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

Name of person served: Krista Young

Date of development: 08/13/2021 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: Dave Young and Brock Young

Case manager: Cassie Linnell

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 Krista is intensive support services in a community DTH program and community environment. The program works with Krista 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 Krista to encourage activities, outings, and visiting with peers. Staff support Krista 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 Krista. 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: Three times a week, Krista will be offered hand over hand assistance to clean/wipe her tray off using her left hand, after lunch, in 80% of trials over a twelve-month period.

"It is important to Krista to be able to help (which she enjoys)."

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

"It is important to Krista to be a part of a group and have community connections."

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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:

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

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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: Krista is allergic to Phenobarbital and Barbiturates. Staff are aware of Krista's allergies and will not pass these medications to Krista. Staff will notify Krista's residence and doctor if she is prescribed any of these medications.

Seizures: Staff will monitor Krista for seizure activity. Staff are trained on Krista's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

Choking and special dietary needs: Krista will receive reminders to chew and swallow her food throughout her meal time. Krista may decide not to eat if she does not like the meals served or she may wait until a preferred staff is available to help her with a meal. Krista will be encouraged to eat on her own first and then will be offered help to finish the meal process. If Krista is choking on liquid and trying to catch a breath, it helps if staff ask her "What is your favorite color" (purple). This will usually help her calm down and get her attention on something else. Krista's lunch will be cut into bite sized (nickel-size) pieces. When taking Krista into the community for food outings or snacks that may be at work, Krista will be encouraged to choose low-fat food to follow her diet. All extra food items will be written in her communication book to her house.

Chronic medical conditions, risk of falling, and mobility issues: Krista is diagnosed with Cerebral Palsy with Spasticity, a group of disorders that affect movement and muscle tone or posture. Scoliosis, a curvature of the spine with Spinal Fusion & Harrington Rods. Fibrocystic breasts (mild), a benign (noncancerous) condition in which the breasts feel lumpy. Osteoporosis, a disease in which the density and quality of bone are reduced. Gastritis, an inflammation of the protective lining of the stomach. Krista is also diagnosed with chronic left hip Subluxation. Krista will not twist or turn her torso when being assisting with transfers in and out of her wheelchair. Krista uses a two person top/bottom lift or an ARJO lift.
Krista is able to bear weight and use an ARJO for transfers and she compensates by relying more on lower left extremities. Krista will be monitored for pain throughout the day, which may include mood swings, changes in behavior, or crying. Krista's group home will be notified about any medical concerns via a phone call. Any concerns will be reported via phone call to her residence.

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

Bruises easily: Krista's home will be notified via a phone call if bruising is found on Krista or if Krista does anything that may cause bruising.

DNR: Krista has a specific DNR order and a copy of the order is with her (on the back of her wheelchair in her backpack) when she leaves the house or PAI. At PAI there is also a copy in the med book and in the front of her main client file. Staff support Krista by calling 911 in case of an emergency and not performing CPR.

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 Krista to the water.

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Community survival skills: Krista 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. Krista is 1:1 while in the community.

Sensory disabilities: Krista will be positioned close to activities and offered help to compensate for visual difficulty and allow for participation. Krista sees best from one eye at a time.

Self-injurious behaviors: Krista has a history of pinching herself and hitting things when upset. Should Krista start to bite, pinch, spit, etc., staff will verbally say to Krista "stop". Staff may use a flat hand to attempt to block Krista from hurting herself if necessary. If Krista continues, staff will then attempt to verbally problem solve the situation with her. Staff may also use sensory calming activities (such as lotion rubs or using small manipulatives) to get her engaged in another activity her during these times. If Krista is unable or unwilling to communicate, staff will give her time and space to calm down. Staff will check in with Krista every 2-5 minutes to see if she is calming down and when she is ready staff will verbally prompt her to rejoin her prior activity and physically assist her by pushing her wheelchair for her. Staff will document and communicate this information to her home via a phone call. If staff notice that Krista is beginning to get upset, staff will talk with Krista and redirect her and try to find out what might be bothering her.

Physical aggression/conduct: Krista has a history of grabbing peers and spitting when upset. Staff support Krista by being in close proximity when she is close to others. Staff will verbally redirect Krista 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 Krista continues to remain upset staff will ask her if she would like to talk a walk or offer her an alternative area if necessary.

Verbal/emotional aggression: Krista has a history of crying and yelling at peers. Staff will encourage Krista to lower her voice and verbally redirect Krista. If Krista continues to remain upset staff will ask her if she would like to talk a walk or offer her an alternative area if necessary.

Mental or emotional health symptoms and crises: Krista is diagnosed with Major Depression. Krista may become very loud, cry, grab at others, or become unresponsive when she is attempting to communicate. Staff will monitor Krista for symptoms and report to her residence.

Person-centered planning:
Important to: Things important to Krista are her family (Papa), magazines, looking nice, chapstick, being heard, pickles, and ice cream.

Important for: Things important for Krista are her dietary orders, different communication methods, and people who know her well.

Good day: A good day for Krista involves a visit from Papa and he brings ice cream and pickles for her, when Krista is comfortable, having a great magazine, and having the pages turned often.

Bad day: A bad day for Krista is if she is in pain or uncomfortable, when papa misses a visit, when she feels she is being ignored, and if her peers or friends are sad.

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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**:

Krista enjoys when Dave (Papa) comes to visit her on Wednesdays

Krista likes to have magazines available to her

Krista prefers staff who are upbeat and positive

Krista enjoys having sweets or pickles with her lunch

Krista likes to use nice smelling lip gloss or chapstick

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**?

Krista has the opportunity to work on outcomes that are important to and for her. Krista 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?

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

Krista is encouraged to interact with community members. Krista 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?

Krista and her team are not interested in seeking competitive employment at this time. Krista appears content participating in enrichment activities.

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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?

- Krista's residence, guardian, and PAI staff will share necessary information as it relates to Krista's services and care. Needed supplies and medications will be provided by her foster family. 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.
- Cassie Linnell, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Krista, her foster family 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

Maryland, Residential
2355 Maryland Ave. E. Maplewood MN, 55119
651-773-4074
Julie.conrad@livingwell.org

Dave Young, Guardian
4444 N. Snelling Ave. Arden Hills MN, 55112
651-633-9268

Brock Young, Guardian
12488 Marquess Way N, Lake Elmo, MN 55042
651-308-3200
1brockyoung@gmail.com

Cassie Linnell, Case Manager
330 Maria Ave. E. West St. Paul MN, 55118
651-279-3308
clinnell@phoenixservicecorp.org

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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:

Krista and her team are not interested in seeking competitive employment at this time. Krista 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

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.

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Health Needs
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." • 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 Krista • First aid, 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: NA 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

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PAI

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:
   NA- PAI 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

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

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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: Krista occasionally finds comfort in a hug, staff are able to hug Krista if she indicates with a "yeah"

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: Krista has limited fine motor skills, staff are able to assist Krista with 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: Krista may engage in self-injurious behaviors, staff are able to use the flat back of their hand to help Krista redirect.

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: Krista is not able to propel her wheelchair for long distances, staff are able to assist Krista in propelling her wheelchair or transferring out of the building.

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: Krista is not able to reposition herself in her chair. Staff are able to assist Krista to be comfortable. Krista uses a seatbelt and lap tray in her wheelchair.

9. Is positive verbal correction specifically focused on the behavior being addressed?
   ☒ Yes ☐ No If yes, explain how it will be used: Krista may require verbal praise to eat and/or take her medications. Staff are able to offer Krista verbal praise to encourage her in these tasks.

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: Krista uses AFO's, a wrist splint, and a strap on her foot

Staff Information

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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

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