

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

Name of person served: James Drew

Date of development: 8/24/21

For the annual period from: August 2021 to August 2022

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

Legal representative: Vanessa Johnson

Case manager: Madelyn 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:

The scope of services for James is intensive support services in a community DTH program and community environment. The program works with James 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 James to encourage activities, outings, and visiting with peers. Staff support James 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 James. 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, James will choose a music genre to listen to on the computer or iPad 85% of all trials over a 12 month period.

James is continuing to work on his decision making and advocacy skills. James is able to work on these skills with something that is important to him.

Outcome #2: Daily, James will choose a room to visit and verbally greet his peers 85% of all trials over a 12 month period.

James is social and enjoys seeing friends. James is working towards being a strong self-advocate and will work on this by letting staff know who he wants to visit with.

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:

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

PAI

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

Choking and special dietary needs: James has a nothing by mouth (NPO) order. James will receive nutrition and medications via his G-tube. Staff receive training on G-tubes prior to assisting James with his feeding. Concerns or issues regarding his G-tube will be communicated by staff to James guardian and any orders or instructions will be followed.

Chronic medical conditions, risk of falling, and mobility issues: James is diagnosed with Spastic Quadriplegia, Cerebral Palsy, difficulty in controlling movements in the arms and the legs. Congenital Hydrocephalus-Left Ventriculopleural shunt, when a child is born with an excessive accumulation of cerebrospinal fluid (CSF) in the brain. Neuromuscular Scoliosis, a type of scoliosis that can occur in children who have medical conditions that impair their ability to control the muscles that support the spine. Dysphagia, difficulty swallowing with symptoms of coughing or choking when eating or drinking, and bringing food back up sometimes through the nose. PMR, an inflammatory disorder typically seen in older adults that causes widespread aching, stiffness and flu-like symptoms. DVT, deep vein thrombosis. James is also diagnosed with a history of Transient Aspiration Pneumonia, Asthma, and Chronic Constipation. James may experience headaches as a result of the shunt. James receives medication as needed for headaches according to his doctor's orders. James shows discomfort by facial expressions and will say 'owie' if he is in pain, however, James does not always accurately report and may say 'owie' when simply desiring attention. James will be asked if he would like medication for a headache. James is able to say "yeah" for 'yes' or he will shake his head side to side for 'no'. James may choose to visit another room that is quieter with dimmed lights. Any symptoms of discomfort or pain will be communicated to his guardian via phone call or communication book. When James is on the mat table, the side rails will be up unless staff is standing directly next to him. James may use pillows in the recliner to help position him better and support his torso. James needs help moving his wheelchair. James wears a chest strap and seatbelt on his wheelchair during transportation, however, may remove in the building for comfort. James utilizes a one person in ceiling track system for transfers. He may also use a two person hoist.

Personal Cares: James wears a disposable brief. James may also choose to wear a condom catheter. Staff will help James empty his catheter bag and freshen his brief and clothing as needed. James transfers via the Hoist or in-ceiling track system and lies on the mat table when getting freshened up. James is not able to reposition himself. Staff will help James reposition throughout the day. Staff will help James wear clean and dry clothing.

Self-administration of medication or treatment orders: Staff request medications from James' guardian. Staff set up and pass medications to James 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 James via G-tube. 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 James' guardian and any orders or instructions will be followed.

Skin integrity: James's skin condition will be monitored during cares and James will be offered repositioning. Any possible skin integrity concerns will be reported to his guardian via phone call or communication book.

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 James to the water.

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

PAI

Sensory disabilities: Items will be presented for choice making on his right side at a close up distance so that he is able to see. When presenting items, James will be asked, "James, can you see this?" If James is unable to see an object it will be positioned closer to James until he is able to see the object. James may choose to visit outside of his designated room to have quiet time.

Person-centered planning: Things important to James are his family, friends, being in a quiet space, spending time in the community, and having one on one time. Things important for James are his NPO order, being in a quiet space, and being with people who know him well.

A good day for James would include coming into day program, relaxing in a recliner, spending time with his friends, and being involved in activities. A good day would also include being in limited to no pain.

A bad day for James is when he is not feeling well or must miss day program. A bad day for James would also include feeling excluded or bored during his day.

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:**

James prefers to be in a quiet space

James like to spend time with his friend in Wilderness

James likes to help take attendance when he can

James likes looking and smelling nice and to be complimented on it

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?**

James Drew works on outcomes that are important to and for him. James is able to make choices throughout his day about what activities and groups he wants to participate in. James is a great self-advocate about his preferences.

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

James chooses which outings and community events he would like to participate in. James has the opportunity to volunteer within the community.

PAI

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

James chooses the outings and community activities he participates in. James is encouraged to interact with community members as he is comfortable. James chooses which friends he visits at program and who he spends his time with.

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

James and his team are currently not seeking competitive employment. James is content participating in enrichment activities.

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?

- James' guardian and PAI staff will share necessary information as it relates to James' services and care. Needed supplies and medications will be provided by his guardian. 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.
- Madelyn Miller, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist James 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:

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

Vanessa Johnson, Guardian
401 Labore Rd. #117 Little Canada MN, 55117
651-353-9090
Vannablack1018@

Madelyn Miller, Case Manager
541 Second Ave. S. Hopkins MN, 55343
952-767-4890
mmiller@meridiansvs.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: James and his team are not looking at other providers or options for James at this time. James is content participating in enrichment activities at PAI. James currently lives with his mother and guardian. James would need to develop skills in transferring, self care, money management, dietary needs, and self protection prior to being able to live safely independently.

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 guardian
- Administration of medications to James
- Provide first aid and CPR, as needed

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here: **NA**

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:

- Medication set up:
- Medication assistance:
- Medication administration:

Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:
2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?
 Yes No
3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

Permitted Actions

On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.
 Yes No If yes, explain how it will be used: NA
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.
 Yes No If yes, explain how it will be used: NA
3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:
 Yes No If yes, explain how it will be used: James has limited fine motor skills, staff are able to assist James with hand over hand or hand under hand to complete tasks 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: James is not able to independently propel his wheelchair, staff are able to help James 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: James is not able to position himself. Staff are able to help James sit comfortably in his wheelchair. James uses a seatbelt, shoulder straps, and lap tray for positioning.
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: James uses AFO's, shoulder straps, seatbelt, and lap tray.

Staff Information

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