

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

Name of person served: Teresa Turbes

Date of development: 6.2.2021

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: Margarita Godina

Case manager: Eric Antonson

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 Teresa is intensive support services in a day training and habilitation community-based program. The program works with Teresa to develop and implement achievable outcomes that support her goals and interests and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Teresa’s physical, emotional and social functioning. Staff support Teresa 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 Teresa. Support is provided in the most integrated and least restricted environment for Teresa. PAI works with Teresa’s guardian, residential provider, 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: Once daily, Teresa will choose a song for staff to sing to her in 90% of opportunities over the next six months.

Teresa finds great joy in listening to people sing to her and she will dance by swaying side to side. She gets a big smile when her support staff spend this one-to-one time with her. She also has specific songs she likes to listen to. This outcome will allow her to make decisions, build communication and have time with staff doing something she loves.

Outcome #2: Daily, Teresa will indicate yes or no when asked to participate in a group activity in 80% of opportunities over the next six months.

Teresa enjoys spending time with others and being part of a group. It is very important to her that she have opportunities to participate in group and community experiences she would like. This outcome will provide Teresa the opportunity to practice her self-determination skills and to strengthen her yes/no communication while participating in activities of interest to her.

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:

- Teresa may utilize technology at PAI daily using the iPad for choice making, music, and videos.
- Teresa can access the television in her program area for sensory videos and to play games on the Wii.
- Teresa may use the SMARTBoard to play games and watch sensory videos.
- 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: Teresa has an allergy to Alpha 2 Agonist, Amoxicillin, Carbamates, Cephalosporin, Cyclobenzaprine, Dantrolene, Epinephrine, Keflex, Orphenadrine, Penicillin, Succinylcholine, and scented lotions. Previous reactions to these medications are not known, but exposure could cause adverse reactions including but not limited to rash, hives, and respiratory distress. Teresa will only receive medication that has been prescribed by her physician. Scented lotions may cause skin irritation leading her to scratching her skin. She will not use any scented products. Concerns are relayed to Teresa's residence via phone, email or communication book and noted in her Daily Progress Notes.

Choking and Special Dietary Needs: Teresa requires a physician ordered diet for pureed foods and thickened liquids. Teresa sits in her wheelchair at the table while eating and uses a spouted cup, a sectioned plate, and a teaspoon sized mother care spoon to eat and is not able to use straws. Teresa's lunch comes prepared by her residence and is checked to ensure it is prepared properly prior to serving. Teresa eats with full assistance while eating and she is offered a drink of her beverage between bites to encourage fluid intake. Teresa is fully assisted in drinking her thickened liquids from a spouted cup. Teresa does not prefer beverages other than milk and will frequently refuse them. She may also refuse foods or beverages if not prepared to her consistency preference. Teresa has PICA and may attempt to consume inedible items that could cause her to choke. She will be redirected if she attempts to do this and verbally and physically supported in not consuming these items.

Chronic Medical Conditions:

Hip and Back pain/Arthritis in neck: Teresa experiences hip and back pain which has increased with age. She has been diagnosed with arthritis (inflammation of one or more joint) in her neck. She will be monitored for pain and concerns will be reported to her residential provider via phone or email.

Cerebral Palsy and resultant spasticity: Teresa's muscles may be tight and pull due to shortened length. This can cause pain and affect the ability to move these muscles which may contract involuntarily. This affects Teresa's mobility and other motor involved skills such as eating. Concerns with spasticity, shakiness, inability or refusal to complete tasks and related pain will be reported to her residential provider via phone or email.

Osteoporosis: Staff assist Teresa as needed with mobility and balance, taking care that she does not bump into things. Staff will report bumps, falls and injuries to her residential provider as soon as possible and within 24 hours.

Constipation: Teresa experiences constipation which could cause discomfort and irritability. Teresa requires time to sit and relax while in the restroom to decrease straining. All eliminations are reported to the residence via communication book. Concerns with constipation related pain and symptoms such as gas are reported to her residence.

PICA: Teresa has PICA and may attempt to consume inedible items. She will be redirected if she attempts to do this and verbally and physically supported in not consuming these items. If she consumes something inedible, it will be reported to her residence as soon as possible via phone.

Neurogenic Bladder: Bladder dysfunction (flaccid or spastic) caused by neurologic damage. Symptoms can include overflow incontinence, frequency, urgency, incontinence, and retention. Staff support Teresa in using the restroom every two hours and as needed. She is given time to fully void. Staff are responsive to Teresa when she indicates that she requires use of the restroom. Concerns are reported to her residence via phone or email.

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Medication Administration: PAI receives Teresa's medication and treatments from her residential provider and set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle/bubble pack. Each medication administration time, trained staff dispense the medication for Teresa and place the medication in a portion of her prepared meal. Teresa currently takes Benefiber/NutriSource Fiber Powder at 11:30 for a fiber supplement. Staff offer her the medication on her spoon with full assistance. 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 staff at her residential provider via phone, email, or communication book. Communication will be noted in her Daily Progress Notes.

Other health and medical needs:

DNR/DNI: Teresa should not receive CPR (chest compressions, cardiac drugs, or placement of breathing tube). Staff are trained to the location and expiration date of Teresa's DNR/DNI. In the event of an emergency, staff will call 911 and provide a copy of Teresa's DNR/DNI order to Emergency Response Staff.

Personal Cares: Teresa receives support to complete her personal cares. Teresa utilizes the support of briefs due to incontinence. She is supported in completing cares every two hours and as needed throughout the day. She is supported by one staff to stand and pivot to the toilet. She is provided up to five minutes of time unattended in the restroom. A small stool is placed under her feet while she is on the toilet for proper body positioning. She is then supported to standing to be cleaned and supported in putting on a new brief.

Skin Integrity: Teresa utilizes briefs and has highly sensitive skin. She is prone to skin breakdown. Teresa also has high tone and may refuse to allow staff to thoroughly help clean her after using the toilet. Staff visually check Teresa during her personal cares for skin breakdown and reports concerns to her residential provider. Staff attempt to clean Teresa as quickly and thoroughly as possible following her use of the restroom.

Bruising: Teresa bruises easily and frequently bumps into things when transferring onto furniture or when moving around the program. Staff observe Teresa for incidences that could lead to bruising and support her in avoiding them. If there is an incident that could cause bruising, staff communicate it to her residence as soon as possible and within 24 hours.

Sensitive Skin: Teresa has very sensitive skin and cannot have scented lotions, detergents, perfume, scented hair care products, or insect repellent that is directly in contact with her skin. Teresa will not apply make-up at PAI. Teresa will scratch herself on arms, legs, stomach, and neck and is at risk of injury and infection. She may use unscented lotion to address dry skin. If Teresa is scratching, she will be redirected with a preferred activity and/or manipulative. Staff will evaluate her skin and report concerns to her residential provider.

Risk of falling and Mobility: Due to Teresa's chronic medical conditions, and physical disabilities, she is at risk of falling. Teresa is supported in applying her seatbelt while in her wheelchair. Teresa is supported by one staff in a stand pivot transfer. Teresa may sit in a recliner with the feet elevated. Staff assist Teresa to propel her wheelchair long distances. She may use her feet and hands to propel her wheelchair short distances.

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

Community Survival Skills: Teresa utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Teresa while in the community to practice all pedestrian and traffic safety skills. She is supported in safely engaging with the community activities and people of his choice. Staff observe

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what is occurring around Teresa and intervene on her behalf if a potentially dangerous situation were to arise. Staff will call 911 on Teresa's behalf in the event of an emergency.

Water Safety Skills: PAI does not offer swimming or bathing. When near bodies of water, Teresa's breaks will be engaged when her chair is not in motion, and staff are in arms reach of her.

Sensory Disabilities -

Astigmatism with cataracts: Causes blurred vision and may make details difficult to see. Staff will move items for Teresa and watch to ensure she is able to visually track them, indicating that she can see them more clearly.

Sensitivity to clothing tags, clothing textures and hats and gloves: Teresa does not like tags on her clothing, or on things around her. She also may not like the texture or feel of hats or gloves, or certain items of clothing. Her residential provider removes Teresa's clothing tags and respect her clothing choices. If she refuses to wear hats and gloves, they are placed in her bag to be offered again. She may be offered and more accepting of a hood, as it is not as tight fitting. She may be offered a different item of clothing from her bag if a clothing item she is wearing is upsetting her.

Self-injurious behaviors - Scratches herself: Teresa may scratch her skin causing it to bleed or increasing risk of infection. Teresa will not use scented lotions, detergents, make up, perfume, scented hair care products, or insect repellent that is directly in contact with her skin. She may use unscented lotion to address dry skin. If Teresa is scratching, she will be redirected with a preferred activity and/or manipulative. Staff will evaluate her skin if she is scratching, addressing any immediate first aid need, and report concerns to her residential provider.

Physical aggression/conduct and Verbal Aggression: Teresa may yell/scream/vocalize, kick, spit, and push others/objects if upset, has an unmet need, or is not feeling well. Staff will assess Teresa for needs (ex. restroom, her sting, etc.), injury or illness and respond as needed. When Teresa is exhibiting these behaviors, staff will assist to a safe distance from others and give her space, and then reproach later. After reproaching her three times, if she continues to be upset, staff will provide her with space until she approaches staff herself.

Property destruction - Rips tags off of other's clothing, furniture, and pillows: Teresa may become upset if there are visible tags, or tags that she can feel on her clothing, others clothing, or items around her and attempt to rip them off. If Teresa attempts to rip a tag off a peers clothing, she will be asked to stop and assisted away from the person and visual distance of the tag. She will be redirected with a preferred activity. Tags on items in the program room are removed, as able.

Other symptom or behavior - Removing clothing/shoes: Teresa may pull up or remove her shirt and expose herself when upset, or to hide/retrieve her manipulative. She is verbally encouraged to keep her clothing on and physically assisted to cover up if she does remove or pull up her shirt.

Person-Centered Information:

Important to Teresa: It is currently important to Teresa that she has her string, that she spends time preferred people and space when she would like it, that she has music in her life, that she maintains her independence, and that she have preferred foods and beverages.

Important for Teresa: It is important for Teresa that she continue to bear weight, that she has fluids daily, that she does not scratch her skin, and that she repositions and sits upright in her chair.

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Balance of important to and for: Balancing time for Teresa to be social and have her space when she would like it is very important to her. Encouraging her to drink fluid is important for her and it is important to her that it is a preferred beverage at the right consistency. It is also important that Teresa communicate her needs in a calm and safe way.

Good day for Teresa: A good day for Teresa includes strings of her choice, music, people singing with her, 1:1 time with the people she enjoys, and bananas and other preferred foods. She would also have no pain or discomfort.

Bad day for Teresa: A bad day for Teresa is when she is not feeling well, has irritated skin, is not allowed her personal space when needed, and does not have time with people she enjoys or preferred activities. Not having access to her string would be a terrible day for her.

How to have more good days: Teresa can have more good days by calmly communicating what she would like to do or when she has a need. She can also have more good days by having good fluid intake to assist her in feeling well.

Likes: Teresa likes string, dogs, bananas, music, 1:1 time, blowing on people hair, silly putty like manipulative, playing games, arts and crafts, sensory activities, and when people sing to her.

Dislikes: Teresa does not like having people in her personal space without good reason. She enjoys being around people, but if they are too close, she may get frustrated and show this by putting her hands up near her head with her string or push away backwards. She also gets frustrated with tags in her clothing. She will pull them off if she is able or may show her frustration by becoming vocal or pushing away from activity.

Preferences: Teresa prefers to be included in activities of her choice but given space when needed. She prefers people who she has a good relationship with who will have fun with her (singing, dancing hair blowing, chatting, laughing, etc.). She prefers doing things for herself, as much as she is able.

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**:

- Teresa prefers a combination of her personal space and private time, and time to be engaged with preferred peers and staff. She enjoys 1:1 time with people she knows well who will sing and dance with her and participate in her preferred activities.
- For supports, Teresa prefers to do as much as she can herself and encouragement to be independent.
- Teresa prefers familiar environments and people who know her well and are responsive to her needs and preferences.
- Teresa communicates with modified signs, vocalizations, facial expressions, and gestures. It is very important to her that her communication is honored.
- Teresa makes choices about her community activities, visiting peers, and daily groups using picture cards or verbal options. She is provided choices throughout her day and her decisions are honored.

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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**?

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

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

Teresa has opportunities to choose community integration trips. While in the community Teresa is supported and encouraged to interact and create positive relationships with others she encounters.

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

Teresa has the opportunity to spend time in the community, volunteer, and visit other preferred places. Teresa is encouraged to interact with members of the community and create relationships.

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

Teresa and her team have decided not to seek out competitive employment at this time. Teresa is content with where she is at and finds value in the enrichment activities that she is currently participating in. If Teresa and her team decide that she would like to seek out competitive employment, her team will hold a meeting and discuss the steps needed to fit Teresa's desires.

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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?

- Teresa prefers a combination of her personal space and private time, and time to be engaged with preferred peers and staff. She enjoys 1:1 time with people she knows well who will sing and dance with her and participate in her preferred activities.
- For supports, Teresa prefers to do as much as she can herself and encouragement to be independent.
- Teresa prefers familiar environments and people who know her well and are responsive to her needs and preferences.
- Teresa communicates with modified signs, vocalizations, facial expressions, and gestures. It is very important to her that her communication is honored.
- Teresa makes choices about her community activities, visiting peers, and daily groups using picture cards or verbal options. She is provided choices throughout her day and her decisions are honored.

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
Elsenpeter@paimn.org
Phone: 651.748.0373
Fax: 651.748.5071
- **Phoenix Residence - Furness**
Tashianna Henry
furness@phoenixresidence.org
Phone: 651-777-6349
- **Case Manager**
Eric Antonson
Eric.antonson@co.ramsey.mn.us
Phone: 651-295-8753
- **Guardian**
Margarita Godina
margarita.godina@co.ramsey.mn.us
Phone: 651-266-4275

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: Teresa and her team have decided not to seek out competitive employment at this time. Teresa is content with where she is at and finds value in the enrichment activities that she is currently participating in. If Teresa and her team decide that she would like to seek out competitive employment, her team will hold a meeting and discuss the steps needed to fit Teresa's 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.

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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."

- Monitoring of Teresa's allergies and medical conditions including arthritis, osteoporosis, cerebral palsy and spasticity, constipation, neurogenic bladder, and the related symptoms, and communication with team members as needed.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- 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 Teresa's residential provider.
- Set up and administration of medication following the prescriber's order.
- 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 N/A
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: Teresa enjoys giving familiar and preferred people hugs and will reach out for them.
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: Teresa 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 to learn skills.
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: If Teresa is scratching herself, staff may gently move her hand away from the area she is scratching to redirect her. If Teresa is attempting to hit others or throw items, staff may block her to avoid injury of herself or others. If Teresa is engaging in PICA related behaviors and attempting to eat inedible items, she be gently physically redirected to avoid consuming them.
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:
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: In the event of an emergency, staff will assist Teresa in quickly and safely moving to a safe location.
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: Teresa utilizes a wheelchair with a seatbelt.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: If Teresa is displaying verbal or physical aggression or engaging in PICA or self-injurious behaviors, she may be verbally redirected. If she is removing her clothing, she will be verbally re-directed to limit her exposure.
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 Teresa is engaging in PICA related behavior and attempting to eat inedible object or items that she may choke on, they will be removed for her safety.
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