

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

Name of person served: Kay Jeske

Date of development: 8.11.2021

For the annual period from: August 2021 to August 2022

Name and title of person completing the *CSSP Addendum*: Emily Elsenpeter, Designated Coordinator

Legal representative: Don Jeske

Case manager: Maggie Miller

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:

Kay 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 Kay. The program works with Kay 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 Kay’s physical, emotional and social functioning. Staff support Kay 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 Kay. PAI works with Kay’s residence and transportation provider for continuity of care.

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, Kay will maintain appropriate boundaries with 2 or fewer prompts in 80% of all opportunities over the next 12 months.

Kay enjoys visiting, joking, and being social with her peers and staff. Kay may not always respect other people’s boundaries and understand that not everyone wants to be touched. This outcome will allow Kay to work on the social skills needed to maintain healthy relationships with others.

Outcome #2: Daily, Kay will participate in her chosen activity in 2 or fewer prompts in 90% or more of opportunities over the next 12 months.

Kay is often very enthusiastic when signing up for activities but can lack the motivation to follow through on her commitments when the scheduled time of the activity she signed up for arrives.

## 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:

- Kay utilizes technology at PAI daily using the iPad for music and other audio activities. Kay 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.
- 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:** Kay can cut her food to the appropriate size but at times eats too quickly putting her at risk of choking Kay is visually monitored during meals and PAI staff offer verbal reminders to eat slowly, and chew thoroughly as needed. Should Kay exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

**Special dietary needs:** Kay has no dietary restrictions but due to Type 2 Diabetes, she follows a carbohydrate consistent diet and requires support in maintaining her diet and making healthy choices. Kay sits in a regular chair at the table and uses standard dishes and silverware to eat independently. Kay can cut her food using a fork and table knife but prefers for staff to assist her. Kay will be given verbal cues to eat slowly, and chew thoroughly as needed. Kay will be supported in making healthy choices and PAI staff will use teachable moments to remind Kay of the benefits of healthy eating. Kay's intake including any additional treats will be communicated to her residence via phone, email, or communication book daily.

### **Chronic Medical Conditions:**

- **Edema:** Kay is diagnosed as having Edema in her legs which is swelling caused by excessive fluid in her body. Kay frequently refuses her TED stocking supports. Kay will be encouraged to put the footrest up on the recliner when seated in one and any abnormal swelling will be reported to her residence via phone, email or communication book and noted in her program notes.
- **Intellectual Disability (Moderate):** a neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning. Typical IQ is 35-49. People with moderate intellectual disability have fair communication skills but cannot typically communicate on complex levels. They may have difficulty in social situations and problems with social cues and judgment. These people can care for themselves but might need more instruction and support than the typical person. Many can live in independent situations, but some still need the support of a group home. Kay is supported in all areas of instrumental and daily living. Support is provided in the least restricting methods possible, and Kay is encouraged to participate to her greatest level of independence.
- **Type 2 Diabetes Mellitus:** is a form of diabetes that is characterized by high blood sugar, insulin resistance, and relative lack of insulin. Symptoms include [increased thirst](#), [frequent urination](#), and unexplained [weight loss](#). Symptoms may also include [increased hunger](#), feeling tired, and sores that do not heal. Long-term complications from high blood sugar include [heart disease](#), [strokes](#), [blindness](#), [kidney failure](#), and poor blood flow in the limbs. Kay is supported in maintaining an active and healthy lifestyle and monitored for symptoms of high blood glucose levels. Noted symptoms will be communicated by PAI staff to Kay's residence via phone, email or communication book and noted in her Daily Progress Notes.

**Self-administration of medication or treatment orders:** Kay takes her medication whole with a beverage; Kay can participate with medications by preparing a glass of liquid. Kay can identify most of her medications and the purpose of taking them but is not able to self-administer her medications at this time. Medications/treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Kay 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 & Hygiene:** Kay utilizes the support of a disposable brief. She can communicate when she is needing to use the toilet and may do so independently; however, Kay is often reluctant to leave a preferred activity to use the restroom or may forget. Kay may experience incontinence and not initiate changing of her brief. Kay will be prompted to use the toilet every two hours or more as needed. Staff should accompany Kay when she uses the toilet to provide verbal prompts to clean herself and wash her hands. Kay requires support to adequately clean herself after a bowel movement. Concerns, requests for supplies and eliminations are communicated to Kay's residence daily via phone, email, or communication book.

**Risk of falling:** Kay's chronic medical conditions put her at a high risk of falling. Kay has a history of falls which have resulted in multiple fractures in the past. Kay can ambulate with the support of her walker but may sway when she walks or trip over her feet. At times Kay may attempt to walk without the support of her walker or may choose to not wear her glasses putting her at greater risk of falling. PAI staff will provide Kay with verbal reminders to wear her glasses, use her walker and to pay attention to obstacles in her surroundings. Kay will be verbally cued to use the handrail when going up and down the bus steps. Any concerns or occurrence of falls will be communicated by PAI staff to Kay's residence via phone, email or communication book and noted in her Daily Progress Notes.

**Mobility issues:** Kay can navigate around environments independently using her walker but at times may attempt to navigate without the support of her walker. When tired, Kay may choose to sit on her walker to rest. Kay has a challenging time getting up from low or soft surfaces and may fall without assistance. PAI staff will provide Kay with verbal reminders to wear her glasses, use handrails and to pay attention to obstacles in her surroundings. When seated on a low or soft surface, Kay will be offered staff's hand to assist her in standing. Concerns or requested repairs of Kay's walker will be communicated to her residence via phone, email or communication book and noted in her Daily Progress Notes as applicable.

**Regulating Water Temperature and Water Safety Skills:** Kay can independently wash her hands and adjust water temperatures to a comfortable level. Kay may need verbal reminders to wash her hands at appropriate times. PAI keeps water at a safe temperature and does not offer swimming or bathing. Kay can assess the environment for water hazards but does not have water safety skills. Should she be near a body of water, staff will stay within arm's reach of Kay's walker and will verbally inform her the areas to stay in (on the path, middle of the dock, etc.) and where the water is. Staff will encourage Kay to engage the breaks of her walker when not in motion.

**Community Survival Skills:** Kay is very social while in the community and able to seek assistance from others. Kay currently has no alone time in the community. Kay has access to a PAI staff while in the community and utilizes the PAI contracted transportation provider to safely access the community. Staff provide supervision and verbal/physical support to Kay 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 Kay and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Kay's behalf in the event of an emergency.

**Sensory Disabilities:**

- **Bilateral hearing Loss:** Kay has hearing aids for both ears; however, she prefers to only wear one in her right ear. It has been noted that Kay doesn't like all of the extra noise when wearing both. Staff will encourage Kay to wear her hearing aid and will speak loudly and clearly while communicating with Kay.
- **Visual Impairment:** Kay is Far Sighted meaning close objects appear blurry while far objects may appear normal. Kay has functional vision without her glasses and will typically put them on when she feels as though they are needed. She is assisted in cleaning her glasses as needed and encouraged to wear her glasses when

appropriate. When choosing not to wear her glasses staff encourage Kay to put them safely away in her walker.

**Physical aggression/conduct:** Kay may push other’s wheelchairs while they are in them with her walker if they are in her way and pretend to kick/trip staff as they walk past. Kay has a history of pinching and hitting others.

If Kay is observed to be pinching/hitting/pushing others:

1. Kay will be verbally directed to stop.
2. Kay will be physically assisted away from the person she is pinching/hitting/pushing.
3. Kay will be encouraged to discuss her feelings and motives for pinching/hitting/pushing others.
4. Staff will suggest alternative ways for Kay to express her feelings.
5. Kay will be encouraged to apologize as appropriate.

**Verbal/emotional aggression:** Kay’s humor is at times not appropriate, and Kay is not aware she is being mean or hurtful. Kay may “joke” with peers or caregivers in an unkind or inappropriate manner.

If Kay is “joking” with others in an inappropriate manner Pretending to kick/trip, calling people names or “gray hair witches.”

1. Kay will be verbally directed to “be nice” or informed that her joke or action was not nice or funny.
2. Staff will suggest more appropriate ways to express her feelings/joke.
3. Kay will be encouraged to apologize as appropriate.

Per guardian – “When not behaving, letting Kay know you will be calling her brother Don is an effective motivator to behave.”

**Mental or emotional health symptoms and crises:**

- **Anxiety and Major Depressive Disorder:** In 2018 Kay was prescribed medication to help with prolonged periods of crying and irritability. Kay’s symptoms appear well managed currently. Kay is encouraged to routinely talk about her feelings and responds well to prompts to discuss her feelings when symptoms are observed. Kay’s symptoms presented as persistent worry and fear about everyday situations, restlessness, feelings of sadness, and tearfulness or prolonged periods of crying. Kay also may experience angry outbursts, irritability or frustration, even over small matters and not be interested in activities she typically enjoys. Tiredness, lack of energy, reduced appetite and crying will be communicated to her residence via phone, email or communication book and noted in her Daily Progress Notes as applicable.

**Person Centered Information:**

- Important to: Kay’s family, especially her brothers are important to her. It is also important to her that she have time to socialize and joke with others throughout her day. She likes to have her own quiet space where she can relax, look at magazines, and have 1:1 conversations.
- Important for: It is important for Kay to maintain boundaries with her peers and staff and to ask prior to touching someone else. It is important for Kay that she has opportunities to discuss how she is feeling and is asked questions like “How are you feeling?” rather than “Are you feeling sad?”
- Likes: Kay likes to joke around with her staff and go for walks when it is nice out. Kay enjoys gardening and taking care of the plants at PAI. Kay likes to stay active and go for bike rides at home.
- Dislikes: Kay dislikes being rushed.

# 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**:

- Kay would like to participate in a structured and personalized program day that focuses on recreation & leisure activities. When asked about her preferences Kay says she wants to “Work hard, help clean and some crafts”. Kay would like her day to have a balance of rest/relaxation, support in socializing with others, physical activity such as walks or stretching and opportunities to use the iPad, try new things and participate in music and pet therapies. Kay prefers to engage in activities one to one or in a small group and with positive, upbeat supportive staff. Kay is willing to participate in larger group activities if they are not too loud or chaotic.
- For supports, Kay prefers efficient care and clear communication from people that know her and her routine well. Kay values her independence and completing tasks for herself. Kay would like to be praised when she does a good job, is working hard or being helpful. Kay responds best to verbal instructions in an upbeat tone, picture directions, gestural prompts, and physical assistance.
- Kay communicates proactively and fluently in English. She enjoys having conversations or joking with others. Kay speaks quietly and can be hard to understand if you are unfamiliar. Kay prefers to engage in conversations and social experiences as often as possible with upbeat and encouraging people. Kay may have trouble tracking conversations and may agree to something without knowing what she is agreeing to, particularly if not wearing her hearing aids. Kay does best when she is wearing her hearing aids in both ears and is asked questions that require a response instead of yes/no questions.
- Kay would like her communication to be honored and supported throughout her day. When talking with Kay, it is important to speak loudly and clearly and will maintain eye contact. 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 Kay with choices verbally and with picture cards. Kay'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: N/A

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

Kay works on outcomes that are both important to and important for her. She 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?

Kay has opportunities to choose to visit her community. While in the community, she is encouraged and supported in interacting and creating positive with others she encounters.

## PAI

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

Kay has the opportunity to spend time in the community, volunteer, and visit other preferred places. Kay is encouraged and supported in interacting and creating positive with others she encounters.

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

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

## 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?

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

Living Well- Cope, Residential

Alyssa Gaus – Residential Supervisor

Email: [Alyssa.Gaus@LivingWell.org](mailto:Alyssa.Gaus@LivingWell.org) Phone: 651-483-9596 Cell: 218-409-0776

John Kaiser– RN

Phone: 651-274-6027

PAI – Oakdale, Day Program

Emily Elsenpeter – Designated Coordinator

Email: [elenspeter@PAImn.org](mailto:elenspeter@PAImn.org) Phone: 651-748-0373 Fax: 651-748-5071

Don Jeske – Legal Representative

Email: [DJ82abn@aol.com](mailto:DJ82abn@aol.com) Phone: 651-612-0066

Maggie Miller – Case Manager Dakota County

Email: [Maggie.Miller@co.Dakota.MN.us](mailto:Maggie.Miller@co.Dakota.MN.us) Phone: 651-554-6024

# 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: Kay currently lives at a Living Well home and is not looking for other opportunities. They assist Kay in making decisions about the services she receives.

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.

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

# 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."

- Monitoring of Kay's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Kay is at PAI with team members 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
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

## 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: Kay may seek out or initiate physical interactions such as hand holding, head and upper back scratches, or hugs. Kay 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 because of a medical condition.  
 Yes  No If yes, explain how it will be used: Kay may require varying levels of physical contact while transferring to or from soft or low surfaces.
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: Kay may require varying levels of physical contact to complete and engage in tasks and preferred program activities such as playing a game, painting, or using the Wii.
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: Kay may require varying levels of physical contact to be redirected when not using her walker or when pinching/hitting/pushing 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:
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: Kay 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:
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: Kay utilizes verbal prompts from staff to respect other's personal space during conversation.
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:
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: Kay utilizes a personal walker, wears glasses to correct her vision and hearing aids to enhance her hearing.

# 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: 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