

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

Name of person served: Tracy Thomas

Date of development: 7/16/2021

For the annual period from: July 2021 to July 2022

Name and title of person completing the CSSP Addendum: Beth Blackorbay, Designated Coordinator

Legal representative: Angela Sirovy

Case manager: Sarah Anderson

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 Tracy is intensive support services in a community DTH program and community environment. The program works with Tracy to develop and implement achievable outcomes that support his goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Tracy to encourage activities, outings, and visiting with peers. Staff support Tracy in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to his health, safety, and well-being as needed by Tracy. 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: Daily, Tracy will participate in an adult activities with staff and peers for 2 minutes or more in 80% of all trials over a six month period.

It is important to Tracy to make choices throughout his day. Tracy’s peers and staff is important to him.

Outcome #2: Once a week, Tracy will assist staff in completing the laundry and dishes in 80% of trials over a 6 month period.

It is important to Tracy to help staff.

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:

- Tracy can utilize an iPad to make choices and listen to music in his program room.
- Tracy and his peers have a computer connected to a television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard that resides in another program room within the building. Tracy has the opportunity to participate in various groups and activities that are being run utilizing the Smartboard such as games and art exploration when he visits the program room where the Smartboard resides. The Smartboard is used for similar purposes as the computer, but with a much larger screen.
- Further technology exploration is not 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:

Allergies: Tracy is allergic to Penicillin, pollen, and has seasonal allergies. Staff will check all new prescriptions against his allergy list to ensure he is not given this medication. Tracy's home will be notified via a telephone call with any health or medical concerns.

Choking and special dietary needs: Tracy has a spastic throat. He is unable to chew or spit. Tracy is on a pureed diet with thin liquids. Tracy's food needs to be soft and in puree form to ensure he is able to safely eat his food. At PAI, Tracy is served prepared food sent from home (pureed) with regular liquids. Staff will verbally cue Tracy to "slow down" if he is eating too fast and Tracy will be given a small spoon at lunchtime to ensure he takes small bites. Tracy also uses a scoop plate to lessen the amount of food dropped. On PAI food outings, Tracy may have pop, ice cream, pudding or other soft foods. Staff will visually watch Tracy while he is eating and ask him to "finish his meal" if he attempts to leave the table before he has finished. If Tracy does not eat at least half of his meal, staff will notify home via phone or communication book.

Chronic medical conditions, risk of falling, mobility issues: Tracy is diagnosed with Cerebral palsy with Spastic Para paretic, which is a group of disorders that affect movement with very low muscle tone (hypotonia) that develops into spasticity (tight, stiff muscles that make movement difficult), and constipation. Dementia, which is a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with your daily life. Staff will monitor Tracy for any signs or symptoms and notify his home via phone or communication book. Tracy is diagnosed with tight heel cords and has a difference in leg lengths. Tracy wears a gait belt while at PAI. He is assisted with transfers (during personal cares or when he chooses to sit in the recliner) by staff holding onto the gait belt. Staff will assist Tracy to propel his wheelchair when needed, also while he is outside and in the community. Tracy is able to independently propel his wheelchair short distances, by using his feet.

Sun sensitivity: Tracy's eyes and skin are sensitive to the sun. Staff will have Tracy wear a hat and/or sunglasses when he is outdoors. If he will be outside longer than 15 minutes in bright sunlight, staff will apply sun block on exposed areas. Staff will reapply sunscreen as indicated on the bottle of sunscreen.

DNR/DNI: Staff will follow this document and make any emergency responders aware of this document in the event of an emergency.

Personal Cares: Tracy can use the toilet with reminders to go to the restroom. Staff assist him with transfers in the personal cares room. Tracy wears a gait belt that the staff will hold to help stabilize him. Tracy wears pull-up briefs for occasional incontinence and has a seat liner on his wheelchair. Tracy receives full assistance in changing his brief, when needed.

Regulating water temperature: Tracy is able to turn on the water but may not adjust the temperature. Staff will adjust the water temperature prior to Tracy putting his hands in the water.

Community survival skills: Tracy 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. Tracy is 1:1 while in the community.

PAI

Sensory disabilities: Tracy has glasses that he chooses not to wear. Staff will offer Tracy choices in his line of site and help him navigate as needed.

Self-injurious behaviors: Tracy will hit his knuckles while being assisted in the restroom. Staff will assure Tracy he is okay and encourage him to help. Tracy will pretend to choke himself when changing in the restroom or when being assisted with his coat. Staff will encourage Tracy to help and assure him he is okay. Tracy may need encouragement to put on weather appropriate clothing.

Verbal/emotional aggression: Tracy will engage in yelling and/or shaking fist if a peer is upsetting him. Staff will help redirect Tracy away from the targeted peer and encourage him to participate in a different activity.

Mental or emotional health symptoms and crises: Tracy is diagnosed with Obsessive Compulsive Disorder, which is a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviors (compulsions) that he or she feels the urge to repeat over and over. and depression, which is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. Staff will monitor him for signs and symptoms and report to his home via phone, email, and/or communication book.

Person-centered planning:

Important to: Things important to Tracy are his dolls, a quiet environment, helping staff, hugs and physical contact, being heard, and being understood.

Important for: Things important to Tracy are walking safely, medications, pureed diet, and having staff who know him well.

Good day: A good day for Tracy would involve any holiday celebration, getting hugs whenever he requested, being in a calm environment, and being able to show off his dolls.

Bad day: A bad day for Tracy would be if he was in a loud, chaotic environment, people not understanding what he's asking for, and being pushed to do activities he doesn't want to.

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**:

Tracy prefers to be in a calm, quieter environment.

Tracy prefers working with female staff.

Tracy likes getting and giving hugs and back massages.

Tracy enjoys counting down the days to holidays

PAI

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**?

Tracy has the opportunity to work on outcomes that are important to and for him. Tracy makes choices throughout the day of what activities and groups he prefers to participate in.

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

Tracy chooses which outings and community activities he prefers to participate in. Tracy is encouraged to interact with community members as he wants.

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

Tracy is encouraged to interact with community members. Tracy can choose to participate in volunteer activities and other opportunities he chooses.

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

Tracy and his team are not interested in seeking competitive employment at this time. Tracy appears content participating in enrichment activities.

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?

- Tracy's guardian, residence, and PAI staff will share necessary information as it relates to Tracy's services and care. Needed supplies and medications will be provided by his residence. Meetings and reports are shared and the team works together to ensure the continuity of service. In person conversations, phone calls, emails and faxes may be used to discuss information.
- Sarah Anderson, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Tomas and his guardian 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:

Beth Blackorbay, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
612-446-3685
bblackorbay@paimn.org

Phoenix Western House, Residence
2692 Western St. Roseville MN, 55113
651-486-7350
western@phoenixresidence.org

Angela Sirovy, Guardian
1605 Eustis St. St. Paul MN, 55108
651-310-9418
Angela.sirvoy@lssmn.org

Sarah Anderson, Case Manager
20 E. Thompson Ave. S. West St. Paul MN, 55118
651-453-5293
Sarah.anderson@thomasalleninc.com

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:

Tracy and his team are not interested in seeking competitive employment at this time. Tracy and his team feel he is content participating in enrichment activities.

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.

PAI

Health Needs

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 Tracy
- Provide first aid, 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:
NA- PAI has not been assigned responsibility for the medication administration of the psychotropic medication
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

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: Tracy enjoys hugs, hand/arm holding, and back massages. Staff are able to provide these to Tracy as needed.
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: Tracy has an unsteady gait, staff are able to hold onto Tracy's gait belt and hand/arm as he is walking.
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: NA
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: Tracy needs help when ambulating or moving his wheelchair long distances. Staff are able to help Tracy by pushing his wheelchair or helping him transfer out of the building.
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: When in his wheelchair Tracy uses a seatbelt. He is able to remove this if he chooses.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: When Tracy is upset and is engaging in interfering behaviors staff are able to verbally redirect Tracy and remind him he is okay and safe.
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: Tracy uses a gait belt, staff will hold onto Tracy's gait belt whenever he is ambulating.

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