

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

Name of person served: Jennifer Lofboom

Date of development: 9.3.2021

For the annual period from: January 2021 to January 2022

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

Legal representative: Anne and Tom Lofboom

Case manager: Clara Gunderson

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: Jennifer receives intensive support services in a day training and habilitation community-based programs and/or day support services at PAI. Support is provided in the most integrated and least restricted environment for Jennifer. The program works with Jennifer 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 Jennifer’s physical, emotional, and social functioning. Staff support Jennifer 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 Jennifer. PAI works with Jennifer’s parents 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, Jennifer will choose a sensory activity in 75% of all opportunities.

It is both important to and for Jenny to make choices about the activities she participates in. It is important for Jenny that she continue to use her communication skills and advocate for her preferences as often as possible. It is important to Jenny that she is able to participate in activities that she values and finds interest in.

**Outcome #2:** Daily, Jennifer will choose to use her gait trainer in 75% of all opportunities.

It is important for Jennifer to maintain the strength in her legs. This is not only important at PAI, but it is also important for at home. Jenny will often express that she enjoys getting in her gait trainer by making a “tah” noise. Staff will encourage and support Jennifer while using her gait trainer.

## 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:

- Jennifer utilizes technology at PAI daily using the iPad for choice making, music, and videos.
- She can access the television in her program area for videos, music, and to play games on the Wii.
- Jennifer may use the SMARTBoard for games and videos.
- No further exploration of technology is needed at this 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:

- **Seizures:** Jennifer will be supervised and monitored for seizure activity. Jennifer's seizures are infrequent and do not follow a regular pattern. She may experience clusters of seizure activity with individual seizures lasting 1-20 seconds and may also have extended seizure activity lasting 1-4 minutes. Staff are trained to Jennifer's seizure protocol and where to locate it. During a seizure Jennifer's eyes may roll backwards, her tongue may protrude, and her arms may go up. Jennifer may make a snore sound after. Jenny typically will "drop" forward or to the side. If Jenny has a significant seizure increase, it may be related to her medical PDD or being dehydrated. All seizure activity will be documented on a Seizure Report and seizures requiring the administration of her rescue medication will be reported to Jennifer's parents via email or phone call within 24 hours. 911 supports will be activated if Jennifer experiences respiratory distress, or at PAI staff's discretion.
- **Choking and Special dietary needs:** Jennifer has a specialized ketogenic diet. Jennifer eats only food sent from home and water flavored with a sugar free flavoring such as crystal light. Jennifer receives full assistance in eating and drinking. Jennifer's food is sent to PAI in powder form, staff then mix hot water into the powder to create a pudding consistency. Jenny prefers to have her food and drink warmed and requires total staff assistance in operating the microwave. Jenny sits in a regular chair with arms or her wheelchair during meals. When seated in a regular chair with arms, Jenny will wear a Posey or transfer belt and have her chair pushed up to the table. Jenny drinks with assistance from a spouted cup with lid or "sippy" cup and uses a regular spoon. Jenny uses an insulated bowl to help keep her food at the proper temperature.
- **Chronic Medical Conditions:**
  - **Chronic Dehydration:** Due to her PDD, Jenny's body requires more water to flush her system of the sugars & carbs she is unable to process. Jenny often experiences increase in her seizure activity when dehydrated. Jennifer is supported in drinking fluids throughout her day and is encouraged to drink 32oz of water during her program time. Concerns and daily fluid intake will be reported to Jennifer's parents via phone, email, or communication book.
  - **History of Ear Infections:** Jennifer will be assisted in ensuring her ears are covered when outdoors in the cooler months and if there is wind during warmer months. She will be monitored for signs of an ear infections such as tugging or rubbing her ears, tapping on top of her head, and increased loud vocalizations. Jenny may also hold food/drink in her mouth or have a harder time swallowing if experiencing ear discomfort.
  - **History of Bowel Obstruction:** Jennifer has experienced full and partial bowel obstructions in the past. Jennifer is supported in receiving fluids and all bowel movements are reported to her parents via communication book. Jennifer is observed for symptoms of obstruction such as bloating of the stomach paired with loud vocalizations due to pain with a blockage, cramping, severe abdominal pain, vomiting and diarrhea. Concerns and daily output will be reported to Jennifer's parents via phone, email, or communication book.
  - **Pyruvate Dehydrogenase Deficiency (PDD):** A rare enzyme disorder that prevents Jenny's body from process sugar or carbohydrates into usable fuel. Jenny follows a high-fat, adequate-protein, low-carb diet (Keto) that is physician ordered and sent from home. The Keto diet forces the body to burn fats rather than carbohydrates. The liver converts fat into fatty acids and ketone bodies which pass into the brain and replace glucose as an energy source. An elevated level of ketone bodies in the blood (ketosis) leads to a reduction in the frequency of epileptic seizures. Any concerns related to Jenny's PDD or an increase in tremors will be reported to Jennifer's parents via phone, email or communication book and noted in her Daily Progress Notes.

- **Self-administration of medication or treatment orders:** Jennifer takes her medications orally whole or cut as tolerated in soft foods. Medication/treatment are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Jenny currently takes Ketocal PO with lunch per family request for supplement. Each administration time, trained staff dispense the medication/treatment for Jennifer and administer it orally whole or cut as tolerated in soft food. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns and supply requests will be communicated by PAI staff to Jennifer's parents via phone, email or communication book and noted in her Daily Progress Notes.
- **Other health and medical needs:**
  - **Personal Cares:** Jennifer receives full support to complete her personal cares. Jennifer's guardians request that her personal cares be completed by a female staff when available. Jennifer utilizes the support of briefs due to incontinence and is supported in completing cares every two hours and as needed throughout the day. Jenny bears weight during transfers utilizing a one-person pivot or a two-person reverse basket to the mat table. Jennifer is supported by one staff while completing her cares. All concerns with skin breakdown or skin integrity are communicated to her parents via phone or book.
- **Risk of falling:** Jennifer's chronic medical conditions put her at a high risk of falling and impact her ability to be safely mobile on her own. Jennifer uses a wheelchair with the support of a headrest, foot rests, chest and pelvic straps and a seatbelt. She utilizes a Posey belt and staff support to transfer. Jennifer bears weight during transfers utilizing a one-person pivot or a two-person reverse basket. While walking with staff Jennifer wears a Posey belt while walking and staff walk directly behind, with their arms around her, holding onto the Posey belt front and guiding Jenny's legs slowly forward with their own. To minimize risk of falls the mat table side rail is engaged any time staff are not in direct contact with the mat table while Jennifer is utilizing it. Jennifer may sit in a recliner without a safety strap if the footrest is elevated. When seated in a regular chair with arms, Jenny will wear a Posey or transfer belt and have her chair pushed up to the table to prevent falls. Any concerns or occurrence of falls will be communicated by PAI staff to Jennifer's parents via phone, email or communication book and noted in her Daily Progress Notes.
- **Mobility issues:** Jennifer is assisted in propelling her wheelchair as well as applying/removing safety straps and her break. She has footrests to protect and elevate her feet. She is assisted into her gait trainer by two staff using a posey. When using her gait trainer, one staff stands behind her to physically guide the gait trainer. Jenny may need verbal cues to pick up her feet or to stand up straight. At times Jenny may need staff to guide her legs slowly forward with their own.
- **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 Jennifer encountering it. PAI does not offer swimming or bathing. Jennifer receives support when in the community and should she be near a body of water, her chair would remain under staff control and the breaks will be engaged when not moving.
- **Community Survival Skills:** Jennifer utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Jennifer 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 Jennifer and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Jennifer's behalf in the event of an emergency.
- **Sensory Disabilities:**

- **Cortical Visual Impairment:** Is a visual impairment that is caused by a brain problem rather than an eye problem. Jennifer has function vision, but she has only fleeting eye contact and appears to see best peripherally (when looking to the side). Jennifer is verbally informed as to what she will be doing, and staff will provide explanations of activities while interacting with Jennifer. Objects will be set up/presented on either side of her and staff wait for her to visually track what is being presented. Large, colorful, textured items, or pictures will be used as available when working with Jenny on skills and outcomes.
- **Person-centered information**
  - **Important TO:** It is important to Jennifer that she have meaningful 1:1 interactions such as hugs and chatting with preferred people, music, that she be able to spend time out of her wheelchair relaxing in a recliner & she have time be active (walking/using gait-trainer), and that she participate in preferred activities.
  - **Important FOR:** It is important for Jennifer that she be supported in following a ketogenic diet, be offered fluids frequently, that she maintains her physical ability to assist with transfers and have support to be social and engaged in activity with others.
  - **Balance of important TO and FOR:** Providing Jennifer with a balance of quiet time and time to socialize is important. Giving Jennifer options and encouraging her to use his communication skills to communicate wants, needs and preferences throughout the day. Providing her opportunity to participate in a variety of new and preferred activities.
  - **Good day:** A good day for Jennifer includes 1:1 interactions with her favorite people, spending time outdoors or in calming/relaxing spaces, visiting with friends while showing off her cute outfits in her gait trainer, not wearing shoes. A good day has a balance of rest, and time to be social and be engaged in activities.
  - **Bad day:** A bad day for Jennifer includes experiencing discomfort or pain, seizure activity, not receiving enough attention from favorite people, not having preferred staff to interact with.
  - **How to have more good days:** Jennifer can have more good days by communicating what activities she would like to participate in and being engaged through positive staff support. Staff monitor Jennifer for pain/discomfort and respond accordingly.
  - **Likes:** Jennifer (Jen or Jenny) likes listening to music and visiting or chatting with friends (particularly ones that will clap with her). Jen likes to have 1:1 sensory time such as aromatherapy or getting her hair braided. Receiving 1:1 attention is very important to her. She loves to give and get hugs, walk/move around, relax in a recliner, and go on community outings. Jenny enjoys going bowling, shopping, and spending time outside with her shoes off. At home she likes to sit on the floor and spend time with family.
  - **Dislikes:** Jennifer does not like having to wait for things she wants such as a drink or assistance with her personal cares or having to wear socks and shoes. Jenny does not like being hungry or thirsty, cold food or drink, having a soiled brief, limited attention from staff/caregivers, when preferred staff are working with a peer or doing lots of hand over hand activities. Her displeasure is indicated by extended vocalizations.

## 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**:

- Jennifer prefers to have a variety of opportunities to explore her community, time to rest and relax, have supported socialization with peers and support staff, and engaging in activity. Jennifer prefers to engage in activities one to one or in a small group and with positive, supportive staff that know her well.
- For supports, Jennifer prefers efficient care and clear communication from positive, upbeat people that know her and her routine well.
- Jennifer communicates non-verbally through the use of eye gazing, body language, facial expressions, and adaptive yes/no vocalizations. Jennifer will answer yes/no questions by making a "tah" sound for yes and a "nff" sound by blowing air out her nose for no. Jennifer lets you know she enjoys something by a positive response when engaging (smiling, participating).
- Jennifer would like her communication to be honored and supported throughout her day. She makes choices about her schedule, community activities, and daily activities by eye gazing between real objects, using picture cards and adaptive yes/no vocalizations. She is provided options throughout her day to make choices and decisions.

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**?

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

Jenny has opportunities to choose community integration trips. While in the community, Jenny is encouraged to interact and create positive relationships with others she encounters.

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

Jenny has the opportunity to spend time in the community, volunteer, and visit other preferred places. Jenny is encouraged to interact with members of the community and create relationships.

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

Jenny 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 Jenny and her team decide that they would like to seek competitive employment, her team will hold a meeting and discuss the steps needed to fit Jenny'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?

- Jennifer's guardian's and PAI staff collaborate in the exchange of information as it relates to Jennifer'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 Jennifer's communication book.
- PAI works with Jennifer's parents for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Anne & Tom Lofboom are Jennifer'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 Jennifer's services and supports in collaboration with other members of his support team.
- Clara Gunderson, case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Jennifer and her parents in advocacy and finding additional opportunities or resources and communicates with the members of Jennifer'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:

PAI – Oakdale, Day Program  
Emily Elsenpeter – Designated Coordinator  
Email: [elsenspeter@PALmn.org](mailto:elsenspeter@PALmn.org)  
Phone: 651-748-0373 Fax: 651-748-5071

Anne & Tom Lofboom – Legal Representatives  
Email: [Anne\\_Lofboom@hotmail.com](mailto:Anne_Lofboom@hotmail.com) Phone: 651-439-6342  
Anne Cell: 612-209-9501 Tom Cell: 651-491-4623

Clara Gunderson – Case Manager Washington County  
Email: [Clara.Gunderson@co.washington.mn.us](mailto:Clara.Gunderson@co.washington.mn.us)  
Phone: 651-300-4083 Fax: 651-998-0844

Quinn Bauman – PICS  
Email: [Quinn.Bauman@picsmn.org](mailto:Quinn.Bauman@picsmn.org)  
Phone: 651-432-4807 Fax: 651-967-5061

Xiong Pa - Dungarvin  
Email: [pxiong@dungarvin.com](mailto:pxiong@dungarvin.com)  
Phone: 651-699-6050 ext. 5702 Fax: 651-699-7265

# 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:** Jenny 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 Jenny and her team decide that they would like to seek competitive employment, her team will hold a meeting and discuss the steps needed to fit Jenny's desires.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no research that needs to be made.

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."

**N/A**

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: The license holder has not been assigned responsibility for the medication administration of the psychotropic medication.
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  N/A
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:
  - Jennifer enjoys having her hair brushed/played and light massage to her feet/calves/shoulders.
  - Jennifer may initiate physical interactions such as hugs or rubbing her foot on staff's leg.
  - Jennifer is receptive to hugs 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:
  - Jennifer may require varying levels of physical contact while experiencing seizure activity.
  - Jennifer requires support in applying her chest strap when experiencing cluster seizure activity 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:
  - Jennifer may require varying levels of physical contact to complete and engage in tasks and preferred program activities such as playing a game, using tactile sensory items, painting or using the Wii.
4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.  
 Yes  No If yes, explain how it will be used:
  - Jennifer responds to a light touch to her hand/wrist/forearm when engaging in self-stimulation.
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:
  - Jennifer responds to a light touch to her hand/wrist/forearm when engaging in self-stimulation.
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:
  - Jennifer 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:

# PAI

- Jennifer utilizes a head support, seatbelt, and pelvic strap while in her wheelchair and a chest strap during transportation.
- While using her gait trainer or walking with physical support from staff Jennifer uses a Posey belt in addition to all straps on her gait trainer.

9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used:

- Jennifer utilizes verbal prompts from staff to be redirected or cued to another form of communication when engaging in loud, prolonged vocalizations.

10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?  
 Yes  No If yes, explain how it will be used:

11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?  
 Yes  No If yes, explain how it will be used:

**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:

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**

## PAI

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