

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

Name of person served: Doug Meyer

Date of development: 8.10.2021

For the annual period from: August 2021 to August 2022

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

Legal representative: Margarita Godina, Ramsey County

Case manager: Lisa Topps, Ramsey County

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 Doug is intensive support services in a day training and habilitation community-based program and/or day support services. The program works with Doug 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 Doug’s physical, emotional and social functioning. Staff support Doug 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 Doug. Support is provided in the most integrated and least restricted environment for Doug. PAI works with Doug’s guardian 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: Once daily, Doug will make a choice of music or audio book in 80% of opportunities over the next year. It is important for Doug to make choices about his day. Doug has strong preferences and would benefit from working communicating his choices as he develops a new routine with PAI, post COVID.

Outcome #2: Daily, Doug will make a sensory choice in 80% of opportunities over the next year.

Doug enjoys sensory activities, and these activities promote Doug’s overall wellness; he would benefit from engaging in this choice making opportunity.

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:

- Doug may utilize technology at PAI daily with the iPad for choice making, communication, music, and videos.
- Doug can access the television in his program area for sensory videos and to play games on the Wii.
- Doug may use the SMART Board to play games and watch sensory videos.
- 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: Doug is allergic to medications Cephalexin and Penicillin which may cause hives, rash, anaphylactic shock and/or respiratory distress. Doug is administered medication in accordance with his signed physician's orders. Doug has seasonal allergies which may cause scratch eyes, sneezing and/or running nose. Doug takes medications at home for his seasonal allergies. Concerns with allergies will be communicated to Doug's residence via phone, email, or communication book.

Seizures: Doug is diagnosed with a seizure disorder and his seizures are partially controlled. Doug experiences complex partial seizures and generalized Tonic Clonic seizures. Doug has a seizure protocol in place and access to his rescue medication for seizures meeting the designated criteria. When they occur, Doug's seizures are prolonged in length when they occur and require the use of his rescue medication.

Choking: Doug receives nothing by mouth. Doug may present with a persistent cough due to buildup of saliva. He may cough to the point of turning red; Doug has a physician's order for suctioning of excess saliva to lessen this occurrence. While receiving his feeding and for a minimum of forty-five minutes after, Doug's upper body will be elevated 45° to 90°.

Special Dietary Needs: Doug receives nothing by mouth. Doug has a physician ordered diet and receives complete physical assistance from staff in administering daily nutrition and water via a feeding pump. While receiving his feeding, Doug will be elevated 45-90 degrees upright. Supply requests are communicated to Doug's residence via his communication book or email.

Chronic Medical Conditions:

- **Cerebral Palsy:** (CP) is a group of disorders that affect Doug's ability to move and maintain balance and posture. Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles. CP is caused by abnormal brain development and affects Doug's ability to control his muscles. Doug is supported in all activities that involve coordination and is monitored for stiff or weak muscles, and tremors in addition to problems with vision, hearing, and swallowing. Concerns are reported to Doug's residence via phone, email, or communication book
- **Osteopenia:** is a condition in which Doug's bone mass is decreasing and his bones are becoming weaker. Doug may experience back pain, loss of height, stopped posture and is more susceptible to bone fractures. When transferring and assisting Doug, staff use care and caution and let him know how they are supporting him. Concerns of falls or atypical occurrences which may result in injury will be communicated to Doug's residence.
- **Hypotonia:** which is low muscle tone or decreasing muscle tone places Doug at increased risk for falls and injury. Doug is visually checked for obvious signs and symptoms of injury during transfers and during his personal cares. Doug's residence is relayed concerns in this area.
- **Scoliosis:** a curvature in his spine. He may experience discomfort and vocalize to indicate he would like to be repositioned within his chair out of his chair in a recliner. Doug has specialized seating supports in his wheelchair and when sitting in a recliner, Doug needs pillows on both sides to help support his torso and promote comfort. Concerns related to Doug's physical comfort and positioning will be communicated to his residence.

Self-Administration of Medications or Treatment Orders: Doug takes his medications crushed via g-tube followed by a water flush. Medications/treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Doug

and administer it medications crushed via g-tube followed by a water flush. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Any concerns and supply requests will be communicated by PAI staff to Doug's residence via phone, email, or communication book.

Other Health and Medical Needs:

- **Personal Cares:** Doug receives full support to complete his personal cares. Doug utilizes the support of briefs due to incontinence. He is supported in completing cares every two hours and as needed throughout the day. Doug is assisted by one staff in transferring with the support of the track system or two staff and a Hoyer lift. Doug is fully supported in completing his personal cares by changing his brief.

Risk of Falling: Doug's chronic medical conditions put him at risk of falling and impact his ability to move independently. Doug has limited truck control and minimal ability to balance his body. Doug has a specialized wheelchair with shoulder straps, head rest, and lap belt. Doug uses pillows for support on both side of his body and under his legs when in the recliner. He also wears a transfer belt and has the footrest up. When on the mat table for personal cares, the railing will be up when staff are not in direct physical contact with Doug. Concerns or falls will be communicated to Doug's residence.

Mobility: Doug uses a wheelchair as his primary mood of mobility. Doug's chronic medical conditions impact his ability to be mobile on his own. Doug utilizes a specialized wheelchair that he is unable to independently maneuver. Doug is provided with total physical assistance to maneuver his wheelchair and to apply or disengage his breaks and safety straps. Doug's shoulder straps, head rest, and safety straps are visually checked to ensure they are secured when he is in his chair. Doug uses a Hoyer and two staff assist, or the ceiling lift system and one staff assist for transfers. Doug is assisted in putting on and removing his sling for transfers.

Regulating Water Temperature: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Doug encountering it. PAI does not offer swimming or bathing. Doug receives support when in the community and should he be near a body of water, staff would maintain direct physical contact with Doug to help him navigate the environment and will engage the breaks of Doug's wheelchair when not in motion.

Community Survival Skills: Doug utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Doug when 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 Doug and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Doug's behalf in the event of an emergency.

Person Centered Information:

- **Important To:** It is important to Doug to be called Doug or "Dougy." Doug enjoys being comfortable and having one to one interaction with peers and caregivers. Busy environments where Doug can observe multiple things happening is important to him. Doug enjoys having a combination of social engagement with friends and staff as well as downtime to rest in a recliner. Doug greatly enjoys music, cars, wearing or holding bells, having "Jingle Bells" sung to him and sensory activities. It is important to Doug he receive ample time to make choices.
- **It is Important For:** It is important for Doug to be supported in frequent repositioning both within his chair (tilting him back or more upright) or out of his chair in a recliner. It is important Doug receives his feeding according to his physician's orders. It is important for Doug he follow his medication orders and protocols to

PAI

promote good health. It is important for Doug, PAI staff work closely with his residence to communicate illness or medical concerns which effect Doug's health.

- **Bad Day:** A bad day for Doug would include high levels of pain and discomfort. Doug is generally a happy man but may become discontent if uncomfortable or experiencing pain.
- **Likes:** Doug enjoys watching and listening to people. He loves music and likes to have his hand bells or maracas. Doug enjoys listening to music especially Oldies, the Beatles, Celine Dion, and Whitney Houston. Doug likes all things related to cars (shirts, videos, actual cares, etc.). Doug likes sensory activities especially head and hand massages and colorful lights. Community outings and being outside are also things Doug enjoys. Doug like to receive complements on his clothing and how nice he looks.
- **Dislikes:** Doug does not like to be ignored or uncomfortable.

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**:

- Doug prefers to have a variety of opportunity to engage in activity with others and to have personal space. He enjoys having supported socialization with peers and support staff. He prefers support from people who will positively engage with him and know him well in trying new things and engaging in activity.
- For supports, Doug prefers people who know him and his communication well and will respond to him in a respectful and kind manner.
- Doug communicates through vocalizations, eye gazing, and picture/object choice making, as well as making "air kisses" when he likes something/someone a lot. Doug understands one step verbal directions and physical/gestural cues. Doug would like his communication to be honored, responded to, and supported throughout his day.
- Doug makes choices about his schedule, community activities, and daily activities using yes/no questions and picture cards. 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**?

Doug works on outcomes that are important to and for him. Doug chooses the activities and groups he joins throughout out the day.

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

Doug chooses the community outings he attends. Doug is encouraged to interact with community members as he is comfortable.

PAI

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

Doug is encouraged to interact with community members as he is comfortable.

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

Doug and his team are not seeking competitive employment at this time. Should Doug and his team decide that he would like to explore employment, his team would meet and discuss the next steps needed to fit Doug'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?

- Doug's guardian, residence and PAI staff collaborate to share necessary information as it relates to Doug'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.
- PAI works with Doug's residence for supplies needed at PAI, as well as medications and corresponding orders.
- Ramsey County representative, Margarita Godina, serves as Doug's guardian and advocate on his behalf as well as make legal decisions. His legal guardian provides information and direction on Doug's services and supports in collaboration with other members of his support team.
- Lisa Topps, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI, and assists Margarita and Doug in advocacy and finding additional opportunities for community involvement. Lisa also communicates with members 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
eelsenpeter@paimn.org
- Ramsey County Case Manager
Lisa Topps
Phone: 651-266-4274
Fax: 651-266-4275
Lisa.topps@co.ramsey.mn.us
- State Guardian
Margarita Godina
Phone: 651-266-4275
Margarita.godina@co.ramsey.mn.us
- Living Well Disability Services, Residential Provider
Annette Ripley
Phone: 651-770-7120
Annette.ripley@livingwell.org

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: Doug and his team are not seeking other opportunities at this time. Doug lives in a Living Well home where they help him coordinate his 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.

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."

- Monitor Doug's medical conditions and related symptoms.
- Monitor for seizure activity and communicate seizures to team members as appropriate
- Observation for signs of injury or illness and provision of first aide or care to treat the concern
- Request required medication and treatments supplies from Doug's residential provider.
- Set up and administration of medication following the prescriber's order.
- Follow DNR/DNI orders.

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
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: Doug may enjoy a hug or hand holding from people he knows well. He also may enjoy staff holding his hand to assist him in ringing wrist bells he is wearing.
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: Due to hand contractors, Doug may require hand over hand assistance to complete and engage in preferred recreation/leisure activities such as playing a drum, painting, or using the Wii.
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:
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: Doug will be physically assisted in quickly moving to a safe location in an emergency.
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: Doug utilizes a seatbelt and positioning belt in his wheelchair, shoulder straps and head support while in his wheelchair, and a transfer belt when sitting in a recliner.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Doug may be verbally redirected when hitting his head against his headrest or trying to lick his head positioning support piece.
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:
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: Doug wears hand supports to PAI, these are removed during his program day.

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