

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

Name of person served: Davis Wolf

Date of development: 6.24.2021

For the annual period from: December 2020 to December 2021

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

Legal representative: Mary and Dave Wolf

Case manager: June Msechu

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 Davis is intensive support services in a day training and habilitation community-based program and/or day support services. The program works with Davis 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 Davis’s physical, emotional and social functioning. Staff support Davis 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 Davis. Support is provided in the most integrated and least restricted environment for Davis. PAI works with Davis’s guardian and transportation provider for continuity of care.

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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, Davis will hand his plate to staff when he is finished eating in 75% of all trials over the next year.

Davis continues to make progress while at PAI; however, transitions can often be challenging for Davis. Handing off his plate to staff will signify that he is done eating and ready to move on with his day. This outcome allows him to find a consistent routine for when he is done with lunch.

Outcome #2: Daily, Davis will choose 2 staff members and/or peers that he would like to visit in 90% of all trials over the next year.

Davis enjoys spending time with his peers and staff and having positive interactions with them. It is important to Davis to be able to see his friends in different rooms and get out of his programming space. This outcome also allows him to make choices and advocate for his preferences.

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:

- Davis utilizes technology at PAI daily through the use of the iPad for choice making, music and videos.
- Davis is able to access the television in his program area for videos, music, and to play games on the Wii.
- Davis may use the SMARTBoard for games and videos.
- No further exploration of technology is needed at this time.

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:** Davis has an allergy to Vancomycin; he may experience ‘Red man syndrome’ which presents as rash that involves the face, neck, and upper torso. Davis has a history of allergic reactions when consuming milk. Staff administer Davis’s medications in accordance with his Physician’s Orders. Davis will only consume food sent prepared from home or that do not contain milk as a primary ingredient.
- **Seizures:** Davis is diagnosed with a seizure disorder; his last known seizure was in July of 2018. Staff are trained to the location of his seizure protocol. Davis has Absence Seizures (staring and decrease in responsiveness) and Tonic Seizures (drop seizures noted by sudden stiffening movements resulting in a fall if standing). He may drop his head during a seizure. Seizures have been known to last anywhere from 20 seconds to four minutes. In the past, his seizures have been triggered by loud and/or startling noises, such as a sneeze, and the “m” sound. Davis has a VNS; the VNS magnet is located on the back of his chair, under his backpack. He also has PRN Diazepam. Davis takes daily medication for his seizures; due to side effects of these medications Davis may need periods of rest during his program day. All seizure activity is reported his parents within 24 hours via phone and report.
- **Choking and Special Dietary Needs:** Davis sits in his wheelchair at the table while eating and uses a regular spoon, regular bowl, and straw to drink his beverage. Davis’ lunch comes fully prepared by his guardian. It is checked and modified to ensure it is prepared properly prior to serving. Davis has a regular calorie diet and requires support in ensuring his meal is in bite sized pieces. Davis eats independently once his food is prepared and set up for him. Concerns with Davis’ meals or eating will be reported to his guardian via communication book and/or phone and noted in his Daily Progress Notes.
- **Self-Administration of Medication or Treatment Orders:** PAI receives Davis’ medication and treatment supplies/equipment from his guardian and set it up according to prescriber’s orders and as directed by the pharmacy/prescription bottle/bubble pack. Davis currently takes 1 tablet of Clonidine for anxiety, 1 tablet of Risperidone for anxiety, and 2 caps of Depakote for seizures. Trained staff dispense medication for Davis and offer him the medication on his spoon with full assistance. Once he swallows the medication in his food, he is offered his beverage. 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 medication will be communicated by PAI staff to his guardians via phone or communication book. Communication will be noted in his Daily Progress Notes.
- **Other Health and Medical Needs:**
 - **Personal Cares:** Davis utilizes two briefs. Davis will be supported to standing by one or two staff. Per guardian request, he may use the mat table to sit on while support persons check his brief for output. Davis may also be supported in sitting on the toilet, although he may not void, for a brief period of time to encourage him to use the toilet. If it is dry, he will be assisted back to his chair. Should Davis void in his brief and require a full clothing change, he will be assisted to the restroom and stand while holding onto the bar to change his clothing.
- **Risk of Falling and Mobility:** Due to Davis’s seizure disorder and limited weight bearing, he is at risk of falling and he requires support with mobility. Davis utilizes a wheelchair that he propels himself for short distances with the foot pedals off, and staff propel for him long distance. He wears a seatbelt at all times while in his wheelchair. Davis is supported by one or two staff to minimize risk of falls while transferring. Davis may sit in a recliner safely after being supported in transferring with one staff.
- **Regulating Water Temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Davis coming into contact with it.
- **Community Survival Skills:** Davis utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Davis 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 Davis and intervene on his behalf if a potentially dangerous situation were to arise. Staff will call 911 on Davis's behalf in the event of an emergency.

- **Water Safety Skills:** PAI does not offer swimming or bathing. When near bodies of water, Davis's breaks will be engaged when his chair is not in motion, and staff are in arms reach of him.
- **Sensory Disabilities:**
 - **Tacitly defense on his head:** Staff will limit the amount of physical contact they have with Davis's head. If he appears to become upset by any physical touch, staff will respect the communication and provide him with space.
- **Self-injurious behaviors:** Davis may hit himself on the head. If he begins to hit himself, he will be verbally asked to stop. He will be assessed for any needs he may have and supported in having those needs met. He will be provided a picture board to communicate if he would like something. His choice will be honored immediately. If Davis does not make a choice, he will be offered the opportunity socialize with a staff and/or listen to music. If Davis does not stop, he will be provided the iPad.
- **Physical aggression/conduct:** Davis may throw items around him or hit himself. If Davis begins hitting himself or pushing/throwing things, he will be provided the support of verbally asked to be 'nice' or 'good'. Any items he may throw/push will be moved a safe distance away. He will be provided a picture board to communicate if he would like something. His choice will be honored immediately. If Davis does not make a choice, he will be offered the opportunity socialize with a staff and/or listen to music. If Davis would like space, he will be provided the opportunity to spend time in a quiet area of the program room, while remaining in staff's supervision, until he would like to re-join the group. If Davis does not stop, he will be provided the iPad.
- **Self-stimulation:** If Davis begins to self-stimulate, he will immediately be covered by pulling his pants back up. Staff will direct Davis to please stop, and he will be provided his communication picture board to make an alternative choice. His choice will be honored immediately. If Davis does not make a choice, he will be offered the opportunity socialize with a staff and/or listen to music. If Davis does not stop, he will be covered, brought to a private area and he will be provided the iPad for re-direction.
- **Person-centered Information:**
 - Important to Davis: It is important to Davis that he get to enjoy activities such as singing and music, watching preferred videos and playing games on the iPad, coloring/drawing, and completing arts and craft projects. Time with preferred people to socialize is very important to Davis. It is also important to Davis that he spend time in the community. Preferred foods and beverages are important to him.
 - Important for Davis: It is important for Davis that he communicate his needs and wants in a safe and appropriate way. It is important that he spend time participating in activities with his peers.
 - Balance of important to and for: Providing Davis a balance of iPad time with other activities is very important. Supporting Davis in communication is important, especially to use his words and communicate appropriately when he is upset or has a need or want.
 - Good day for Davis: A good day for Davis includes time with friends and preferred staff. He enjoys meaningful 1:1 time with staff he prefers who will have fun with him. He is engaged in activity he likes such as games, the iPad, music, and in the community. Davis has preferred foods and is feeling well. The best days are spent at summer camp, though!
 - Bad day for Davis: A bad day for Davis is when he is when he is not interacting with others. Davis may also be sad or upset if he is ill or experiencing seizure activity. Davis will show he is upset by lightly pushing, facial expressions, leaving the area, or saying 'stop.'
 - How to have more good days: Davis can have more good days by appropriately communicating what activities he would like to participate in and his wants, needs and preferences. He can also engage in a balance of activity and iPad time.
 - Likes: Davis likes to spend time socializing with friends, going out to eat and shopping. At home, Davis likes to watch TV shows including Barney, Blues Clues, and Sesame Street. Davis really enjoys

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- going to Camp Friendship and going on the inner tube in the summertime. Davis shows he enjoys something by facial expressions, engaging in the activity, sign for 'more', laugh, or say 'D wants.'
- Dislikes: Davis would like to stay away from places where he is not engaged, or people who do not interact with him in meaningful ways. He also would like to stay away from people who may take things away from him. He also would like to avoid hearing the word 'no.' Davis will show he is upset or dislike something by throwing or pushing things, facial expressions, leaving the area, or saying 'stop.'
 - Preferences: Davis prefers to work with upbeat people who will be goofy and joke with him. He prefers that staff interact and chat with him while he is receiving support and have a good time. It is important that Davis's communications are honored during his daily routines by all staff that support him.

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**:

- Davis prefers to have a variety of activities and opportunity to participate. He also likes time to socialize, especially with fun, upbeat people.
- For supports, Davis prefers to work with upbeat people who will be goofy and joke with him. He prefers that staff interact and chat with him while he is receiving support.
- Davis will reach for things he would like. Davis will also move toward things or activities he would like to do. Davis will laugh and engage when he likes something. When not interested in an activity or not engaged, he may leave, throw things on to the floor, or attempt to use the iPad instead. Davis also uses the iPad, picture cards, and will answer yes/no questions.
- Davis makes choices about his schedule, community activities, and daily activities using the iPad, picture cards, and answering yes/no questions. He is provided options throughout his day to make choices and decisions. His 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:

N/A

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Davis works on outcomes that are both important to and important for him. Davis is offered a variety of choices throughout his day regarding his preferred activities.

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

Davis has opportunities to choose to participate in community integration trips. While in the community, Davis is encouraged and supported with interactions and creating positive relationships with others he encounters.

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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?

Davis has the opportunity to spend time in the community, volunteer, and visit other preferred places. Davis is encouraged and supported in interacting with members with those in the community.

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

Davis and his team have decided not to seek out competitive employment at this time. He is content with where he is at and finds value in the enrichment activities that he is currently participating in. If Davis and his team were to decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to meet Davis' desires.

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?

- Davis' guardian and PAI staff collaborate to share necessary information as it relates to Davis'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.
- PAI works with his guardian for supplies needed at PAI, as well as medications and corresponding orders.
- Mary and Dave Wolf are Davis's guardian and advocates on his behalf as well as makes legal decisions. His legal guardian provides information and direction on Davis's services and supports in collaboration with other members of his support team.
- June Msechu, county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI, and assists Mary, Dave, and Davis in advocacy and finding additional opportunities for community involvement. June also completes Davis'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, Day Program
Emily Elsenpeter
eelsenpeter@paimn.org
Phone: 651.748.0373
Fax: 651.748.5071
- County Case Manager
June Msechu
June.Msechu@co.washington.mn.us
Phone: 651.430.6511
- Guardians
Mary and Dave Wolf
MWolf@Bell.Bank
Phone: 651.472.3491

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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: Davis and his team have decided not to seek out competitive employment at this time. He is content with where he is at and finds value in the enrichment activities that he is currently participating in. If Davis and his team were to decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to meet Davis' desires.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no further research needed at this time.

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:
N/A

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: N/A

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:

N/A

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 related to mental health concerns and communication with team members as needed or as concerns arise.
- Monitor for seizure activity, follow seizure protocol, and communicate seizures to team members as appropriate.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Davis's guardian.
- Set up and administration of medication following the prescriber's order.
- Administration of medication.
- Provide first aid and 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: N/A

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:

N/A

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: N/A

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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:
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:
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: Davis may require physical prompts or hand over hand or full assistance to complete and engage in preferred recreation/leisure activities such as playing a game or painting.
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: Davis may attempt to throw things that could hit other people around him. If this occurs, Davis may gently be physically blocked to limit the risk of hurting others. Davis may hit himself and will be gently physically supported in stopping and redirected to limit risk of injury to himself.
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: Davis may self-stimulate in areas where others are present. If this occurs, he may be physically prompted to stop by gently touch or moving his hand(s) to limit the risk of exposure.
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:
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: Davis will be physically assisted in his wheelchair to quickly and safely evacuate or move away from an emergency situation.
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: Davis utilizes the seatbelt while in his wheelchair.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: If Davis is engaging in self-stimulation, throwing/pushing things, or hitting himself, he will be verbally asked to stop and be redirected.
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: If Davis begins throwing items, they will be moved a safe distance away to limit risk of hurting himself or others.
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?

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Yes No If yes, explain how it will be used:

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: N/A

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