

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

Name of person served: Nicole Reitan

Date of development: 09/21/2021

For the annual period from: March 2021 to March 2022

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

Legal representative: Ron and Carol Reitan

Case manager: June Msechu

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 Nikki is intensive support services in a community DTH program and community environment. The program works with Nikki 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 Nikki to encourage activities, outings, and visiting with peers. Staff support Nikki 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 Nikki. 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: Once a month, Nikki will choose an object or scenery she would like to take a photograph of or help while in the community with 80% of all trials over a 6 month period.

Outcome #2: Twice a week, Nikki will identify the correct day of week 80% of all trials over a 12 month recording period.

Outcome #3: Three times a week, Nikki will choose a room to visit using her communication device or choice board 80% of all trials over a 6 month period.

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:

- Nikki uses her communication device daily.
- Nikki uses technology at PAI daily through the use of the iPad for choice making and music.
- Nikki 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.

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: Nikki is allergic to Sulfa drugs. Staff will not administer Nikki medications with Sulfa. Staff will inform Nikki's residence and doctor if she is prescribed Sulfa medications.

Choking and special dietary needs: Staff will cut hard foods, such as meats, raw fruits and vegetables, into nickel sized pieces. Staff can support Nikki by verbally reminding her to "chew her food" before taking another bite. Soft items, such as bananas and sandwiches may be cut in half or served whole. Nikki is aware that she is offered her chips or pretzels last after she has eaten her other food. Nikki's residence provides her with a high protein milk, staff will encourage Nikki to drink all of her milk.

Chronic medical conditions, risk of falling, and mobility issues: Nikki is diagnosed with Trisomy-15 Mosaic, a rare chromosomal anomaly syndrome principally characterized by intrauterine growth restriction, congenital cardiac anomalies (incl. ventricular and atrial septal defects, patent ductus arteriosus) and craniofacial dysmorphism. Osteoporosis, a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. Scoliosis, curvature of the spine. Oral Apraxia involves movements of parts of the mouth, lips, tongue, and jaw. Hirsutism, a condition in women that results in excessive growth of dark or coarse hair. When Nikki is walking on ice, snow, curbs, stairs, or in crowded areas, staff will verbally cue her to "walk carefully" and they will offer their hand or arm for Nikki to hold. When Nikki is using stairs, staff will walk behind her on the way up and in front of her on the way down. Staff may also cue Nikki to "stand up straight". If Nikki should fall, staff will visually check her for injury and appropriate medical treatment will be provided. Nikki's parents, group home and/or other IDT members will be notified if Nikki falls or bumps herself via a phone call or written notification.

Personal Cares: Nikki, at times, requests the bathroom independently. Nikki is allowed up to 10 minutes of alone time in the bathroom. Nikki will hold on to the staff's arm to stand up. Staff will assist Nikki to freshen up. Nikki needs assistance pulling up her pants. Staff will help Nikki wear clothes that are clean and dry.

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

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

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

Person-centered planning:

Things important to Nikki are her mom and dad, her cat, Gracie, having snacks, bus rides, and her communication device.

Things important for Nikki are walking safely, eating her meals, her team, and her communication device.

PAI

A good day for Nikki involves spending time with her parents and cat, Gracie. She would be able to play games and music on her computer, sit in a comfortable recliner, and going out to eat for a salty snack.

A bad day for Nikki is when she doesn't have her communication device, she is missing mom and dad, she isn't feeling well, and if she isn't feeling understood or heard.

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**:

Nikki has staff she prefers working with and will request them with her communication device.

Nikki prefers to have her communication device available to her at all times.

Nikki enjoys spending weekends with her mom or dad.

Nikki enjoys getting visits from mom and dad at day program.

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**?

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

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

Nikki is encouraged to interact with community members. Nikki 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?

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

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

New Directions, Residence
1999 Edgemont Maplewood MN, 55117
651-776-1241
abouchard@newdirectionsmn.com

Carol Reitan, Guardian
1116 So. 5th St. Stillwater MN, 55082
651-351-0446
klups@centurylink.net

Ron Reitan, Guardian
6379 151st St. North Hugo MN, 55038
651-407-6238
Sputnik654@comcast.net

June Msechu, Case Manager
14949 62nd Street North Stillwater MN, 55082
PO Box 30
651-430-6511
June.msechu@co.washington.mn.us

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:

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

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 Nikki
- First aid, CPR

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

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- Licensed holder is not assigned responsibility for 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

On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:
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- | |
|---|
| <p>1. To calm or comfort a person by holding that person with no resistance from the person.
 ☐ Yes ☒ No If yes, explain how it will be used: NA</p> |
| <p>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: Nikki is at risk of falling, staff are able to hold Nikki's hand and assist her with walking at needed.</p> |
| <p>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: NA</p> |
| <p>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: NA</p> |
| <p>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</p> |
| <p>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</p> |
| <p>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: Nikki may become confused in an emergency and may not exit independently. Staff are able to help guide Nikki to a safe place.</p> |
| <p>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: NA</p> |
| <p>9. Is positive verbal correction specifically focused on the behavior being addressed?
 ☐ Yes ☒ No If yes, explain how it will be used: NA</p> |
| <p>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</p> |
| <p>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: NA</p> |

Staff Information

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?

☐ Yes ☒ No If yes, please specify: NA

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present, and staff are required to be at the site to provide direct service? ☒ Yes ☐ No

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person's service recipient record:

☒ 1:4 ☐ 1:8 ☐ 1:6 ☐ Other (please specify): ☐ NA

Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:

☐ Quarterly ☒ Semi-annually ☐ Annually

2. Frequency of service plan review meetings, minimum of annually:

☐ Quarterly ☒ Semi-annually ☐ Annually

3. Request to receive the *Progress Report and Recommendation*:

☒ At the support team meeting ☐ At least five working days in advance of the support team meeting

4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:

☐ Quarterly ☐ Other (specify): ☒ NA