan is visually checked for bruising on areas seen by staff and bruises are reported to Alan's residence via his communication book, email, or phone.
- **Prolonged Finger in Mouth:** Alan tends to put his finger in his mouth for long periods and this has led to skin breakdown. Alan is redirected to sensory activities or offered alternative activities which may engage him. Concerns related to Alan's hands/fingers will be reported to his residence via phone, email, or communication book.

PAI

Risk of Falling: Alan's chronic medical conditions put him at risk of falling and impact his ability to move his chair on his own. Alan has limited trunk control and ability to balance his body. Alan has a specialized wheelchair with a tilt feature, in addition to a pelvic belt, chest strap and foot pedals. Alan is visually checked by staff to see these supports are engaged when Alan is in his wheelchair. When on the mat-table the side rail will be engaged the entire time, Alan is disengaged from the Hoyer or in-ceiling lift system. Alan assists with rolling during cares. Any concerns or occurrences of falls will be communicated by PAI staff to Alan's residence via phone, email, or communication book and noted in his daily progress notes.

Mobility: Alan's chronic medical conditions impact his ability to move on his own. Alan uses a specialized wheelchair that he is unable to propel independently. Alan is provided with total physical assistance to maneuver his wheelchair and to apply and disengage his breaks and safety straps. Alan's safety straps are visually checked to ensure they are secured when he is in his chair. Alan uses a sling for transfers; he wears his sling under him the duration of the program day and is assisted by two staff using a Hoyer lift or one staff using the in-ceiling lift system.

Regulating water temperature: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Alan encountering it.

Community survival skills: Alan utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Alan while in the community to practice all pedestrian and traffic safety skills. He is supported in safely engaging with the community activities and people of his choice. Staff observe what is occurring around Alan and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Alan's behalf in the event of an emergency.

Water safety skills: PAI does not offer swimming or bathing. Alan receives 1:1 support when in the community and should he be near a body of water, Alan's chair would remain under staff control and the breaks will be engaged when not moving.

Sensory Disabilities:

- **Astigmatism/History of Cataracts/Significant Vision Loss:** Alan has limited vision; it is believed he can see light and dark. Staff will tell Alan what is happening and alert him to their presence. Staff will honor Alan's routine and verbally communicate with him throughout his day.
- **Tactile Defensive:** Alan prefers limited physical contact; staff will let Alan know when they will be physically touching him for participation in skill building and personal care. Staff will minimize the physical contact with Alan's face as this area is especially defensive; being touched on the face may cause Alan to become upset as shown by his facial expressions and mannerisms.

Person Centered Information:

- **Important to Alan:** Things that are important to Alan include routine, van/bus rides, listening to music, Music Therapy, live music, time outside, pet therapy with dogs, sensory activities, and time with his friends.
- **Important for Alan:** Things Important for Alan include his medications, repositioning, his nutrition and NPO Orders, sensory activities, engagement in activities or being part of a group,
- **Balance of important to and for:** Alan is offered choices throughout his day. His preferences are honored.
- **Likes:** Soft and Hard Rock Music, animals, time in the community on outings or driving in the van, being comfortable, listening to other talk, reading, books on tape, sensory video/audio, and being outdoors.
- **Dislikes:** Being touched in the face, people in his personal space, changes to his routine, environments in which there is little happening or a lack of interaction.

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**:

- Alan's residence and PAI staff collaborate in the exchange of information as it relates to Alan'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 Alan's communication book.
- PAI works with Alan's residential provider for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Washington County is Alan's public legal representative, they advocate on his behalf as well as makes legal decisions with him. The legal representatives provide information and direction on Alan's services and supports in collaboration with other members of this support team.
- Alan's case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Austin and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Alan's support team to ensure continuity of care.

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**?

Alan works on outcomes that are important for and to him. Alan is offered choices throughout his day and chooses the groups and activities that he prefers.

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

Alan chooses the community outings he attends. Alan is encouraged to interact with community members as he is comfortable.

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

Alan is encouraged to interact with community members as he is comfortable.

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

Alan and his team are not seeking competitive employment at this time.

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?

- Alan’s residential and PAI staff collaborate to share necessary information as it relates to Alan’s services and care. Meetings and reports are shared, and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Aaron receives residential services through REM. PAI works with his home staff for supplies needed at PAI, as well as medications and corresponding orders.
- Shelly Wold is Alan’s Legal Representative and advocate on his behalf as well as makes legal decisions. His legal guardians provide information and direction on Alan’s services and supports in collaboration with other members of his support team.
- Hamdi Hassan, county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and REM, and assists Shelly and Alan in advocacy and finding additional opportunities for community involvement. Hamdi also completes Alan’s service agreements and communicate with members of the 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:

- **PAI-Oakdale**
Emily Elsenpeter
eelsenpeter@paimn.org
Phone: 651.748.0373
Fax: 651.748.5071
- **REM, Residential Provider**
Kathryn Salit
Kathryn.salit@thementornetwork.com
Phone: 651-815-9486
- **County Case Manager**
Hamdi Hassan
Phone: 651-4304182
Hamdi.Hassan@co.washington.mn.us
- **Legal Representative**
Shelly Wold
Phone: 651-430-4144
Shelly.wold@co.washington.mn.us

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: Alan and his team are not seeking other providers or options at this time. Alan resides in a REM owned group home who help him coordinate his services. If Alan and his team were to decide that they had other interests the team would hold a meeting to discuss his options.

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

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."

- Alan's guardian, residence, and PAI staff will share necessary information as it relates to Alan'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.
- Alan's case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Alan, his residence and guardian in other supports as requested.

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
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Alan enjoys short periods of his hand, arms and shoulders being lightly massaged/touched. Alan is receptive to being touched by familiar caregivers. 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: Alan requires support in applying/removing his shoulder straps, head rest and position belts prior/after transferring. 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: Alan may require hand over hand assistance to complete and engage in preferred recreation/leisure activities such as playing a game, painting, or using the iPad, or learning a skill. 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: Alan will physically be assisted in quickly moving to a safe location. 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: Alan utilizes a seatbelt when in his wheelchair. He uses a chest strap for transportation. 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

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