

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

Name of person served: Amber Roach

Date of development: 6.16.2021

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: Sarah Farrell

Case manager: Sarah Vieau

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: Amber receives intensive support services in a day training and habilitation community-based programs and/or day support services at PAI. Support is provided in the most integrated and least restricted environment for Amber. The program works with Amber 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 Amber’s physical, emotional and social functioning. Staff support Amber 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 her health, safety and wellbeing as needed by Amber. PAI works with Amber’s residence and transportation provider for continuity of care.

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: Daily, Amber will place her cup in the sink when finished with her drink or going home in 70% or more of trials over the next year.

This outcome would help her to practice her fine and gross motor skills (holding onto the cup & raising her arm to put it in the sink) while giving her a sense of accomplishment. It is important that Amber continues to be as independent as she can with daily living skills.

Outcome #2: Daily, Amber will identify a peer or staff member that she would like to visit in 80% or more of trials over the next year.

Amber is a very social individual who values time spent with those that she cares for most. This outcome allows her to make the choice of who she wants to visit while still doing something that she likes. It is important for Amber to be supported in making choices.

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:

- Amber utilizes technology at PAI daily through the use of the iPad for music, audio books, and to access arts & craft ideas. Amber has access to a television and computer in the program area for music, sensory or educational videos, in addition to the SMARTBoard for games and other audio activities.
- Amber has not shown interest in using the iPad as a communication tool. No further exploration of technology is needed at this time.

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:

Choking: Amber has a physicians ordered bite sized diet to prevent choking. Amber may not chew well and may become distracted while eating, pocket her food or hold it in her mouth putting her at risk of choking. Amber is visually monitored during meals and helped as needed, her food may be cut into smaller pieces if she is having difficulty chewing or swallowing. Should Amber exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Amber has a physicians ordered bite sized diet. Her meals and snacks are sent to PAI from her residence prepared according to her physician's orders. Amber sits in a regular chair with or without arms during meals at the lunch table. She uses a sectioned built-up plate & regular utensils to eat and an adaptive cup with a straw to drink. Amber is assisted by staff from her right side in loading her fork and is offered verbal & physical assistance as needed to bring it to her mouth. She is asked to chew and swallow and offered a drink of her beverage every couple bites to help with pocketing of food. Amber is encouraged to eat her food as independently as she is able, she may require more assistance when using a spoon due to her high arched palate and fine motor skills. Amber may spit out foods she does not want or are difficult for her to chew; her food may be cut into smaller pieces if she is having difficulty chewing or swallowing. However, after two attempts if Amber spits out her food, her refusal will be honored. Amber's intake will be communicated to her residence via phone, email, or communication book daily.

Chronic Medical Conditions:

Distal 18Q Deletion Syndrome: is a chromosomal condition that occurs when a piece of chromosome 18 is missing. Distal 18q deletion syndrome can lead to a wide variety of symptoms including a short stature, weak muscle tone, hearing loss, narrow or absent ear canals, and foot abnormalities. Eye movement disorders and other vision problems are common as are high or cleft palates, hypothyroidism, and skin problems. Most people with distal 18q deletion syndrome have neurological problems that may include delayed development, learning disabilities, and intellectual disability that can range from mild to severe. Seizures, hyperactivity, mood disorders such as anxiety, and features of autism spectrum disorder that affect communication and social interaction may also occur. PAI staff support Amber in completing activities of daily living and instrumental activities of daily life including supports to communicate and engage socially with others.

Ear Infections: Amber has a history of chronic ear infections (an infection of the air-filled space behind the eardrum that contains the tiny vibrating bones of the ear). She may experience ear pain, drainage of fluid from the ear or trouble hearing. Amber is visually monitored for signs of ear pain/discomfort including pulling or holding onto her ear. She receives medication daily at her residence to prevent wax buildup and prevent infections. Any noted symptoms of ear pain/discomfort will be communicated to Amber's residence via phone, email or communication book and noted in Daily Progress Notes.

Eczema: a skin irritation/inflammation indicated by itchy, reddened, dry skin. For Amber this occurs mostly on her arms, legs, neck, and scalp. Amber uses a topical medication for eczema at her residence and a special shampoo to address eczema on her scalp/neck. At PAI Amber is visually monitored for itchy, reddened, dry skin. She is supported in applying lotion to her hands and arms during sensory activities. Noted areas of itchy, dry, reddened skin or an increase in Amber's itching will be reported to her residence via phone, email or communication book.

Self-administration of medication or treatment orders: Should she have need, Amber takes her medication whole in soft food with a drink; she does not have the fine motor skills to self-administer herself medications. Medications/treatments are administered according to the prescriber's orders and as directed by the

PAI

pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Amber and administer it. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of nonscheduled medication, concerns or requests for supplies will be communicated by PAI staff via phone, email or communication book and noted in Daily Progress Notes.

Other health and medical needs:

Personal Cares / Toileting: Amber utilizes the support of a disposable brief and an additional pad during her menses. Due to her cognitive and physical limitations, she requires full physical assistance to complete her personal cares, monitor for skin integrity concerns and provide for privacy. Amber needs assistance to use the restroom every two hours or more often as needed. Amber may eliminate on the toilet or in her brief. She can be alone in the restroom for five minutes with visual checks every two minutes to allow for privacy. All concerns, requests for supplies and eliminations are communicated to Amber's residence via phone, email or communication book.

Risk of falling: Amber is able to walk independently; however, she often keeps her head down to the left side putting her at an increased risk of falling. Amber has a history of walking fast or into things and occasionally tripping and falling over furniture. Amber will be asked to "look up" and "watch where you're walking" by staff and verbally cued around obstacles in her environment when she is walking around. Staff walk next to Amber when outside of the program area; they will offer guidance and ask her to slow down (for safety) when needed. Staff may also help her by taking her arm to guide her while walking or going down the stairs. Any concerns or occurrence of falls will be communicated by PAI staff to Amber's residence via phone, email or communication book and noted in her Daily Progress Notes.

Mobility issues: Amber's chronic medical conditions impact her ability to be safely mobile on her own in unfamiliar environment. She may not look where she is walking and has bumped into furniture, walls, doors and peers' wheelchairs. Amber often keeps her head down to while walking and has a history of bruises and scratches of unknown origin which may be attributed to walking into things. Amber will be asked to "look up" and "watch where you're walking" by staff and verbally cued around furniture, peer's wheelchairs and obstacles when walk around the program areas. If Amber is in danger of bumping into someone or something; she may be guided by taking her arm. When outside of the program area, staff will walk next to Amber and offer her verbal and physical cues as needed. Amber has a history of bruises and scratches of unknown origin which may be attributed to walking into things. Concerns with Amber's mobility and areas of bruising or potential bruising will be communicated to her residence via phone, email or communication book and noted in her Daily Progress Notes.

Regulating Water Temperature and Water Safety Skills: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Amber coming into contact with it. PAI does not offer swimming or bathing. Amber receives support when in the community and should she be near a body of water, staff will stay within arm's reach / in physical contact of Amber and will verbally inform her the areas to stay in (on the path, middle of the dock, etc.) and where the water is.

Community Survival Skills: Amber utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Amber 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 her choice. Staff observe what is occurring around Amber and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Amber's behalf in the event of an emergency.

Sensory Disabilities:

PAI

Overstimulation: Amber may become overstimulated when in the community or in environments that are overcrowded or loud. Amber communicates that she has become overstimulated by holding her head down, not responding to requests to look up, becoming withdrawn, sitting in a corner, and putting her hands to her ears. She may leave the room/environment to find a quieter space. Amber is provided support while in the community to find a calmer environment. Should Amber become over-stimulated in the program area, she will be offered an opportunity to visit another program room or take a walk. Amber's sitting/laying on the floor may not mean she is overstimulated if she is observed to be smiling and engaged. At times Amber enjoys spending time alone, she may walk to the sensory room or the office in Harmony Hall and sit on the floor when needing some space.

Person-centered information

Important TO: It is important to Amber to continue working with consistent staff who take her out in the community, especially out to eat, help her to socialize with friends and build new relationships and encourage her to do things for herself as independently as she is able to. That she has music and one on one time with her staff each day, doing things such as reading, sensory, or going for walks around the building & outside.

Important FOR: It is important for Amber that she be supported in a calm environment and encouraged to make choices within her daily routine. It is important for Amber to go for walks throughout her day, hold her head up to watch where she is walking and to be as independent as she is able to with daily living tasks. Amber needs the support of consistent staff who know her, are familiar with her communication style as well as her likes and dislikes.

Good day: A good day for Amber includes one to one interactions with familiar people, following a familiar routine filled with praise, laughter and music. It may include going for multiple walks during her day, a balance of time to socialize with others and try new things and time to read a book or magazine with someone while relaxing in a recliner. Going out for lunch or getting a sweet treat.

Bad day: A bad day for Amber may include not having enough alone time or space during her day, not feeling well, limited one to one interactions with familiar people, not making it to the restroom at the right time or going for enough walks during the day. Being in places that are crowded, loud, or over-stimulating also contribute to a bad day for Amber.

Likes: At PAI, Amber enjoys participating in sensory activities and spending time in serenity (sensory room). Amber likes going for walks both outside and around the program area, going on outings (especially if they involve walks outside or food). Amber enjoys eating and likes most foods. Some favorites: ice cream (Dairy Queen), cake, pudding, spaghetti, Chinese food, and fast foods. Amber enjoys drinking flavored coffee drinks and going out for seafood (shrimp & salmon). Amber likes using the Wii and SMARTBoard, creating art, looking at books and magazines or being read to. Amber enjoys listening to music, relaxing in the recliner wrapped up in a blanket, and visiting in other program rooms. Amber likes to listen to the "Oldies", Elvis and 90's music such as N*Sync or the backstreet Boys. She enjoys upbeat music and Christmas music. At home, Amber enjoys being read to, walks outside, music, dancing, singing and being in the water. Amber shows she enjoys these things by laughing, looking up, and participating.

Dislikes: Amber does not like to be rushed or in loud and crowded places (like the State Fair) she shows this by plugging her ears and avoiding eye contact. She does not like foods that are challenging to chew (hard/crunchy)

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**:

- Amber would like to participate in a structured and personalized program day in a calm environment with caregivers who know her well. She would like to spend time in the community and be supported in socialization with peers and staff. Amber would like to stay busy doing art and craft activities, sensory activities, listening to and making music, going for walks, reading, and exploring new activities and interests. Amber shows she would like to participate in these activities by laughing, looking up, and participating. Amber prefers to engage in activities one to one or in a small group and with positive, supportive staff.
- For supports, Amber prefers efficient care and clear communication from encouraging, upbeat people that know her, her abilities, and her routine well. Amber is motivated by praise and encouragement. Amber responds best in a calm environment to verbal and physical cues and once routine is established. When talking with Amber, it is important to observe her facial expressions and body language and allow her time to make choices.
- Amber communicates nonverbally through facial expressions, body language and some vocalizations. Amber will walk toward things or activities she would like to do. Amber will laugh and look up when she is engaged and likes something. When not interested in an activity Amber will walk or pull away from staff when encouraged to participate. Amber will occasionally reach for things she would like but prefers to make her choices using eye gazing when pretend with picture cards or real-life objects to choose from.
- Amber would like her communication to be honored and supported throughout her day. She makes choices about her schedule, community activities, and daily activities and is provided options throughout her day to make choices and decisions. Staff provide Amber with choices using picture cards or real-life objects to choose from. Staff help to communicate Amber's decisions to others as relevant to ensure her Amber's choices and refusals 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:

NA

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

Amber works on outcomes that are important for her and to her. Amber is offered choices throughout her day of the activities and groups that she would prefer.

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

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

PAI

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

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

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

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

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?

- Amber's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Amber'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 Amber's communication book.
- PAI works with Amber's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Sarah Farrell is Amber's state appointed legal representative who advocates on her behalf as well as makes legal decisions with her. The legal representative provides information and direction on Amber's services and supports in collaboration with other members of this support team.
- Sarah Vieau, case manager from Scott County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Amber and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Amber's 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:

Bridges, Residential

Bisi Oduwaiye

Email: bisio@bridgesmn.com Phone: 651-734-0911 Cell: 651-358-4775

PAI Oakdale, Day Program

Emily Elsenpeter

Email: eelsenpeter@PAImn.org Phone: 651-748-0373 Fax: 651-748-5071

Sarah Farrell – Legal Representative

Email: SFarrell@co.scott.mn.us Phone: 952-496-8424

Sarah Vieau – Case Manager Scott County

Email: Sarah.Vieau@ThomasAllenInc.com Phone: 651-789-1227

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: Amber and her team are not seeking other opportunities at this time. Amber lives in a group home that helps her coordinate services.

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

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."

- 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 guardians
- Administration of medications to Carrie
- First aid and CPR

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

PAI

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: Amber enjoys having her upper back scratched lightly and light massage to her shoulders. She may seek out or initiate physical interactions such as sitting near a staff or leaning in for a hug. Amber is receptive to touch being initiated by familiar staff.
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: Amber may require varying levels of physical contact while walking to avoid obstacles in her environment.
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: Amber may require varying levels of physical contact to complete and engage in tasks such closing the restroom curtain, washing her hands, or picking up her fork and preferred program activities such as watering plants, painting or doing arts & crafts.
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: Amber may require varying levels of physical contact for redirection while walking to avoid bumping into peers or other objects causing injury to herself or others.
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: Amber may require varying levels of physical contact for redirection while walking to avoid obstacles. She may require physical prompts to remove her hands from her pants when not responding to verbal cues.
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used: NA
7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
 Yes No If yes, explain how it will be used: Amber will be physically assisted to evacuate the building or seek shelter in the event of an emergency.
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: NA
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Amber utilizes verbal prompts from staff to "look up", "watch where you're walking" and "slow down" while she is walking independently. Amber may also respond to being asked to remove her hand from her pants.
10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?
 Yes No If yes, explain how it will be used: NA

PAI

11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?

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

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