

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

Name of person served: Kathy Owens

Date of development: 06/14/2021

For the annual period from: June 2021 to June 2022

Name and title of person completing the CSSP Addendum: Beth Blackorbay, Designated Coordinator

Legal representative: Sharon Rask, John Owens, and Ken Owens

Case manager: Christine McGonagle

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 Kathy is intensive support services in a community DTH program and community environment. The program works with Kathy to develop and implement achievable outcomes that support her goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Kathy to encourage activities, outings, and visiting with peers. Staff support Kathy in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to her health, safety, and well-being as needed by Kathy. 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: Daily, Kathy will choose an activity to independently complete in 95% of trials over a 12-month period.

It is important to Kathy to make decisions and to maintain her independence.

Outcome #2: Twice a week, Kathy will compliment a peer in 75% of trials over a 12-month period.

Kathy’s friends are important to her.

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:

- Kathy uses technology at PAI daily through the use of the iPad for choice making and music.
- Kathy 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:

Allergies: Kathy is allergic to Penicillin and has a sensitivity to caffeine. Kathy will not be given any medications with penicillin and staff will inform her residence and doctor if she is prescribed penicillin. Kathy will not be offered caffeinated beverages at PAI.

Choking and special dietary needs: Staff will give Kathy food that is in bite sized pieces. Kathy is on a doctor ordered cardiac diet, low sodium (2000mg per day), and fluid restriction (64 ounces per day). Kathy eats independently with little to no staff support, but PAI staff will monitor her during meal times to ensure she is not eating too fast or pocketing food, which could be a choking risk.

Chronic medical conditions, risk of falling and mobility issues: Kathy had a stroke, occurs when the blood supply to part of your brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients, in December of 2017. She also has a history of blood clots gel-like clumps of blood, and high blood pressure, which is when **blood flows through blood vessels, or arteries, at higher than normal pressures**. Kathy is diagnosed with periodontal disease, a gum infection that damages the soft tissue and bone supporting the tooth. Kathy is diagnosed with congestive heart failure, which is occurs when your heart muscle doesn't pump blood as well as it should. Certain conditions, such as narrowed arteries in your heart (coronary artery disease) or high blood pressure, gradually leave your heart too weak or stiff to fill and pump efficiently. Staff are trained on Kathy's chest pain protocol. Staff will follow her protocol. If Kathy reports any chest pains, or displays extreme paleness or clammy features, DC or PD will be notified immediately. Kathy will use a 2 person hooyer or 1 person track system for transfers. PRI will provide a sling for PAI to keep on site for Kathy's hooyer/track system lifts.

Personal Cares: Kathy wears disposable briefs and utilizes the mat table for her changing needs. Staff will help Kathy wear clothes that are clean and dry. Kathy needs assistance repositioning throughout her day.

Self-administration of medication or treatment orders: Staff request medications from Kathy's residence. Staff medications to Kathy 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 Kathy. 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 Kathy's residence and any orders or instructions will be followed.

Community survival skills: Kathy is accompanied by staff while in the community. Staff will help Kathy propel her wheelchair when requested. Staff model appropriate social behavior and follow pedestrian safety rules.

Water safety skills: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. Kathy is 1:1 while in the community.

Sensory disabilities: Kathy is independent In the maintaining of her glasses cleanliness and ensuring they are in working order. Staff will assist Kathy, when needed, in maintaining her corrective lenses' integrity and effectiveness. PAI staff will speak clearly when addressing Kathy and be mindful of her hearing aids.

Physical aggression/conduct and verbal/emotional aggression: Kathy may yell at other or attempt to hit peers if she feels they are bothering her or making fun of her. Staff will other Kathy a quiet space or preferred activities. If Kathy chooses not to take space staff can ask the other person if they would like to visit or take a break.

PAI

Mental or emotional health symptoms and crises: Kathy is diagnosed with depression, which is defined as a mood disorder that causes a persistent feeling of sadness and loss of interest and Anxiety Disorder NOS (**Not Otherwise Specified**) which is when patients have symptoms of anxiety disorder. Kathy is also diagnosed with an adjustment disorder with mixed disturbance of emotions and conduct, which is defined by extreme reaction to a stressful incident, that impacts mental equilibrium and causes negative changes in behavior and Avoidant personality, which is characterized by feelings of extreme social inhibition, inadequacy, and sensitivity to negative criticism and rejection. Staff will be mindful of all of Kathy's diagnoses. If Kathy shows any signs of, or makes mention of, being very depressed or anxious staff will attempt to re-direct her to an activity she particularly enjoys.

Person-centered planning:

Important to: Things important to Kathy are her family, friends, coloring, playing bingo, and arts and crafts projects.

Important for: Things important for Kathy are her dietary orders, her medical protocols, and a team that advocates for her.

Good day: A good day for Kathy would be when she is able to color, make her own decisions, when she is able to talk to her peers about her life, family, and friends.

Bad day: A bad day for Kathy would be if she was in pain or discomfort, when she's not feeling well, or when she is not able to make her own decisions.

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**:

Kathy prefers a relatively quiet environment

Kathy enjoys participating in craft projects

Kathy likes to color each day

Kathy prefers staff with a soft tone

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**?

Kathy has the opportunity to work on outcomes that are important to and for her. Kathy makes choices throughout the day of what activities and groups she prefers to participate in.

PAI

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

Kathy chooses which outings and community activities she prefers to participate in. Kathy is encouraged to interact with community members as she wants.

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

Kathy is encouraged to interact with community members. Kathy can choose to participate in volunteer activities and other opportunities she chooses.

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

Kathy and her team are not interested in seeking competitive employment. Kathy goes to Commerce to work, when the opportunity arises. Kathy appears content with working at Commerce, periodically, and participating in enrichment activities.

PAI

How will services be **coordinated across other 245D licensed providers and members of the expanded/support team** serving this person to ensure continuity of care and coordination of services?

- Kathy's guardians, residence, and PAI staff will share necessary information as it relates to Kathy's services and care. Needed supplies and medications will be provided by her residence. 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.
- Christine McGonagle, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Kathy, her residence, and her guardians 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:

Beth Blackorbay, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
612-446-3685
bblackorbay@paimn.org

Phoenix Residence-Ludden House
7717 Long Lake Rd. Moundsview, MN 55112
763-398-3812
luddenhouse@phoenixresidence.org

Sharon Rask, Guardian
10140 Indigo Dr. Eden Prairie, MN 55347
612-875-4615
sharonrask@gmail.com

John Owens, Guardian
1147 Silverwood Rd. Woodbury, MN 55125
651-735-2037
owensj@comcast.net

Christine McGonagle, Case Manager
160 E. Kellogg Blvd. Room 7800 St. Paul MN, 55101
651-266-4286
Christine.mcgonagle@co.ramsey.mn.us

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:

Kathy goes to Commerce to work, periodically. His team is not seeking other employment or other outside employment opportunities.

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
<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"> • 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 residence • Administration of medications to Kathy • First aid and CPR 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: NA</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:</p>

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

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Kathy may find a hug or holding hands comforting. 2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA 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: 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Kathy's hand as needed. 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: NA 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: Kathy is not able to propel her wheelchair long distances, staff are able to assist her to safety. 8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Kathy may not be able to position herself. Kathy wears a seatbelt in her wheelchair. 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: NA 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: 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Kathy wears glasses and hearing aids.

PAI

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: 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