

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

Name of person served: Richard Mitchell

Date of development: 9.8.2021

For the annual period from: March 2021 to March 2022

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

Legal representative: Kathy Johnson, Kim Nauer, and Christine Nauer

Case manager: Shalayne Houston

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 Rick is intensive support services in a day training and habilitation community-based program and/or day support services. The program works with Rick to develop and implement achievable outcomes that support his goals and interests and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Rick’s physical, emotional, and social functioning. Staff support Rick 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 his health, safety and wellbeing as needed by Rick. Support is provided in the most integrated and least restricted environment for Rick. PAI works with Rick’s residential provider 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, Rick will make group choices, given a verbal description of the group, in 80% of opportunities over the next twelve months.

It is important for Rick to continue making choices throughout his day and can advocate for his preferences so that he can participate in the activities that are most of interest to him.

Outcome #2: Daily, Richard will communicate his wants/needs appropriately when prompted in 70% of opportunities over the next twelve months.

It is both important to and for Richard to be able to use his communication skills effectively when he wants or needs something. Rick will often scream, flail his arms, or kick his legs when he is upset. It would be great for him to develop communication around this to eliminate those behaviors.

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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:

- Rick may utilize technology at PAI daily through the use of the iPad for choice making, music, games, and calming videos.
- Rick is able to access the television in his program area for sensory videos and to play games on the Wii.
- Rick may use the SMARTBoard to play games.
- No further exploration of technology is needed at this time.

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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:** Rick may have a latex glove sensitivity due to prolonged exposure, putting him at risk of an allergic reaction. Due to possible latex allergy, Rick should also not have Kiwi fruit, and is allergic to Keppra. Latex allergy symptoms may include hives, itching, stuffy or runny nose. It can cause asthma symptoms of wheezing, chest tightness and difficulty breathing. To limit Rick's chance of having an allergic reaction, PAI does not use latex gloves. "No Latex" signs are posted on the building doors and outside of program room. Rick' is not provided kiwi fruit. Rick is also not provided Keppra.

**Seizures:** Rick had seizures as a preteen. He does have neurological activity present which presents as brief absence seizures. His history may put him at increased risk of Tonic Clonic seizure. If Rick were to have a seizure, 911 would be activated if he did not return to baseline after 5 minutes. Residence and guardian will be notified of seizure activity as soon as possible and within 24 hours. Staff are trained to the location of Ricks seizure protocol.

**Choking and Special Dietary Needs:** Rick does not use his teeth effectively while chewing and he has a repaired cleft palate. His way of processing food puts him in danger of choking. His has a pureed diet with thickened liquids. Rick sits in a regular chair at the table for meals. He uses an adaptive spoon, divided plate, and shallow cup. Rick's food is sent from home prepared according to physician's orders and with respect for his preferences. Distractions will be kept to a minimum and a consistent routine promoted. Rick is provided with full assistance to eat and drink and encouraged to lift his spoon to his mouth to take bites. Rick is provided his beverage first. If Rick becomes frustrated and refuses to eat, or pushes himself away from the table, he will be offered up to 2 short breaks (3 minutes each) using a digital timer. If after 3 attempts Rick does not eat, it will be considered a refusal. Rick is given the opportunity to have time on the floor immediately following lunch. All intake is communicated to Rick's residence daily via communication book and concerns will be communicated to his residential provider via phone or email.

**Medication Administration:** PAI receives Rick's treatments and PRN medications from his residential provider, LivingWell, and trained staff set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Rick and administer it for him. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding treatments/medication will be communicated by PAI staff to staff at his residential provider via phone or email and noted in his Daily Progress Notes.

## **Chronic Medical Conditions:**

- **Autism:** Autism spectrum disorder impacts the nervous system. The range and severity of symptoms can vary widely. Common symptoms include difficulty with communication, difficulty with social interactions, obsessive interests, and repetitive behaviors. Rick is provided a consistent routine and supported in his communication. He is provided with cues and time for transitions and clear communication. Concerns are reported to his team via phone and/or email.
- **Repaired Cleft Palate:** Cleft palate is a common birth condition. It can occur alone or as part of a genetic condition or syndrome. Symptoms arise from the opening in the mouth. They include difficulty speaking and feeding. Surgery restores normal function with minimal scarring. Rick is supported in eating safely. Concerns are reported to his team via phone and/or email.
- **Constipation:** Infrequent bowel movements, and small, hard-to-pass, stool that may cause abdominal pain or discomfort. Rick is supported in using the restroom every two hours and as needed. His bowel movements are reported home daily in his communication book. Concerns are reported to his residential provider via phone or email.

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- **Nystagmus:** An involuntary eye movement which may cause the eye to rapidly move from side to side, up and down, or in a circle, and may slightly blur vision. Rick is supported in his vision by bringing item closer to him and assistance with navigation, as needed.
- **Optic Nerve Atrophy:** Optic nerve atrophy (ONA) is degeneration of, or damage to, the optic nerve, a cluster of nerves which carry vision information from the eye to the brain. Rick is supported in his vision by bringing item closer to him and assistance with navigation, as needed.
- **Scoliosis with a Spinal Fusion:** A sideways curvature of the spine. Symptoms include pain in the back, leaning to one side, muscle spasms, physical deformity, or uneven waist. In a spinal fusion, the curved vertebrae are fused together so that they heal into a single, solid bone. This will stop growth completely in the abnormal segment of the spine and prevent the curve from getting worse. The fused portion of the back remains permanently stiff. Staff take precautions when assisting Rick with transferring. Concerns are reported to his team via phone and/or email.
- **Spastic Quadriplegia:** Spastic quadriplegia, also known as spastic tetraplegia, is a subset of spastic cerebral palsy that affects all four limbs (both arms and legs). Rick is supported in fine and gross motor tasks, as needed. Concerns are reported to his team via phone and/or email.

### Other health and medical needs:

- **Personal Cares:** Rick receives full support to complete his personal cares. He utilizes the support of briefs due to incontinence. He is supported in completing cares every two hours and as needed throughout the day. He is assisted into the cares room by staff pushing him in his wheelchair and should have a manipulative in hand. Rick requires the support of one staff when transferring to the electric mat table as the height of the table can be adjusted. His breaks are locked on his wheelchair, and staff will assist Rick on and off of the mat using a pivot transfer. Should Rick decide to be unsafe such as wiggling his body or flailing his arms, staff will ask him to stop. All concerns and requests for supplies and eliminations are communicated to Rick's home via phone, email, or communication book.
- **Skin Integrity:** Rick has a history of skin breakdown on his coccyx area due to him scooting on his bottom to independently move around. He sits on a tile floor at PAI and frequently slaps the floor. Rick's hands are calloused, and he is at risk for skin breakdown/wounds to his hands. Rick's skin will be monitored, and concerns will be reported to his residence via phone or email.

**Risk of Falling and Mobility:** Rick utilizes a wheelchair for mobility. He can propel himself short distances and requires staff support to go long distances. Rick wears his seatbelt when in his wheelchair. He may have his foot pedals removed and he may remove his shoes. Rick may walk in his gait trainer to continue to maintain the strength in his legs and he must wear his shoes and utilize the strap. Two staff support him in getting into his gait trainer. Rick may transfer himself independently from a chair to the ground and he may scoot himself on the ground. Rick is supported by one staff in a stand pivot to move from his wheelchair to a typical seat. He is supported by two staff back to his wheelchair, from the floor, or from his wheelchair to the floor with his breaks activated.

**Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Rick coming into contact with it.

**Community survival skills:** Rick utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Rick while in the community to practice all pedestrian and traffic safety skills. He is supported in safely engaging with the community activities and people of his choice. Staff observe what is occurring around Rick and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Rick's behalf in the event of an emergency.

**Water safety skills:** PAI does not offer swimming or bathing. Rick receives 1:1 support when in the community and

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should he be near a body of water, Rick's chair would remain under staff control and the breaks will be engaged when not moving.

### Sensory Disabilities:

- Rick is **tactilely defensive**, particularly on his feet, face, and underarms. He prefers to initiate touch with others and is more receptive to a firm touch than soft touch. Rick may become overstimulated and uncomfortable. He will pull away from stimuli or push away what he does not want near him. Staff will allow Rick to initiate all touch, unless required for health in safety, in which case staff will clearly communicate with him and provide care in a quick and efficient manner.
- Rick's vestibular system causes him to **not like having his feet or body off the ground**. It appears to frighten him to not feel grounded. He prefers to be on the floor or ground and will slap it with his palms. Rick will not use the mat table or the therapy swing, and he will utilize a chair in which his feet can touch the ground. He will be provided floor time daily, and when he is upset.
- Rick is considered **legally blind**. He appears to look for and seek objects with his side vision, but it is not known what he can actually see. Staff talk Rick through his day and offer large pictures for choice-making. If Rick appears to be trying to see something, staff will help position him closer and at a place to help him focus better. Staff will support Rick with navigation, as needed.
- **Symptoms or behaviors** - Rick may become upset during transitions or changes in his routine, when offered food that he does not prefer, and when he is not feeling well. Occasionally, the cause of Rick's upset is unknown. Rick is supported with verbal cues, time for transition, and manipulatives to aid him. If Rick becomes upset, he will be moved a safe distance from others, and/or others and items will be moved a safe distance away. If Rick is in his wheelchair, two staff will support him in moving to the floor and his wheelchair will be moved out of the room. Rick is spoken to in a clear, conscious manner and everything that is happening is explained to him. Staff will avoid asking him questions when he is agitated. He is provided personal space once he is on the floor. When Richard completes his personal cares routine and when going home for the day, he will be given the choice of one of his manipulates (green duck, orange duck, bumble ball, etc.). Richard will be given 20-30 minutes with these preferred objects. He also chooses these throughout his day. He is offered floor time following his lunch daily. Historically Rick has used picture cards paired with a 5 min timer and verbal cues to aid in processing major transitions (arrival, am cares, lunch routine, pm cares, busing, and other transitions that may arise regularly or occasionally) during his day. He has indicated this is no longer needed, however may be explored in the future, as needed.
- **Self-injurious behaviors:** Rick may flail his arms and legs, bumping into and tipping over objects. This may cause his injury to his arms and/or legs.
- **Physical aggression/conduct:** Rick may try to grab or bump into peers' wheelchairs or other items in the room.
- **Verbal/emotional Aggression:** Richard may have high pitched vocalizations when very upset.

### Person Centered Information:

- Important to Rick: It is important to Rick that he has personal space, time for transitions, and his preferred manipulatives. It is very important that he have the freedom to move around on his own. Floor time is very important to Rick. Rick's preferred foods and beverages are very important to him, and ensuring they are at the preferred temperature and consistency.
- Important for Rick: It is important for Rick that he communicate in a safe manner. It is important that he bear weight and continue walking. It is important for Rick to engage with others and try activities.
- Balance of important to and for: It is important to balance Rick's desire to maintain routine with engaging in activities, spending time in the community, socializing, and completing necessary tasks as the need arises. It is an important balance for Rick to communicate his needs and desires, but in a safe way.
- Good day for Rick: A good day for Rick would include a smooth routine with no stress during transitions. He

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would have his preferred meal and beverage. He would have his preferred manipulatives and time in the community (especially bowling or going fun places like Sea World). He would spend time with preferred people who know him well.

- **Bad day for Rick:** A bad day for Rick includes a change in his routine. He would not have his preferred manipulatives or foods. His personal space may be invaded, or his communication not honored.
- **Likes:** Rick likes the tactile/auditory sensory of his preferred manipulatives such as handheld massagers and keyboards. Rick likes being out in the community, bowling, socializing with others, and getting food out. Rick enjoys listening to and playing music using a keyboard or a cabasa. Rick's yogurt and fruit are his favorite part of his meals. Rick likes swimming and taking vacations with his house staff.
- **Dislikes:** Rick is a man of routine; he does not like to be uncertain of what to expect or changes to the flow of his routine. He can become overwhelmed during lunch when eating and drinking and does not like having to get cleaned up or clothing changed, especially if it means sitting down in the cares room to respond to incontinence.

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**:

- Rick prefers support people who know him very well and who understand his communication and his preferences. He prefers people who will respect his space and his routine.
- He prefers that staff communicate with him exactly what is happening in a clear and concise manner, especially if it is different, outside of his typical routine, or involves tasks he does not prefer.
- He prefers to have the opportunity to move about freely and independently.
- Rick communicates by signing yes and shakes head no, moving away from things aversive to him and toward those he finds desirable. Indicates pleasure by smiling. Indicates extreme displeasure by screaming. Rick responds to short verbal directives and physical cues. Rick responds to simple verbal cues and one step directions. He responds to visual cues such as pictures and audio cues such as timers. Rick learns through routine and repetition as well as cause and effect. Rick would like his communication to be honored and supported throughout his day.
- Rick makes choices about his schedule, community activities, and daily activities using picture cares. He is provided options throughout his day to make choices and decisions. His decisions 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

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

Rick works on outcomes that are both important to and important for him. Rick is offered a variety of choices throughout his day regarding his preferred activities.

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What are the opportunities **for community access, participation, and inclusion** in preferred community activities?  
Rick can choose to participate in community integration trips. While in the community, Rick is supported and encouraged in having positive relationships with others in the community.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?  
Rick can spend time in the community, volunteer, and visit other preferred places. He is encouraged to interact with other members of the community and create relationships.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?  
Rick and his team have decided not to seek out competitive employment at this time. He is currently content with where he is at and finds value in the enrichment activities that he participates in. If Rick and his team decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to fit Rick'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?

- Rick's residential and PAI staff collaborate to share necessary information as it relates to Rick's services and care. Meetings and reports are shared, and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Rick receives residential services through LivingWell Homes. PAI works with his home staff for supplies needed at PAI, as well as medications and corresponding orders.
- Kathy Johnson, Kim Nauer and Christine Nauer are Rick's legal representatives/guardians and advocate on his behalf as well as makes legal decisions. His legal guardians provide information and direction on Rick's services and supports in collaboration with other members of his support team.
- Shalayne Houston, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and LivingWell, and assists Kathy, Kim, and Christine and Rick in advocacy and finding additional opportunities for community involvement. Shalayne also completes Rick's service agreements and communicate with members of the 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  
Phone: 651.748.0373  
Fax: 651.748.5071
- LivingWell Brookview, Residential Provider  
Lyndsey Thomas  
Lyndsey.Thomas@livingwell.org  
Phone: 651-731-1602
- Case Manager  
Shalayne Houston  
SHouston@mtolivet-mora.org  
Phone: 612-430-3754
- Guardians/Legal Representatives
  - Kathy Johnson (mother), 651-319-3730
  - Kim Nauer, 651-428-9861
  - Christine Nauer, 651-216-3494

**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: Rick currently lives at a Living Well group home where they assist him in coordinating his services. He is content where he is at and is not looking for other services.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no additional research needed at this time.

# 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:  
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 Rick's medical conditions including Autism, Repaired Cleft Palate, Constipation, Nystagmus, Optic Nerve Atrophy, Scoliosis with a Spinal Fusion, Spastic Quadriplegia and the related symptoms, and communication with team members as needed.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Monitor for seizure activity, follow seizure protocol, and communicate seizures to team members as appropriate.
- Monitoring for allergic reactions.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Rick's residential provider.
- Set up and administration of medication following the prescriber's order.
- Provide first aid and CPR, 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

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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:
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:
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: Rick may allow hand over hand support to eat some of his meal. Rick may allow short durations of hand over hand assistance to complete and engage in preferred recreation/leisure activities or to build skills.
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: If Rick is attempting to grab at others or items that may cause harm, he may be physically redirected.
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: Rick will be physical assisted to quickly move to a safe location and physically assisted in staying away from the risk.
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: Rick utilizes the seatbelt on his wheelchair. Rick uses the strap on his gait trainer.
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: If Rick is upset, he may be verbally redirected, with limited questions. If Rick is bumping into others or things around him, he may be verbally redirected.
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: When Rick becomes upset, he may target his wheelchair and other items in his environment that may cause him harm. These items will temporarily be moved to another area for his safety.
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: Rick wears AFOs. He utilizes a wheelchair and a gait trainer.

**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