

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

Name of person served: Kelly Swenberger

Date of development: August 24, 2021

For the annual period from: August 2021 to August 2022

Name and title of person completing the *CSSP Addendum*: Cortney Kelly, Program Supervisor/DC

Legal representative: Julie Olson

Case manager: Amber Brown, Pinnacle Services

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 Kelly is DT&H intensive supports that will transition to prevocational services and day support services when Kelly’s service agreement renews this year. PAI works with Kelly to develop and implement achievable outcomes based on Kelly’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to her health, safety, and well-being as needed by Kelly.

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: Kelly is becoming more independent in letting staff know when she needs a break and how to effectively communicate it. Kelly’s break card will also be close by and available for Kelly to show staff when she needs a break.

“Kelly will show her break card when she needs a break, 50% of all trials until next review.”

Outcome #2: Kelly enjoys community activities and staying active. Kelly is working on picking her own outing locations and following through when the day come that that outing is scheduled.

“Kelly will pick and participate in 1 community activity from a provide list each month, 70% of all trials until next review.”

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:

- N/A – Kelly is working on an outcome to identify when she needs a break by using a break card, then an iPad is sometimes Kelly chosen relaxation activity during her break. Kelly would like to continue this outcome but does not wish to use technology in other ways to achieve her outcomes at this point in time.

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:** Kelly's only known allergy is to a medication, Abilify. Staff at PAI only administer medication per a signed physician's order. Kelly's allergies are listed on her medication administration record. If Kelly is exhibiting signs of seasonal allergies, Kelly's residence will be notified and help her follow up with her physician as needed.
- **Choking:** Kelly packs and prepares her lunch from home, and her lunch should come cut into bite size pieces. If Kelly's lunch does not come cut up or if Kelly is having additional food at PAI, from a cooking class or community outing, staff will assist Kelly with cutting up her food into bite size pieces. Staff will thicken the drink in Kelly's lunch and any other drinks to nectar consistency.
- **Special Dietary Needs:** Kelly packs and prepares her lunch from home in accordance with her diet. If Kelly is going to participate in a community outing to a restaurant, Kelly's residence will be notified a few days prior when a funds request form is sent home. A receipt for the purchase will be sent home with Kelly.
- **Chronic Medical Conditions:** Kelly is under the care of her physicians for her chronic medical conditions. Any sign/symptom of illness/injury will be reported to Kelly's residence who will help her follow up with her physician as needed. Staff will encourage Kelly to drink at lunch and throughout the day to stay hydrated and prevent constipation. It has been observed that a straw may help Kelly drink more, though it is not required.
- **Self-Administration of Medication or Treatment Orders:** Staff administer Kelly's medication at PAI. A staff trained in medication administration will administer medication to Kelly per a signed physician's order. Kelly's residence will provide PAI with the medication and PAI will request more as needed.
- **Preventative Screenings; Medical and Dental Appointments:** Kelly's residence schedules and attends all medical appointments with Kelly. Any signs/symptoms of illness/injury will be reported to Kelly's residence who will help Kelly follow up with her physician as needed.
- **Risk of Falling; Mobility Issues:** Staff will walk 1:1 with Kelly when she is transitioning and will let Kelly hold onto their hand and/or arm for stability. Staff will be patient and let Kelly go at her own speed, while providing positive verbal encouragement to keep walking. Staff will point out physical obstacles to Kelly and help her navigate around them.
- **Regulating Water Temperatures:** PAI's water temperature is regulated to a safe degree for hand washing. When in the community, staff will have Kelly turn on the faucet and then staff will adjust and check the temperature of the water before Kelly uses it to wash her hands.
- **Community Survival Skills:** Staff are always with Kelly when in the community. Staff will walk 1:1 with Kelly when she is transitioning and will let Kelly hold onto their hand and/or arm for stability. Staff will point out physical obstacles to Kelly and help her navigate around them. Staff will model safe pedestrian skills and stranger safety and will prompt Kelly to follow these as needed. When in the community, staff carry Kelly's basic medical information and ID information with them and would provide this to emergency personnel as needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Kelly were to participate in an activity near or on a large body of water, staff would stay with Kelly the duration of the activity and provide Kelly with a life jacket. Due to Kelly's fear of deep water, Kelly may choose to not participate in such activities.

PAI

- **Self-Injurious Behaviors:** If Kelly is picking at hair on her body, staff will encourage Kelly to stop and find an alternative activity for Kelly to do that will keep her hands busy. Kelly can be given privacy when using the restroom, but staff will hand Kelly toilet paper to hold in her hands (both to use and to occupy her hands from picking) and will stay in the restroom until Kelly has finished.
- **Bathroom Assistance:** Staff will ask Kelly if she needs to use the restroom at PAI in the morning and afternoon and will physically assist Kelly to the restroom by letting Kelly hold onto staff's arm or hand. Staff will give Kelly privacy when using the restroom, but staff will hand Kelly toilet paper to hold in her hands (both to use and to occupy her hands from picking) and will stay in the restroom until Kelly has finished. Staff will assist Kelly with cleaning as needed.
- **Verbal/Physical Aggression; Sensory Support Needs:** Kelly's verbal and physical aggressive is attributed to her anxiety, which can impact all aspects of Kelly's daily living when it is high. Certain steps can be taken to help stop Kelly's anxiety from increasing. Staff will offer Kelly a weighted blanket or headphones/music when Kelly is in class. Staff will walk with Kelly 1:1 and provide her verbal encouragement and say "I'm here, you're not going to fall." Staff will not try to get Kelly to go somewhere she is uncomfortable, like down many stairs, an escalator, or elevator. If Kelly has stopped worked and doesn't appear to want to work anymore, staff will offer Kelly a class to attend instead when available. If Kelly is experiencing high anxiety and is being verbally or physically aggressive, staff will ask Kelly to stop and redirect her to another activity. Staff will offer Kelly sensory activities. Kelly takes a psychotropic medication before bussing to ease anxiety during transport, which staff will administer per a signed physician's order.
- **Communication:** Kelly is verbal but does not always participate in reciprocal conversation and can be hard to understand to unfamiliar listeners. Staff will ask Kelly yes and no questions.
- **Person-Centered Information:**
 - The **important to** Kelly items are: consistency in my routine, my family, and coffee.
 - The **important for** Kelly items are: Staying active and having continued opportunities in the community and consistency from providers and supports.
 - A **good day** for Kelly would be when Kelly is having a calm, routine day and isn't experiencing high anxiety. Kelly likes her schedule to be consistent and predictable and likes working with staff she knows well. When Kelly isn't experiencing high anxiety, Kelly will work on cards and participates in class. Kelly will communicate with others and can tell others what she needs and wants.
 - A **bad day** for Kelly would be when Kelly is experiencing high anxiety due to several possible factors. Changes to Kelly's schedule, new staff or peers, illness/injury or general discomfort, shiny floors, water, loud noises, disinterest in an activity or work, and vehicle rides are just some of the factors that can cause Kelly's anxiety to rise. Kelly's anxiety can affect all aspects of her life when not maintained. Kelly will not want to participate in work or class. Kelly may participate in self-injurious behaviors. Kelly may be verbally or physically aggressive to others including inappropriate comments to others often about "scratching someone's eyes out." Kelly will not be able to communicate her needs and wants to others, and may instead say repetitive words, shriek, or make a nervous laugh.
 - Kelly **likes** going out for coffee, music (country and old time rock and roll), dancing, getting her hair and nails done, animal watching, puzzles, using an iPad, and going on community outings (especially to Caribou or Starbucks).
 - Kelly **dislikes** loud noises, transitions (which can cause anxiety), and changes in staff.

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**:

- Kelly had control over her schedule by choosing how many classes she would like to take and which ones. Kelly chooses where she would like to go on community outings. Kelly chooses to work on the work floor, but other employment services are available at PAI if Kelly and her team decide to pursue further employment.
- Kelly prefers to be reassured that she is not going to fall when walking.
- Kelly prefers to have access to sensory items throughout the day.
- Kelly prefers that staff give her verbal encouragement when she is doing a good job.
- Kelly prefers that when she is uninterested in a class or working that other alternatives are given so Kelly does not get frustrated and anxious.
- Kelly prefers to take a mix of classes and work and wants help managing her schedule.
- Kelly prefers to receive clear and simple directions and feedback in the moment.

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**?

- PAI offers a large variety of leisure and skill building classes at PAI that Kelly can choose to participate in. Kelly will be given a list of the classes available quarterly and Kelly's lead will walk Kelly through the different options available and help Kelly pick classes that fit her interests, preferences, or particular skills she would like to work on. At Kelly's semi-annual and annual time of year, Kelly's designated coordinator talks to Kelly and discusses her goals for the next review period and adjusts her outcomes accordingly.

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

- PAI usually offers community outings on a daily basis to several community locations. Kelly has the opportunity to choose which activities she would like to participate in by choosing about 1-2 locations a month that interest her. PAI also offers volunteer opportunities offsite. Other opportunities are offered onsite at PAI with community members, such as pet or music therapy.

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

- Kelly is encouraged to communicate and associate with those of her choosing onsite at PAI and when in the community. When appropriate, staff will introduce Kelly to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Kelly is mostly non-verbal or can at least be hard to understand to unfamiliar listeners, so staff will assist Kelly with talking to and relating to others of her choosing in the community.

PAI

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

- PAI offers employment services to anyone interesting in finding employment in the community. Kelly is currently not interested in finding a job in the community and is not enrolled in these services.

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?

- Kelly's guardian, residence, PAI, and case manager exchange information as it relates to Kelly's services and cares. Meetings and reports are shared with Kelly's team. Kelly's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Kelly's guardian, Julie Olson, advocates on Kelly's behalf and makes legal decisions for her.
- Kelly resides at a North East Residence group home. North East provides all in home care needed and attends all medical appointments with Kelly. Kelly's residence ensures all of Kelly's needs are being met and provides any information to Kelly's team about changes in supports needed.
- Case manager, Amber Brown from Pinnacle Services, develops Kelly's CSSP and completes Kelly's service agreements. Kelly's case manager communicates with Kelly's support team to ensure continuity of care.
- PAI will provide Kelly with employment opportunities onsite and help Kelly work on vocational training and skill building. PAI will communicate any health and medical concerns to Kelly's residence.

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:

Julie Olson, Guardian
P: 763-443-8869
Email: gjcmj@comcast.net

Amber Brown, Case Manager, Pinnacle Services
P:
Email: amber.brown@pinnacleservices.org

Bode Ogunfowora, North East Residence
P: 414-315-3536
Email: bogunfowora@nerinc.org

Cortney Kelly, PAI
P: 651-747-8740
Email: ckelly@paimn.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: Kelly is not interested in community employment at this time and is happy with the services provided onsite at PAI. If Kelly and her team determine that Kelly would like to transition to community employment, Kelly can enroll in employment services at PAI anytime. Prevocational classes are offered at PAI to work on skills needed for employment, but Kelly usually chooses to not participate. Kelly would like to continue living in a group home and is working on independent living skills at home.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A- none 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
<p>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."</p> <ul style="list-style-type: none"> • Medication administration. • Providing CPR and First Aid as applicable. • Monitoring for illness and injury. PAI will notify Kelly's residence if any are noted. • Applying sunscreen and bug spray per bottle instructions as needed. <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"> • 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

<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: Kelly is administered three medications/treatments daily at PAI. A staff trained in medication administration will administer the medication per a signed doctor's order. Kelly and her residence are responsible for supply PAI with the medication ahead of time.</p> <ul style="list-style-type: none"> -Calcium Carbonate 500mg at 11:30a -Benadryl 25mg at 1pm -Thick It used to thicken drinks to a nectar consistency

Psychotropic Medication Monitoring and Use
<p>Does the license holder administer the person's psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> Describe the target symptoms the psychotropic medication is to alleviate: <ul style="list-style-type: none"> • Benadryl 25mg at 1pm. Kelly is taking this medication to help relieve verbal and physical aggression and self-injurious behavior (hair picking) on the bus ride home. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> 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
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 1. To calm or comfort a person by holding that person with no resistance from the person. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Staff will walk 1:1 with Kelly and let Kelly hold onto staff's arm or hand for stability. If Kelly is doing a task when standing that requires she use both hands, like hand washing, staff may hold onto Kelly's arm or shoulder to provide Kelly stability for the duration of the task. 3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Staff will walk 1:1 with Kelly and let Kelly hold onto staff's arm or hand for stability. Kelly has the tendency to walk very slowly when experiencing anxiety, which is likely to happen in an emergency situation. When there is imminent risk of harm, staff will physical assist Kelly is walking faster by guiding her with a hand on her shoulder in the least restrictive manner possible. 8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 9. Is positive verbal correction specifically focused on the behavior being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: 10. Is temporary withholding or removal of objects being used to hurt self or others being addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used:

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

<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>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: <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</p>

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