

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

Name of person served: Jordan Holm

Date of development: 10/4/21

For the annual period from: October 2021 to October 2022

Name and title of person completing the *CSSP Addendum*: Briana Hinzman, Designated Coordinator

Legal representative: JoAnn and Ron Holm

Case manager: Wendyl Olson

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 Jordan is intensive support services in a community DTH program and community environment. The program works with Jordan 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 Jordan to encourage activities, outings, and visiting with peers. Staff support Jordan 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 Jordan. 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: Weekly, Jordan will choose another room or peer to visit 85% of all trials over a 12 month period.

Being social is important to Jordan. Jordan is continuing to work on his choice making skills.

Outcome #2: Daily, Jordan will press the Mack switch and request to listen to music 85% of all trials over a 12 month period.

Music is important to Jordan. Jordan is continuing to learn to use a Mack switch to aid in his communication skills.

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:

- Jordan uses technology at PAI daily through the use of the iPad for choice making and music.
- Jordan is able to access the television in the room for sensory videos and to play games.
- Not 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:

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

Choking and special dietary needs: Jordan currently is not eating orally, he receives all his nutrition and liquids via G-tube. Historic mealtime supports: Jordan is able feed himself with some assistance. Jordan uses a spoon with big handle and a scoop plate. He is predominantly right-handed and can hold utensils for shorter periods of time. Jordan is partially or fully assisted by staff at mealtime. Jordan's family prepares his food at home according to his diet specificities and sends with him to day program. Jordan brings a Thermos with the exact amount of water he needs daily and gets his water 30 minutes before lunch. No other food will be given to Jordan at PAI other than the food sent from home to reduce the likelihood of him experiencing discomfort related to GERD, heartburn or acid reflux.

Chronic medical conditions, risk of falling, mobility issues: Jordan is diagnosed with Iron deficiency anemia, condition in which blood lacks adequate healthy red blood cells. Symptoms can include general fatigue, weakness, pale skin, shortness of breath, and dizziness. Cornelia de Lange syndrome, a syndrome of multiple congenital anomalies characterized by a distinctive facial appearance, prenatal and postnatal growth deficiency, feeding difficulties, psychomotor delay, behavioral problems, and associated malformations that mainly involve the upper extremities. GERD, heartburn or acid reflux. Jordan is also diagnosed with contracture of ankle & foot joint. When Jordan is on the mat table, the side rails will be up unless staff is standing directly next to him. If Jordan wants to sit in a recliner or on a floor mat, he will be closely monitored or assisted in those activities by a staff. Jordan will be a 1-person track system transfer; he uses short slings.

Personal Cares: Jordan uses a disposable brief. Jordan uses the Hoyer or in-ceiling track system to transfer to the mat table to be freshened up. Staff will assist Jordan with wearing clean and dry clothes. Jordan is not able to reposition himself. Staff will help Jordan reposition throughout the day.

Self-administration of medication or treatment orders: Staff request medications from Jordan's guardian. Staff set up and pass medications to Jordan 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 Jordan. 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 Jordan'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 Jordan to the water.

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

Sensory disabilities: If staff need to show Jordan anything, they will also verbally explain what it is that staff are trying to show him. Jordan does have glasses and will typically wear them. Staff will take glasses off before Jordan gets on board for departure. Jordan will be offered a quiet activity or space if appearing overwhelmed. He will also be offered his iPad which can help calm him down.

PAI

Hand Chewing: Jordan will be offered a different activity or alternative manipulative should he start to chew on his hands. Staff will keep the area dry and encourage Jordan to engage in another activity. Staff will vent G-tube or give PRN Tylenol when Jordan is chewing on his hand and indicating discomfort.

Person-centered planning: Things important to Jordan are his family, his religion, and being involved. Things important for Jordan are his dietary protocol, his seizure protocol, and being with people who know him well.

A good day for Jordan would be spending time with all of his family, when he has low gastrointestinal pain, being able to see out a window, and having many sensory opportunities.

A bad day for Jordan would be if he was having increased stomach pains, he has limited time with his family, or spending time in an overstimulating environment.

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**:

Jordan prefers quieter environments

Jordan often likes to have something to do with his hands.

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**?

Jordan works on outcomes that are important to and for him. Jordan makes choices throughout his day of what activities, outings, and groups he participates in.

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

Jordan chooses the outings he likes to attend. Jordan 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?

Jordan is encouraged to interact with community members as he is comfortable. Jordan can choose who he spends his day with.

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

Jordan and his team are not looking for competitive employment.

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?

- Jordan's guardians and PAI staff will share necessary information as it relates to Jordan's services and care. Needed supplies and medications will be provided by his 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.
- Wendy Olson, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Jordan and his 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:

Briana Hinzman, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
651-777-5622
bhinzman@paimn.org

JoAnn and Ron Holm, Guardians
798 Torchwood Dr. New Brighton MN, 55112
651-260-7404
Joannaholm11@gmail.com

Wendy Olson, Case Manager
1801 American Blvd. E. Suite 6 Bloomington MN, 55425
612-253-1131
Wendyl.olson@fraser.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: Jordan and his team are not looking for other providers or options. Jordan lives at home with his family. Jordan would need to learn skills in self preservation, hygiene routines, Medication administration, and navigating independently prior to leaving provider controlled settings.

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

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."

- 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 Jordan
- 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: **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:
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:

Permitted Actions

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: NA
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: Jordan has limited fine motor skills, staff are able to assist Jordan with hand over hand or hand under hand.
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
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: Jordan is not able to propel his own wheelchair, staff will assist him 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: Jordan is not able to position himself. Jordan uses a seatbelt.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: NA
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: Jordan uses a seatbelt and shoulder straps.

Staff Information

PAI

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