

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

Name of person served: Matthew Edwards

Date of development: 6/14/2021 – Updated 6/24/21, 7/6/21 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: Jackie Edwards and Mike Shepperd

Case manager: Pa Kou Lee

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 Matt is intensive support services in a community DTH program and community environment. The program works with Matt to develop and implement achievable outcomes that support his goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Matt to encourage activities, outings, and visiting with peers. Staff support Matt in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to his health, safety, and well-being, as needed by Matt. Support is provided in the most integrated and least restrictive environment.

PAI

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, Matthew will communicate with staff when he needs to use the restroom with 2 or less sight picture prompts for a 6 month overall average 85% or more of all trials.

It is important to Matt that he maintains independence as often as he can.

Outcome #2: Daily, Matthew will choose a peer to visit in another program area via picture book or iPad, with 3 or less picture prompts for a 6 month overall average 50% or more of all trials.

It is important to Matt to have the opportunity to visit his peers and to make choices.

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:

- Matt has the opportunity to utilize an iPad in his program room to make choices, watch videos, or listen to sensory music videos.
- Matt and his peers have a computer connected to a television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard at the Linden program site, which primarily resides in another program room. Matt visits this program room to participate in Smartboard activities. The Smartboard is also used for similar purposes as the computer, but on a larger scale.
- Further technology exploration is not needed at this time.

PAI

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

Allergies: Matt has lactose intolerance. Staff will ensure that Matt does not eat or drink any dairy products.

Seizures: Matt has a seizure disorder. Staff will monitor Matt for seizure activity. Over the past year, Matt has had some minor seizures where he appears to be looking off/staring off and his eyes move quickly. Staff will assist Matt with safety during a seizure. Staff are trained on Matt's seizure protocol.

Choking and Special Dietary needs: Matthew has a history of choking. His meals should consist of soft foods, cut into bite-sized pieces. Matt should not be given outside food, only food sent with him from home. Communicate with his parents if there are any specific requests. Matt is Lactose Intolerant. He should not eat any dairy products. Staff will assist Matt in ensuring that he eats meals that are in accordance with his special dietary needs. Staff will encourage Matt to use his utensils. Matt has a history of placing small objects in his mouth which puts him at risk for choking. When completing activities or using small objects, staff will remain in close proximity to Matt. Staff will put away small objects when not immediately next to Matt completing the activity. If Matt places a small objects in his mouth, staff will use their finger to sweep the object from his mouth. Matt's parents will be notified if it is suspected that he has ingested an object.

Chronic medical conditions, Risk of falling, and Mobility issues: Matt has been diagnosed with **Bronchio-Oto-Renal Syndrome**, which is characterized by ear tags or pits, abnormal passages from throat, bronchial cysts and hearing loss. Matt has also been diagnosed with **Hypopituitarism**, which causes him to be short of stature, which could be a risk for him if he's around bigger, aggressive peers. Staff will ensure Matthew's safety while at PAI and help him monitor his surroundings. Staff will communicate with Matt's guardians if there are any concerns related to his chronic medical conditions. Matt is able to walk independently. Staff will ensure that Matthew is not walking around the building without a staff to walk with him, as he is able to push entry automatic door paddles and depart from the building if left unattended. He may need assistance walking on some surfaces, such as uneven terrain, or ice and snow.

Personal Cares: Matt will sit on the toilet in the personal cares room. He may use the toilet. Staff will assist Matt to freshen up and change his brief when needed. Staff will help Matt wear clothes that are clean and dry.

Self-administration of medication or treatment orders: Matt requires assistance in the administration of his medications. 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 Matt's guardians, and any orders or instructions will be followed.

Regulating water temperature: Matt is unable to independently regulate water temperatures to a safe level. Staff provide support to Matt in this area by assisting him in the regulation of water temperature and faucets.

Community survival skills: Due to his diagnoses, Matt is not able to independently display community survival skills in a safe manner. Staff will support Matt by staying 1:1 with him in the community and assisting him in safely navigating his community environments.

PAI

Water safety skills: PAI does not offer community outings that would require Matt to display water safety skills independently. PAI does have outings to local parks that may have bodies of water. Staff will provide support to Matt by assisting him 1:1, and in staying clear of potential water risks.

Sensory disabilities: Matt has a severe hearing impairment. Staff will support him by ensuring that he can see you when you're addressing him. Matt knows some ASL signs. Staff should use signs that Matt understands, as well as other hand gestures and forms of non-verbal communication whenever possible when communicating with Matt. Staff will remain 1:1 with Matt in the community and while walking around in the program building so they may assist him in navigating environments where his hearing impairment could compromise his safety.

Person-Centered Information:

- **Important to:** Matthew enjoys swimming, It is important to Matt to be able to go out in the community, he especially likes people watching while in the community. It is important to Matt to have the opportunity to sit in rocking chairs and be able to rock in them. Matt likes to have his hair brushed and sit in the bean bags. He enjoys head rubs. It is important to Matt to have the opportunity to have his hair brushed and his head rubbed. Matt loves swings, it is important to him to have the opportunity to swing on swings. Matt enjoys mealtime. Some of Matt's favorite foods are mashed potatoes, and oatmeal with peanut butter. It is important to him to have food for meals that he enjoys eating. It is important to Matt that he maintains independence as often as he can. When walking with staff he does not like to be pulled in a direction he doesn't want to go. It is important to Matt to be able to walk as independently as possible.
- **Important for:** It is important for Matt to maintain independence in as many activities of daily living as he can. Staff should be there to support him, but he can do many tasks without intensive staff assistance. It is important for Matt to receive care and assistance from staff and caregivers that know him well.
- A **Good day** for Matt would involve him participating in groups and activities that he enjoys, such as rocking in chairs, going out into the community, or swinging on swings. A good day for Matt would also involve him eating foods that he enjoys. A good day for Matt would involve him being able to make choices during groups, and while walking. A good day for Matt would involve him maintaining his independence as much as possible.
- A **Bad Day** for Matt would involve him not being allowed to participate in activities that he enjoys, or having staff do tasks for him that he can do for himself. If Matt is being assisted with walking and the person assisting him is pulling him in their direction that also could cause Matt to have a bad day.

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:**

Matt enjoys being part of the group and spending time and socializing with peers, friends, and staff.

Matt communicates via facial expressions, vocalizations, and hand gestures/body language.

Matt prefers to participate in activities that interest him, and that will keep him engaged.

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:

N/A

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

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

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

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

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

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

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

Matt and his team are not interested in seeking competitive employment at this time. Matt 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?

- Matt's guardians, contracted case manager, and PAI staff will share necessary information as it relates to his services and care. Needed supplies and medications will be provided by Matt's guardians. Meetings and reports are shared and the team works together to ensure the continuity of service. Conversations, phone calls, emails and faxes may be used to discuss information.
- Pa Kou Lee, Matt's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Matt 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 Designated Coordinator
3595 Linden Ave. White Bear Lake, MN 55117
612-446-3685
bblackorbay@paimn.org

Jacqueline Edwards-Guardian
Michael Shepperd-Guardian
1121 Oakcrest Ave
Roseville, MN 55113
651-486-9607 (Home)
612-891-0443 (Jacueline cell)
651-402-5007 (Michael cell)
Jacueline.edwards@spps.org
Michael.shepperd@spps.org

Pa Kou Lee-Case Manager
Allina Health
Ramsey County Human Services
160 E Kellogg Blvd., Room 7800
St Paul, MN 55101
PaKou.Lee@allina.com

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:

Matt and his team are not interested in seeking competitive employment at this time. Matt and his team feel he 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: N/A

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
<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 Jackie Edwards and/or Michael Shepperd, Matt’s guardians. • Administration of medications and assistance with meal time. • Provide 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: N/A</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: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber’s instructions: N/A

Permitted Actions
<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"> To calm or comfort a person by holding that person with no resistance from the person. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A 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: N/A To facilitate a person's completion of a task or response when the person does not resist, or it is minimal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Matt may need assistance from staff with some fine motor skills. Staff can assist Matt with hand over hand, or hand under hand, as tolerated. 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: N/A 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A 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: N/A 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: Matt may not respond appropriately to emergency situations, which could hinder him in safe evacuation. Staff may need to assist him in safely evacuating during an emergency. Is a restraint needed as an intervention procedure to position this person due to physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A 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: N/A 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: N/A 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: N/A

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: 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