

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

Name of person served: Carrie Carlson

Date of development: 08/11/2021

For the annual period from: August 2021 to August 2022

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

Legal representative: Carol and Joel Carlson

Case manager: Rebecca Knuckles

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 Carrie is intensive support services in a community DTH program and community environment. The program works with Carrie 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 Carrie to encourage activities, outings, and visiting with peers. Staff support Carrie 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 Carrie. 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: Carrie will use her right hand with staff assisting HOH to bring her eating utensil to her mouth to eat her lunch two times a week 80% of all trials over a 6 month period.

“It is important to be active and involved. Carrie enjoys mealtime.”

Outcome #2: Weekly, Carrie will pet the therapy dogs 75% of all trials over a 6 month recording period.

“It is important to Carrie to be engaged in groups and activities that she enjoys.”

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:

- Carrie uses technology at PAI daily through the use of the iPad for choice making and music.
- Carrie is able to access the television in the room for sensory videos and to play games.
- 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: latex and to Morphine Staff are aware of Carrie's allergies. Staff will not give medication with morphine or use latex products. Staff will notify Carrie's guardians and doctor if she is prescribed morphine.

Seizures: Staff will monitor Carrie for seizure activity. Staff are trained on Carrie's seizure protocol. Staff will follow her protocol and provide support and comfort as needed. Carrie has a Vagus Nerve Stimulator (VNS) which is located on the left side of her chest. Her VNS magnet is kept on her wheelchair. Staff will warn Carrie when they can if there will be a loud or sudden sound.

Choking: Carrie's lunch comes prepared as it should be eaten, which is in bite sized pieces. Carrie is able to take bites out of a sandwich cut in half. If it is not bite sized staff will cut up or fork mash the food into the correct consistency. Carrie will receive help eating and plenty of time to properly chew and swallow each bite of food. Carrie eats lunch and snacks that are prepared by her mother. Carrie will receive reminders to eat slowly and chew thoroughly during meals and snack times.

Chronic medical conditions, risk of falling, and mobility issues: Carrie is diagnosed with Cerebral Palsy, a disorder that affects balance, movement, and muscle tone. Vitamin D deficiency, which could cause fatigue and tiredness. A history of cerebral infarction or stroke, a brain lesion in which a cluster of brain cells die when they don't get enough blood. Neuromuscular scoliosis, a condition that impairs someone's ability to control the muscles that support the spine. Chronic right hip subluxation, an incomplete or partial dislocation of a joint. Dystonia, a movement disorder in which a person's muscles contract uncontrollably. Carrie's straps and buckles will be secured on her wheelchair. Carrie uses the in-ceiling track system or Hoyer lift to transfer to the mat table for cares. Carrie will have staff next to the mat table or they will raise the safety bars if they need to walk away.

Personal cares: Carrie uses the in-ceiling track system or Hoyer lift to transfer to the mat table for cares. Her sling is sent from home. Carrie wears disposable briefs and utilizes the mat table for her changing needs. Staff will help Carrie wear clothes that are clean and dry. Carrie needs assistance repositioning throughout her day. Carrie will have staff next to the mat table or they will raise the safety bars if they need to walk away.

Self-administration of medication or treatment orders: Staff request medications from Carrie's guardians. Staff set up and pass medications to Carrie 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 Carrie. 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 Carrie's guardians and any orders or instructions will be followed.

Regulating water temperature: Staff will physically check the water by placing their own hand in the water and adjust to a safe and comfortable temperature prior to exposing Carrie to the water.

Community survival skills: Carrie is accompanied by staff while in the community. 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. Carrie is 1:1 while in the community.

PAI

Sensory disabilities: Carrie will be sitting close to activities and offered physical and verbal assistance to compensate for visual difficulty and allow Carrie to join in. Carrie sees best from her peripheral vision. Carrie will receive a visual description of items outside of her vision. Carrie will receive a warning of any expected upcoming loud noises. Staff watch Carrie for signs of being over-stimulated such as hitting her head, whining, and vocalizations. Carrie can be moved to a more calm area and explain to her where they are going and why if the noise level doesn't decrease.

GI Issues: Carrie should be encouraged to drink water. Staff will document BM and urine output in Carrie's communication book for Carrie's parents to address.

Self-injurious behaviors: Carrie may hit head with a closed fist, scrape her finger or tear her fingernail on her wheelchair or other objects. Carrie will be offered her choices of activities to participate in. Staff will intervene if Carrie attempts to hit her head or pick with her nails verbally by saying "be nice to yourself" (parents use this phrase at home) or, if needed, by placing a flat hand between Carrie's hand and face or surface. Staff may ask verbal questions to determine what Carrie may be trying to communicate. Carrie prefers a gentle voice and encouragement to engage in a preferred activity such as listening to music, playing a musical instrument or piano, or joining in a game. Any possible injuries will be reported home via a phone call.

Physical aggression/conduct: Carrie may grab or scratch peers. Staff support Carrie by being in close proximity when she is close to others and attempt to keep the area within her left arm clear of individuals or objects. Staff will verbally redirect Carrie to "keep her hands to herself", and offer sensory activities, such as a hand massage or small manipulatives, to help encourage her to stay active and engaged. If necessary, staff will move peers to the right side of Carrie to ensure their safety.

Person-centered planning: Things important to Carrie are her family, being active and involved, eating, sweets, and being around people who speak in a gentle tone. Things important for Carrie are her VNS and seizure protocol, having help redirect when she is bored, and her family who cares for her.

A good day for Carrie would include having little to no seizures, having time out of her wheelchair, being engaged in fun and active activities, and having a big, delicious meal with dessert.

A bad day for Carrie is when she has multiple seizures, if she is in pain or bored, and when she is not offered activities that are interesting to her.

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**:

Carrie prefers staff with a soft, gentle tone

Carrie enjoys mealtime and especially likes treats

Carrie enjoys being engaged in activities

Carrie likes taking time to stretch when out of her chair

PAI

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**?

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

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

Carrie chooses which outings and community activities she prefers to participate in. Carrie 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?

Carrie is encouraged to interact with community members. Carrie 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?

Carrie and her team are not interested in seeking competitive employment at this time. Carrie appears content 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?

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

Carol and Joel Carlson, Guardians
4151 Hazel St. White Bear Lake MN, 55110
651-231-2316
carollynncarlson@gmail.com

Rebecca Knuckles, Case Manager
33 E. Wentworth Ave. Suite 330 West St. Paul MN, 55118
651-789-5160
Rebecca.knuckles@thomasalleninc.org

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:

Carrie and her team are not interested in seeking competitive employment at this time. Carrie and her team feel she is content participating in enrichment activities.

Describe any further research or education that must be completed before a decision regarding this transition can be made: NA

PAI

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 guardians • Administration of medications to Carrie • First aid and CPR <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 <input checked="" type="checkbox"/> NA 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

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

1. To calm or comfort a person by holding that person with no resistance from the person.
 Yes No If yes, explain how it will be used: NA
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.
 Yes No If yes, explain how it will be used: NA
3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:
 Yes No If yes, explain how it will be used: Carrie has limited fine motor skills, staff are able to help Carrie complete tasks using hand over hand or hand under hand as tolerated.
4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used: Carrie engages in self-injurious behaviors, staff are able to use an open hand to help redirect Carrie.
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used: NA
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used: NA
7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
 Yes No If yes, explain how it will be used: Carrie is not able to propel her wheelchair independently, staff are able to assist Carrie in evacuation.
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: Carrie is not able to position herself, staff are able to help Carrie sit comfortably in her wheelchair. Carrie wears two seatbelts.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: NA
10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?
 Yes No If yes, explain how it will be used: NA
11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?
 Yes No If yes, explain how it will be used: Carrie wears two seatbelts.

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