

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

Name of person served: Matthew Morelan

Date of development: 7/9/2021 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: Debra and Steven Morelan

Case manager: Mai Vang Xiong

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 Matt is intensive support services in a community DTH program and community environment. The program works with Matt 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 Matt to encourage activities, outings, and visiting with peers. Staff support Matt 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 Matt. 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:** Twice a week, Matthew will greet a peer with a MAC switch 80% of all trials over a 12-month period.

*It is important to Matt to be able to engage and socialize with staff and peers.*

**Outcome #2:** Daily, Matthew will indicate which lunch item he would like to eat or drink first 80% of all trials over a 12-month period.

*It is important to Matthew to make choices throughout his day.*

## 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:

- Matt has the opportunity to utilize an iPad in his program room to make choices, watch videos, or listen to sensory music videos.
- Matt 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 at the Linden program site, which primarily resides in another program room. The Smartboard is also used for similar purposes as the computer, but on a larger scale.
- 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:** Matt has seasonal allergies. Staff will provide support to Matt by assisting him with the management of his seasonal allergies during the times of year where he exhibits symptoms. Concerns or issues regarding medication will be communicated by staff to Matt's residential provider.

**Seizures:** Matt has a seizure disorder that is partially controlled by medication. Matt is monitored for seizure activity. Staff will assist Matt with safety during a seizure, and his seizure protocol will be followed. Staff will administer Matt's seizure PRN if his protocol calls for his PRN.

**Choking and Special Dietary needs (State specific need):** Matthew has a history of choking. His meals should consist of regular food cut into bite-sized pieces with regular, thin liquids. Staff will assist Matt in ensuring that he eats meals that are in accordance with his special dietary needs.

### **Chronic medical conditions:**

- **S/P Intracerebral hemorrhage infantile:** As a child Matt had brain hemorrhage or brain bleed. **Cerebral Palsy:** Matt is diagnosed with Cerebral Palsy which is a group of disorders caused by damage to the brain as it develops. This causes Matt to have poor muscle tone, limited balance coordination, Difficulty with fine motor skills and numerous other health related concerns. **Right sided hemiparesis:** Matt has weakness on the entire right side of his body. This condition is likely a result of the damage to the brain which also caused cerebral palsy. Matt is supported in walking and standing by wearing a gait belt and one to one support from staff. When seated in his wheelchair, Matt wears a safety belt. Concerns with weakness will be reported to Matt's residence or guardian via email, phone, or communication book.
- **Chronic Constipation:** Matt is diagnosed with chronic constipation which is the passing of three or fewer bowel movements per week, straining to have a bowel movement and hard or lump stool. This condition may cause Matt to experience pain and discomfort in his abdomen or while having a bowel movement. Matt's eliminations are tracked and reported to his guardian or residence daily in his communication book.
- **Folliculitis:** Matt experiences folliculitis which is a common skin condition in which his hair follicles become inflamed and infected. If areas are noted, staff will communicate the inflation to Matt's residence or guardians via his communication book, email or by phone.

**Self-administration of medication or treatment orders:** Matt requires assistance in the administration of his medications. 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 Matt's residential provider, and any orders or instructions will be followed.

**Risk of falling and Mobility issues:** Matt uses a manual wheelchair for transportation. Matt is assisted with walking in the cares room by using a gait or posey belt and/or holding his hand or arm. Staff will assist Matt with transfers using a gait or posey belt. Due to Matt's vision impairment, he may have difficulty seeing obstacles in his path while walking, putting him at risk of tripping and falling. Staff will provide support to Matt by ensuring that his path is free of obstacles and assisting him with walking.

**Personal Cares:** Matt wears a disposable brief and needs assistance changing it. Matt wears a transfer belt and staff will assist him to the mat table. He will lay on the mat table and staff will assist him to freshen up. Staff will help Matt wear clean and dry clothes.

# PAI

**Regulating water temperature:** Matt is unable to independently regulate water temperatures to a safe level. Staff provide support to Matt in this area by assisting him in the regulation of water temperature and faucets.

**Community survival skills:** Due to his diagnoses Matt is not able to independently display community survival skills in a safe manner. Staff will support him in the community and assist him in safely navigating his community environments.

**Water safety skills:** PAI does not offer community outings that would require Matt to display water safety skills independently. PAI does have outings to local parks that may have bodies of water. Staff will provide support to Matt by assisting him 1:1, and in staying clear of potential water risks.

## **Sensory disabilities:**

- **Vision Impairment:** Matt is **legally blind in his right eye**. His vision impairment could put him at risk in certain environments that could put him in harm's way, such as out in the community around traffic or other aspects where not seeing visual stimuli could be dangerous. Matt's vision impairment puts him at risk of falling while walking should he encounter an obstacle that he could not see. Staff will support Matt in the community and within Linden program building. Staff will assist Matt in walking.
- **Overstimulation:** Matt may become overstimulated in loud or busy environments. Matt is supported by a program day routine and his preferred activities. Should Matt become overstimulated he will be encouraged to participate in preferred activities, visit another program area, or listen to music.

**Physical aggression/conduct:** Matt has a history of reaching out to slap peers or staff when he is agitated. Matt can calm when given time and space. Staff will move Matt and his peers from arms reach. Staff will remove themselves from within arm's reach of Matt when he is showing signs of agitation.

## **Person-Centered Information:**

- **Important to:** It is important to Matt to participate in activities that interest him. He enjoys mealtime, it is important to him to be able to eat foods that he likes. Matt very much enjoys going to Music Therapy, he particularly enjoys drums and other percussive instruments. It is important to Matt to be able to engage and socialize with staff and peers. He likes to visit other program rooms to socialize with other peers and staff in the building.
- **Important for:** It is important for Matt to maintain independence in as many activities of daily living as he can. Staff should be there to support him It is important for Matt to receive care and assistance from staff and caregivers that know him well. It is important for Matt to continue to walk with staff when he can, to maintain his ability to bear weight, and to promote strong muscle and bone health.
- A **Good Day** for Matt would involve him participating in groups and activities that he enjoys, such as going for walks, listening to music, and attending music therapy, and socializing with staff and peers. A good day for Matt would involve him getting to eat foods that he enjoys at lunch time.
- A **Bad Day** for Matt would consist of him not being able to participate in activities that he enjoys and make decisions as to what he would like to do. A bad day for Matt would be him isolated from the group, and not being able to socialize. Matt enjoys going for walks, him not being able to do this could cause him to have a bad day.

# 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**:

Matt enjoys being part of the group and spending time and socializing with peers, friends, and staff.

Matt communicates via facial expressions, vocalizations, and hand gestures/body language.

Matt prefers to participate in activities that interest him, and that will keep him engaged.

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**?

Matt has the opportunity to work on outcomes that are important to and for him. Matt 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?

Matt chooses which outings and community activities he prefers to participate in. Matt 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?

Matt is encouraged to interact with community members. Matt 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?

Matt and his team are not interested in seeking competitive employment at this time. Matt 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?

- Matt's guardians, residential provider, contracted case manager, and PAI staff will share necessary information as it relates to his services and care. Needed supplies and medications will be provided by Matt's residential provider. Meetings and reports are shared and the team works together to ensure the continuity of service. Conversations, phone calls, emails and faxes may be used to discuss information.
- Mai Vang Xiong, Matt's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Matt 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:

Debra and Steven Morelan, Guardians

109 Bluwood Ave

Little Canada, MN 55117

651-483-3727 (H)

651-485-3867 (C)

651-775-1494 (C)

[DJmorelan@msn.com](mailto:DJmorelan@msn.com)

[lcfchief2@msn.com](mailto:lcfchief2@msn.com)

Mai Vang Xiong, Case Manager

Ramsey County Human Services

160 E Kellogg Blvd Room 7800

St. Paul, MN 55101

651-266-4359

[Maivang.xiong@co.ramsey.mn.us](mailto:Maivang.xiong@co.ramsey.mn.us)

Olakunle David, Residential Provider Contact

Northeast Residence

2646 Virginia Avenue

Roseville, MN 55113

651-777-7346 (Virginia House)

651-206-2524 (Olakunle)

[odavid@nerinc.org](mailto:odavid@nerinc.org)

Lauren Velasco

Northeast Residence

[lvelasco@nerinc.org](mailto:lvelasco@nerinc.org)

# 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:

Matt and his team are not interested in seeking competitive employment at this time. Matt 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: N/A

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   |
|--|
| <p>Indicate what <b>health service responsibilities</b> 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.”</p> <ul style="list-style-type: none"><li>• Observation of signs of injury or illness and provision of first aid or care to treat the concern.</li><li>• Request medical supplies and medication refills from NER, Matt’s residential provider.</li><li>• Administration of medications and assistance with mealtime.</li><li>• Provide first aid and CPR, as needed.</li></ul> <p>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</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"><li>• Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)</li><li>• The person’s refusal or failure to take or receive medication or treatment as prescribed</li><li>• Concerns about the person’s self-administration of medication or treatments</li></ul> |

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|---|
| <p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration:</p> |
|---|

| Psychotropic Medication Monitoring and Use  |
|---|
| <p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"><li>1. Describe the target symptoms the psychotropic medication is to alleviate:<br/>N/A</li><li>2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</li><li>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:<br/>N/A</li></ol> |

| Permitted Actions  |
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| <p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>To calm or comfort a person by holding that person with no resistance from the person.<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A</li> <li>To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Matt requires assistance when standing and walking to the cares table in the cares room. Staff will hold Matt's gait belt while he is walking.</li> <li>To facilitate a person's completion of a task or response when the person does not resist or it is minimal:<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Matt may need assistance from staff with some fine motor skills. Staff can assist Matt with hand over hand, or hand under hand, as tolerated.</li> <li>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.<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A</li> <li>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.<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A</li> <li>To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A</li> <li>Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Matt may not respond appropriately to emergency situations, which could hinder him in safe evacuation. Staff may need to assist him in safely evacuating during an emergency.</li> <li>Is a restraint needed as an intervention procedure to position this person due to physical disabilities?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Matt wear a gait belt when transferring to assist staff in supporting him and reducing his risk of falling.</li> <li>Is positive verbal correction specifically focused on the behavior being addressed?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A</li> <li>Is temporary withholding or removal of objects being used to hurt self or others being addressed?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A</li> <li>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?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Matt wears AFO's and a gait belt.</li> </ol> |

| Staff Information   |
|---|
| Are any <b>additional requirements</b> requested for staff to have or obtain in order to meet the needs of the person?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A |

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| Does a staff person who is <b>trained in cardiopulmonary resuscitation (CPR)</b> need to be available when this person is present, and staff are required to be at the site to provide direct service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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| 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:<br><input checked="" type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify): <input type="checkbox"/> NA |
|--|

| Frequency Assessments  |
|--|
| 1. Frequency of <i>Progress Reports and Recommendations</i> , minimum of annually:<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually   |
| 2. Frequency of service plan review meetings, minimum of annually:<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually   |
| 3. Request to receive the <i>Progress Report and Recommendation</i> :<br><input checked="" type="checkbox"/> At the support team meeting <input type="checkbox"/> At least five working days in advance of the support team meeting                                |
| 4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i> , this will be done quarterly unless otherwise requested:<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA |