

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

Name of person served: Shannon O’Brien

Date of development: 6/22/21 For the annual period from: June 2021 to June 2022

Name and title of person completing the *CSSP Addendum*: Briana Hinzman, Designated Coordinator

Legal representative: Katie Woessner and Therese O’Brien

Case manager: Mary King

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

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 a week Shannon will read to her peers in 50% or more of daily trials during this review period.

Outcome #2: Daily, Shannon will practice a word in sign language 80% of all trials over a 12 month period.

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:

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

PAI

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

Seizures: Staff will monitor Shannon for seizure activity. Staff are trained on Shannon's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

Choking and special dietary needs: Shannon has dietary orders of nectar like liquid consistency, mechanical soft, no hard/raw fruit/vegetables, tough meats, breads, nuts, or seeds. Staff will thicken Shannon's liquids appropriately. Staff will offer food that matches Shannon's dietary orders and cut items into bite sized pieces as needed. Staff will encourage small drinks between bites.

Chronic medical conditions and risk of falling: Shannon is diagnosed with Hereditary Spastic Para paresis, refers to a group of inherited disorders that are characterized by progressive weakness and spasticity (stiffness) of the legs. Neurogenic Bladder/ spasms, a lack of bladder control due to a brain, spinal cord or nerve problem which lead to urine retention for Shannon. When Shannon is on the mat table, the side rails will be up unless staff is standing in front of her. Shannon's has multiple straps on her wheelchair to keep her safe and positioned correctly. Shannon is transferred using a two person Hoyer lift or a one-person in-ceiling track system. Staff will physically and visually ensure that Shannon is positioned all the way back in her wheelchair after transfers.

Mobility issues: Staff will verbally inform Shannon of obstacles in her path. If staff observe Shannon to be experiencing constrictive movement that inhibits her from safely operating her chair or driving her wheelchair in any unsafe manner that puts her at risk of injury, staff will offer assistance to Shannon. Staff will operate her electric wheelchair to her desired location. Shannon also struggles to maneuver her chair with accuracy when her emotions are heightened (laughing, crying). Staff will seek permission from Shannon to help her drive safely to her desired location if she is in an escalated state and attempting to drive. Shannon also struggles to maneuver her chair with accuracy when she is distracted by talking to someone in the opposite direction she is moving. Staff will encourage Shannon with verbal prompts to maintain accurate driving. Staff will also advocate that others not distract her while driving, or encourage her to stop her chair while socializing. Staff will drive Shannon's wheelchair for her when around a body of water. Staff/drivers will operate her electric wheelchair while loading and unloading the vans at PAI. Staff/drivers will also ensure the power is turned off on her wheelchair while on the van lift.

Self-administration of medication or treatment orders: Staff request medications from Shannon's residence. Staff set up and pass medications to Shannon according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each medication administration time, staff dispense the medication and pass it to Shannon. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Concerns or issues regarding medication will be communicated by staff to Shannon's residence and any orders or instructions will be followed.

Personal cares: Shannon wears a disposable brief and uses the mat table to be freshened up if needed. Shannon has a Mitrofanoff for her urinary needs. Staff will help Shannon wear clean and dry clothing. Staff will help Shannon reposition throughout the day.

Other health and medical needs: Shannon has a Mitrofanoff Channel due to her bladder spasticity. Staff are trained to help Shannon urinate using her mitrofanoff channel. Staff will record and document Shannon's output and report to her residence.

Regulating water temperature: Staff will physically check the water by placing their own hand in the water and adjust to a safe and comfortable temperature prior to exposing Shannon to the water.

PAI

Community survival skills: Shannon is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules.

Water safety skills: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. Shannon is 1:1 while in the community.

Sensory disabilities: Shannon has mild hearing loss in her right ear. Staff will speak to Shannon on her left side. As Shannon is interested staff can pair signs with their verbal communication.

Mental or emotional health symptoms and crises: Shannon is diagnosed with depression. Staff will monitor Shannon for signs of depression and report any symptoms to her residence.

Person-centered planning: Things important to Shannon are her mom, her cousin and guardian Katie, working, baking, helping, advocating for others, and being involved in age appropriate activities. Things important for Shannon are her Mitrofinoff, having adequate time to respond, and her team who knows her well.

A good day for Shannon would involve spending time with her family, baking, and when she feels she did well with working or helping others. A good day Shannon would also have no pain or discomfort from her muscle spasms.

A bad day for Shannon is if work gets cancelled or rescheduled, if her peers or friends are sad, or when she has to say goodbye to a friend or staff.

The person's **preferences** for how services and supports are provided including positive support strategies and how the provider will support the person to **have control of their schedule:**

Shannon needs to be given time to process when staff are speaking with her.

Shannon is very social and enjoys having conversations with staff and peers.

It is important to Shannon to make choices independently and for people to be patient when she is making choices.

Is the current service setting the **most integrated setting available and appropriate** for the person?

Yes No

If no, please describe what action will be taken to address this:

NA

PAI

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

Shannon works on outcomes that are important to and for her. Shannon informs staff who she wants to spend time with. Shannon chooses the activities and groups she joins.

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

Shannon chooses outings that she would like to attend. Shannon is encouraged to interact with community members as she is comfortable.

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

Shannon 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?

Shannon may choose to participate in work at Commerce. Shannon has been discussing with her team competitive employment

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?

- Shannon’s guardians, residence, and PAI staff will share necessary information as it relates to Shannon’s services and care. Needed supplies and medications will be provided by her 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.
- Mary Kind, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Shannon, her residence and her guardians in other supports as requested.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Briana Hinzman, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
651-777-5622
bhinzman@paimn.org

ACR Cummings, Residence
1385 Cummings Arden Hills MN, 55112
612-567-1385
Chloe.bakker@acrhomes.com

Katie Woessner, Guardian
1844 Wordsworth St. Paul MN, 55116
612-720-4000
katiwoessner@gmail.com

Therese O’Brien, Guardian
2360 Fieldstone Drive Mendota Heights, MN 55120
651-687-0638
Therese.obrien@spps.org

Mary King, Case Manager
1170 15th Ave. SE Minneapolis MN, 55414
612-522-7055
Mary.king@peopleincorporated.org

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: Shannon and her team are not seeking other options at this time.

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."

- Observation of signs of injury or illness and provision of first aid or care to treat the concern
- Request medical supplies and medication refills from residence
- Administration of medications to Shannon
- 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: **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:
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:

Permitted Actions

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: When upset Shannon may appreciate a hug from a trusted person.
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: NA
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: Shannon has limited fine motor skills, staff are able to assist her complete tasks with hang over hand or hand under hand as tolerated.
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: 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.
 Yes 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.
 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: Shannon has a hard time driving her wheelchair when her emotions are heightened, staff are able to help to drive Shannon's wheelchair or help her transfer out of the building in an emergency
8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?
 Yes No If yes, explain how it will be used: Shannon is not able to position herself, staff are able to help Shannon be positioned comfortably in her chair. Shannon uses a seatbelt and shoulder straps to help her stay comfortable in her chair.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes 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?
 Yes 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?
 Yes No If yes, explain how it will be used: Shannon uses AFO's, a seatbelt, and shoulder straps for positioning.

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