

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

Name of person served: Libby Broadbent

Date of development: 9.3.2021 For the annual period from: September 2021 to September 2022

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

Legal representative: Amy and Lance Broadbent Case manager: Eric Lemon

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: Libby receives intensive support services in a day training and habilitation community-based programs and/or day support services at PAI. Libby is also eligible to receive remote services. Support is provided in the most integrated and least restricted environment for Libby. The program works with Libby 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 Libby’s physical, emotional, and social functioning. Staff support Libby 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 Libby. PAI works with Libby’s parents, 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, Libby will choose a musical preference in 80% of all opportunities over the next 12 months. It is important to Libby that she has the opportunity to make choices and can participate in activities that are of interest to her. It is also important to explore and strengthen her communication skills and advocate for her preferences.

Outcome #2: Daily, Libby will choose a peer or staff member to greet and will establish eye contact and smile, vocalize, and/or wave in 80% of all opportunities over the next 12 months. This outcome allows Libby to continue to work on the social skills, while picking someone outside of her room to visit. This helps Libby in developing relationships and identifying those that she is with frequently. It is important for Libby to continue to advocate for her preferences.

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:

- Libby utilizes technology at PAI daily using the iPad for music and other audio activities. Libby 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:

Allergies: Libby has seasonal allergies and takes medication daily at home. PAI staff will visually monitor Libby for symptoms of seasonal allergies including congestion, sneezing, wheezing, and watery eyes. Concerns with allergies will be communicated to Libby's residence via phone, email or communication book and noted in her Daily Progress Notes.

Seizures: Libby has a physician ordered Seizure Protocol with PRN medication. Libby experiences Tonic-Clonic seizures which present with jerking lasting 15-30 seconds. Libby may vomit after a seizure and her seizure activity may increase during changes in weather or barometric pressure; they also increase during her menses. At day program, Libby tends to have seizures during or shortly after lunch. Libby may wheeze after a seizure, if wheezing last more than one minute she will be supported with her asthma rescue inhaler. Libby typically becomes lethargic after a seizure and her parents would like for her to rest. Libby will be supervised and monitored for seizure activity. Staff are trained to Libby's seizure protocol and where to locate her VNS magnet, PRN medication for extended seizures. A trained medication passer will administer her VNS at in-set of her seizure activity and her PRN medication per her seizure protocol if she met the criteria for it. All seizure activity will be reported to her residence and to her parents via Seizure Report, email, or phone call within 24 hours.

Choking: Libby has a physician ordered mechanically soft, chopped diet to prevent choking. Libby has a history of choking. Libby has a high pallet and may put large amounts of food into her mouth quickly and may not chew her food well. PAI staff ensure her food is prepared appropriately before offering it to her and Libby is asked to take small bites and encouraged to take a drink every few bites. Libby sits near staff, in visual range and is offered verbal cues to "slow down" and "chew". Libby is physically assisted by offering her beverage (with a straw) as she eats to help promote swallowing. Libby is visually monitored during meals and helped as needed. Should Libby exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report. Libby may put small items in her mouth that are not for her to eat. In the past, this has caused Libby to have a bowel obstruction. Staff will monitor Libby and ensure that small objects are not placed near Libby.

Special dietary needs: Libby has a physician ordered mechanically soft, chopped diet. Her meals and snacks are sent to PAI from her residence prepared according to her physician's orders. Libby sits in her wheelchair and uses her tray and shoulder straps during meals and for 30 minutes following eating. Libby may at times use a spoon in both hands and can eat independently. Libby can eat with her hands but should be prompted to use her utensils as much as possible. Libby drinks regular liquids from a cup with a straw using physical assistance. When tired and/or distracted she may need help to raise her spoon to her mouth or scoop her food and at times may require full assistance from staff to eat her lunch. Libby's intake will be communicated to her residence via phone, email, or communication book daily.

Chronic Medical Conditions

- **Asthma:** is a condition in which airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when breathing out and shortness of breath. Libby's asthma is considered well-controlled. She experiences asthma symptoms of wheezing and shortness of breath following a seizure, for up to a minute. If wheezing, Libby will be positioned in her chair with her shoulder straps and tray on; to open her airway & promote proper breathing. Libby's rescue inhaler (kept at PAI in the med cabinet) will be given for wheezing of more than one minute per her protocol.
- **Chromosome 4 Partial Trisomy 4p:** is a rare chromosomal disorder in which all or a portion of the short arm (p) of chromosome 4 appears three times (trisomy). Associated symptoms and physical findings vary greatly

in range & severity depending upon the specific length and location of the duplicated portion of chromosome 4p. Affected persons have feeding and breathing difficulties, malformations of the head and facial area, and abnormalities of the hands and feet. Additional features may include other skeletal defects and heart (cardiac) defects. Staff will monitor Libby throughout the day to ensure she is breathing normally. Concerns will be relayed to her residence via phone or in her communication book.

- **Gastroesophageal Reflux Disease (GERD):** is a digestive disorder that affects the muscle between the esophagus and stomach. While at PAI Libby is visually observed for symptoms related to GERD including heartburn, regurgitation, vomiting and nausea. Libby wears her shoulder straps while eating and 30 minutes after to keep her sitting in an upright position. Concerns regarding Libby's GERD will be relayed to her residence via phone or in her communication book.
- **Hypertonicity:** is the resistance of muscles to passive stretch or elongation. It causes an abnormal increase in muscle tension and reduced ability of muscles to stretch, affecting posture, tone, and reflexes. Libby will be cued to look up or to hold her head up during interactions. She is assisted to move her body to participate in activities and transfers. She is supported in maintaining her posture using positioning belts while in a recliner, or her shoulder straps, lap tray and footrest while in her wheelchair.
- **Severe Intellectual Disability (ID):** is a generalized neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning. It is defined as having an IQ in the 20–34 range and is often accompanied by noticeable motor impairments and developed central nervous systems. Individuals with severe ID may develop basic self-care and communication skills with appropriate supports and training with a high level of structure and supervision. Libby is supported in all areas of daily living and communication.
- **Spastic Quadriplegia:** refers to difficulty in controlling movements in the arms and the legs. Those who experience this will have jerking motions that come from stiffness within all four limbs. Spastic quadriplegia will normally affect the whole body, the facial muscles and the core of the body are unable to perform their normal functions due to the intense amount of muscle tightness and strain. Libby is provided with time to process tasks involving movement and coordination and is offered physically assisted to move her body to engage in tasks and activities as needed.

Self-administration of medication or treatment orders: Libby takes her medication whole as tolerated in soft foods followed by a drink. Libby does not have the fine motor skills to self-administer herself medications. 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 Libby 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/Toileting:** Libby always utilizes the support of a disposable brief. Due to her physical limitations, she is not able to complete her personal cares. Libby is supported with her personal cares every two hours and as needed. Libby uses the ARJO and the medium ARJO belt for transfers to/from the toilet. Libby needs an adaptive toilet (arms on the toilet). Libby can hold onto the handles on the ARJO and adjust herself on the toilet once seated. She transfers to the toilet and sits for about five minutes. Libby may or may not void on the toilet. At times Libby may require support in changing her clothing due to emesis. When needed to change her clothing outside of her typically toileting routine, Libby prefers to transfer to a mat table using a 1-person pivot transfer or a 2-person side by side transfer depending on the height of the mat table surface. All concerns and requests for supplies and eliminations are communicated to Libby's residence via phone, email, or communication book.

Risk of falling: Libby's seizure disorder and chronic medical conditions put her at a high risk of falling and impact her ability to be safely mobile on her own. Libby's wheelchair is equipped with a lap belt that is always secured for her. Libby has a lap tray and shoulder straps which are used during transportation, lunch and 30 minutes following & when Libby needs assistance with positioning due to slumping over throughout day. When using a recliner, Libby will utilize a positioning belt and the footrest will be up and engaged to prevent her from falling forward during seizure activity. Any concerns or occurrence of falls will be communicated by PAI staff to Libby's residence and her parents via phone, email or communication book and noted in her Daily Progress Notes.

Mobility issues: Libby's chronic medical conditions impact her ability to be safely mobile on her own. Libby uses a wheelchair for mobility that is propelled by others. Libby's wheelchair is equipped with a lap belt and shoulder straps for positioning and foot pedals to elevate her feet; Libby requires support to apply and disengage all safety and positioning belts. Libby can transfer into her chair, stander, or a recliner with assistance of one staff utilizing a standing pivot transfer. Libby will pull herself in and scoot back in her wheelchair, chair, and stander. She needs verbal cues and minimal physical assistance at first, but then is usually able to complete the rest of the transfer once she gets started. Libby may use the ARJO to assist with transfers within the program room when she is less alert. Concerns or requested repairs of Libby's wheelchair will be communicated to her residence via phone, email or communication book and noted in her Daily Progress Notes.

Regulating Water Temperature and Water Safety Skills: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Libby encounters it. PAI does not offer swimming or bathing. Libby receives support when in the community and should she be near a body of water, staff will remain in physical control of Libby's wheelchair 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 engage the breaks of Libby's wheelchair when not in motion.

Community Survival Skills: Libby utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Libby 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 Libby and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Libby's behalf in the event of an emergency.

Person-centered information

- **Important to:** It is important to Libby that she have meaningful and social interactions with caregivers, friends and most importantly family as often as possible. That she has the opportunity to make choices and go on community outings. That she does not feel rushed during her day and have adequate time to eat meals or move her body. Participating in sensory activities, particularly tactile sensory through her day and working with fun and upbeat caregivers is important to her.
- **Important for:** It is important for Libby to be as independent as she is able with all tasks, to help with her transfers, to continue to bare weight and maintain good muscle tone. It is important for Libby that small objects are not nearby for her to put in her mouth, as she could accidentally swallow it.
- **Likes:** Libby enjoys one-to-one-time, sensory activities, group activities, visiting with friends, holding hands, spending time with the Pet Therapy dog (Legacy), painting, doing crafts, watering flowers, listening to piano music, going on community outings (Gorman's, Kiln Creations and Como Zoo), dancing, making choices and spending time in her stander. Libby likes female pop artists especially Christina Aguilera, Taylor Swift and Pink as indicated by vocalizing and smiling. With her family, Libby enjoys going to the cabin and swimming at Courage Center. Libby shows that she enjoys these things by choosing them when offered, being alert and attentive and smiling and vocalizing.

PAI

- **Dislikes:** Libby does not like to be rushed; she shows this frustrates her by wiggling her hips. Sometimes Libby does not like plain water as indicated by not drinking it and cookies as indicated by not eating them. Libby also likes people that have a more upbeat, perky tone instead of a serious, stern tone.

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**:

- Libby would like to participate in a structured and personalized program day that includes a balance of time to rest as needed and opportunities to engage with others. Libby would like opportunities to listen to music, participating in music related activities or sensory experiences, using technology such as the iPad or SmartBoard to play games, participate in arts and crafts projects and be supported in socialization with peers and staff. Libby prefers to engage in activities one to one or in a small group and with positive, upbeat, and supportive staff.
- For supports, Libby prefers efficient care and clear communication from people that know her and her routine well. Libby prefers to work with happy, positive people who joke around with her. Libby responds best to verbal, physical and modeling prompts, particularly when part of an established routine. She benefits from repetition of activity during skill building. Libby can understand and respond to familiar verbal cues and short although it may take Libby up to 45 seconds to process and respond to a familiar verbal cue. Libby will be given verbal cues in short phrases delivered in an upbeat tone of voice. Libby will be given ample time to process and respond to a request before being cued again.
- Libby communicates non-verbally by establishing eye contact, making vocalizations or facial expressions, eye pointing, body language (such as wiggling her hips to indicate displeasure). Libby can understand and respond to familiar verbal cues and short phrases in English. It may take Libby up to 45 seconds to process and respond to a familiar verbal cue. Libby is observed for non-verbal communications. Libby will be asked to confirm communication by establishing eye contact or smiling. For example – if Libby is wiggling her hips (typically indicates annoyance or displeasure), she will be asked if she would like to do a different activity. If Libby smiles or makes strong eye contact this generally is yes. Libby's preferences will be communicated to other support staff on her behalf.
- Libby would like her communication to be honored and supported throughout her day. When talking with Libby, it is important to encourage her to lift her head up & to make 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. Libby can make choices by reaching for items of interest when presented with 2 options and is encouraged to communicate her preferences throughout her day by (via picture cards or real objects). Libby'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

PAI

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

Libby 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?

Libby has opportunities to choose to visit the community. While in the community, Libby is supported and encouraged to interact and create positive relationships with others.

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

Libby has various opportunities to spend time in the community, volunteer, and visit other preferred places. Libby is encouraged and supported in positive interactions with other community members.

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

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

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

ACR- Preserve Trail, Residential
Bryanna Grant – Residential Supervisor
Email: bryanna.grant@acrhomes.com

PAI – Oakdale, Day Program
Emily Elsenpeter – Designated Coordinator
Email: eelsenpeter@PAImn.org Phone: 651-748-0373 Fax: 651-748-5071

Amy and Lance Broadbent – Legal Representatives
Email: lancebr@comcast.net
Home: 651-738-6807 Amy cell: 651-592-7058 Lance Cell: 612-220-1477

Eric Lemon – Case Manager Washington County
Email: Eric.Lemon@co.washington.mn.us Phone: 651-275-7287

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: Libby currently lives at an ACR home and is not looking for other opportunities. They assist her with coordinating her services.

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 Libby's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Libby 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: Libby enjoys having her head and upper back scratched lightly and light massage to her feet/calves/shoulders. She may seek out or initiate physical interactions such as hand holding and 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 as a result of a medical condition.
 Yes No If yes, explain how it will be used: Libby may require varying levels of physical contact while transferring to or from her wheelchair and requires support in applying her shoulder straps when experiencing seizure activity, wheezing and during transportation.
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: Libby may require varying levels of physical contact to complete and engage in tasks and preferred program activities.
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: Libby may require physical redirection when putting too much food in her mouth.
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: Libby 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: Libby requires support in applying her pelvic strap and safety belt while in her wheelchair. Libby requires assistance to apply her shoulder straps and lap tray during transportation.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes 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?
 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?

PAI

Yes No If yes, explain how it will be used: Libby utilizes an additional positioning belt while in her stander.

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