

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

Name of person served: Nicole Milligan

Date of development: 7/15/21

For the annual period from: July 2021 to July 2022

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

Legal representative: Dwight and Theresa Milligan, Shelly Martinek

Case manager: Lisa Topps

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 Nicky is intensive support services in a community DTH program and community environment. The program works with Nicky 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 Nicky to encourage activities, outings, and visiting with peers. Staff support Nicky 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 Nicky. Support is provided in the most integrated and least restrictive environment.

8/3/2020 - Nicky will be utilizing remote services with PAI staff. Staff will support Nicky remotely to work on outcome implementation, data tracking, and daily support related to her health, safety, and well-being as needed by Nicky. 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: Weekly, Nicky will indicate she would like to listen to music by pressing a Mack switch 80% of all trials over a 12 month period.

Outcome #2: Daily, Nicky will walk 6ft. while bearing her weight 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:

- Nicky uses technology at PAI daily through the use of the iPad for choice making and music.
- Nicky is able to access the television in the room for sensory videos and to play games.
- 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:

Allergies: Nicky is allergic to MSG, Latex, and has seasonal allergies. Staff are aware of Nicky's allergies. Staff will not offer Nicky food that has MSG or use latex products with her. Staff will inform Nicky's guardians of any signs or symptoms of allergies.

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

Choking and special dietary needs: Nicky has a history of aspiration resulting in pneumonia. Nicky receives food prepared by her guardians as tolerated at PAI. Nicky's lunches are sent in pureed by her mother. Nicky should not consume any food at PAI that is not pureed. She had a g-tube placed in June 2016 for nutrition (when she refuses meals), as well as hydration. Nicky receives small sips of water, throughout the day, utilizing a special dysphasia cup designed to give 5cc or smaller sips.

Chronic medical conditions, risk of falling, and mobility issues: Nicky is diagnosed with Rhetts Syndrome, loss of hand function, difficulty walking, loss of speech, and seizures, Osteoporosis, lack of bone density and putting her at risk of fractures. Scoliosis, curvature of the spine. Nicky does not walk independently and wears a transfer belt while walking to allow for staff assistance as needed. Staff physically support Nicky while she is standing by standing behind her and holding on to the transfer belt. Nicky uses a manual wheel chair to transfer on and off the bus to and from program, during outings, and on days when she appears tired or weak. Staff verbally inform Nicky before moving her chair so that she is aware of what is happening in her environment. Nicky is transferred out of her wheelchair to sit in a comfortable seat with arm rests for support. Due to Nicky's short stature a foot rest is also provided to ensure proper positioning. If Nicky is leaning to the side in her chair or wheelchair, staff will reposition her. Nicky uses a high back toilette support while using the restroom to ensure proper positioning, comfort, and safety. Nicky uses the safety straps on the toilet to help prevent her from falling.

Personal cares: Nicky wears disposable briefs. Nicky sits on the toilet and wears a seatbelt while using the restroom or being freshened up. Staff will help Nicky to wear clean, dry clothing and reposition throughout the day.

Self-administration of medication or treatment orders: Staff request medications from Nicky's guardians. Staff set up and pass medications to Nicky 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 Nicky. 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 Nicky's guardians and any orders or instructions will be followed.

Prone to bruising: Staff will report any signs or symptoms of bruising to her guardians.

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 Nicky to the water.

Community survival skills: Nicky is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules. Nicky will use a wheelchair while in the community.

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. Nicky is 1:1 while in the community.

PAI

Person-centered planning: Things important to Nicky are her family, a calm environment, being comfortable, calm music, being involved, and looking nice. Things important for Nicky are her dietary needs, walking, and being comfortable.

A good day for Nicky would consist of spending time with mom and dad, eating pizza and desserts, relaxing in a recliner, someone to read to her, and having no gas or intestinal issues.

A bad day for Nicky would consist of being in a loud environment or listening to loud music, having gas and intestinal issues, and not having a chance to sit in a comfortable seat.

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**:

Nicky prefers a calm, quiet environment

Nicky likes to have fabric in her hands to hold

Nicky likes to look nice

Nicky enjoys when others read to her

Nicky prefers music that is quiet and calming

Nicky enjoys eating sweets and desserts

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**?

Nicky works on outcomes that are important to and for her. Nicky makes choices throughout her day of the activities and groups she attends.

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

Nicky chooses the outings she attends. Nicky 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?

Nicky 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?

Nicky 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?

- Nicky's guardians and PAI staff will share necessary information as it relates to Nicky's services and care. Needed supplies and medications will be provided by her guardians. 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.
- Lisa Topps, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Nicky 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

Dwight and Theresa Milligan, Guardians

2435 Birch St. White Bear Lake MN, 55110

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tjmill@hotmail.com

Shelly Martinek, Guardian

12931 Bluebird St. NW Coon Rapids MN, 55448

763-757-2730

Shelly_m@comcast.net

Lisa Topps, Case Manager

160 E. Kellogg Blvd. #7800 St. Paul MN, 55101

651-266-4274

Lisa.topps@co.ramsey.mn.us

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: Nicky 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

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 Nicky
- 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: **BA**

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:

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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: Nicky when feeling anxious she may be comforted by a hug or pressure. Staff are able to give Nicky a hug as she tolerates.
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: Nicky is not able to walk independently. When Nicky is standing, transferring, or walking she will use a transfer belt.
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: Nicky has limited fine motor skills, staff are able to help Nicky with hand 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: Nicky is not able to walk or propel a wheelchair independently. Staff are able to help Nicky 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: Nicky is not able to position herself. While using the restroom Nicky uses safety straps. Nicky uses a seatbelt when in a wheelchair.
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: Nicky uses AFO's.

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| Staff Information |
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PAI

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