

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

Name of person served: **Michelle (Shelly) Scott** For annual period: **April 2021 through April 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 10.8.2021

Legal representatives: Deb Fetter Case manager: Mary Green

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:

Shelly receives intensive support services in a community DTH program and community environment at PAI Linden. The program works with Shelly 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 Shelly to encourage activities, outings, and visiting with peers. Staff support Shelly 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 Shelly. 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: *Suggested outcomes; to be discussed by team during annual meeting.*

Outcome #1:

**“ Shelly will choose a genre of music to listen to three times a week  
in 85% or more of trials until her next review.”**

Shelly enjoys listening to music. This outcome allows Shelly to engage in something she enjoys while continuing to strengthen her choice making skills and ability to communicate preferences.

Outcome #2:

**“ Shelly will choose to visit another program room once weekly in 85% of trials until her next review.”**

Shelly is a social lady and likes to partake in a variety of activities. This outcome provides intentional time for Shelly to socialize with others and expands her options of activities to participate in.

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:

No further exploration of technology is needed at this time. Shelly uses technology with support at PAI daily through the use of the iPad for choice making and music. Shelly is able to access the television in the room for sensory videos, to play games, listen to music and watch educational videos.

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:** Shelly is allergic to cats, farm animals, zoo animals, and bug bites. Shelly will avoid going places she may be exposed to any of the listed allergies. Staff will monitor Shelly for signs and symptoms of an allergic reaction. Concerns with allergies will be communicated to Shelly's residence via phone, email or communication book and noted in her Daily Progress Notes.

**Seizures:** Shelly is diagnosed with Absent and General Tonic Clonic seizures and has frequent seizures while at PAI. Shelly has a Seizure Protocol with PRN medication. Shelly is supervised and monitored for seizure activity by staff. Staff are trained to Shelly's seizure protocol and where to locate her PRN medication. Staff will follow Shelly's seizure protocol and assist to keep her safe and comfortable during her seizures. A trained medication passer will administer her PRN medication per her seizure protocol in the event that she met the criteria for it. Seizure activity is reported via Seizure Report, email or phone call within 24 hours.

**Choking:** Shelly has a physicians ordered bite-sized diet to prevent choking. Shelly may also have seizure during meal times increasing her risk of choking. Shelly is monitored during meals and encouraged to fully chew and swallow. If Shelly has a seizure with food in her mouth, staff will stop the meal and will offer the rest of her meal to her once she has recovered. Should Shelly exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

**Special dietary needs:** Shelly has a physicians ordered bite-sized diet. Her meals and snacks are sent to PAI from her residence prepared according to her physician's orders. Shelly uses a mother care spoon and staff assistance to eat. Staff will scoop a bite-sized piece of food onto the spoon and will offer it to Shelly's hand after verbally prompting her. Shelly may lift the spoon herself, or tolerate hand over hand assistance with holding the spoon, but she usually prefers assistance. Shelly will eat finger foods independently and staff encouraged to fully chew and swallow. Shelly is able to pick up her double handled spouted cup with a cover independently once staff places it in her hand. Shelly's intake will be communicated to her residence via phone, email or communication book daily.

**Chronic Medical Conditions:**

**Asthma:** a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath. Staff assist Shelly to manage her asthma while at PAI with nebulizer and vest treatments per physician's orders.

**Extremities Spasticity and Extensor Tone:** Shelly experiences spasticity in her upper and lower extremities; Shelly also has spasticity in the extensor muscle which is involved in the maintenance of a constant tone while at rest impacting her ability to maintain a normal posture. Shelly is supported with repositioning and in proper positioning in her wheelchair.

**Microcephaly:** A condition in which the head is significantly smaller than expected, often due to abnormal brain development. Shelly is supported in activities of daily living and instrumental activities of daily life, she is provided with supervision and daily support related to her health, safety and wellbeing.

**Severe Rheumatoid Arthritis:** an autoimmune disease that most commonly affects the joints of the hands, feet, wrists, elbows, knees and ankles. Shelly's Rheumatoid Arthritis is treated with Enbrel. A side effect of this medication is a reduction in immune system efficiency which may make her more susceptible to infection. She also bruises easily. Shelly is supported in all areas of coordination including fine and gross motor skills. If Shelly were to sustain any bruising or have an event where there is the potential for bruising at PAI, staff notify Shelly's residence.

**Scoliosis:** A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. Shelly has a personal wheelchair, staff aid Shelly in securing all safety straps and in proper positioning of Shelly's body.

**Self-administration of medication or treatment orders:** Shelly takes her medication orally with full staff support. Staff request medications from Shelly's residence. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of PRNs, concerns or requests for supplies will be communicated by PAI staff via phone, email or communication book and noted in Daily Progress Notes.

**Other health and medical needs:**

**Personal Cares:** Shelly is assisted with personal cares every two hours or more frequently as needed by Shelly. Shelly uses disposable briefs and the mat table to freshen up. Staff inform Shelly before moving her chair so that she is aware of what is happening in her environment. Staff transfer Shelly utilizing a two person top bottom lift or the in-ceiling track system with a stand by assist. During transfers, Shelly can be very stiff/flexed. Staff will utilize proper lifting techniques and keep their body close to Shelly's when transferring her. Staff assist Shelly to wear clean and dry clothing. All concerns, requests for supplies and eliminations are communicated to Shelly's residence via phone, email or communication book.

**Risk of falling:** Shelly's chronic medical conditions put her at a high risk of falling and impact her ability to be safely mobile on her own. Staff ensure Shelly is securely in her wheelchair with all safety straps properly in place. When Shelly is repositioned out of her wheelchair in a recliner, a positioning belt will be used for her safety. When repositioned on a mat table or bed, staff will ensure the bed rails are up to prevent falls. Any concerns or occurrence of falls will be communicated by PAI staff to Shelly's residence via phone, email or communication book and noted in her Daily Progress Notes.

**Mobility issues:** Shelly's chronic medical conditions and seizure disorder impact her ability to be safely mobile on her own. Shelly uses a personalized manual wheelchair which she is unable to propel. Staff inform Shelly before moving her chair so that she is aware of what is happening in her environment. Staff transfer Shelly utilizing a two person top bottom lift or the in-ceiling track system with a stand by assist. During transfers, Shelly can be very stiff/flexed. Staff will utilize proper lifting techniques and keep their body close to Shelly's when transferring her. Concerns or requested repairs of Shelly's wheelchair will be communicated to her residence via phone, email or communication book and noted in her Daily Progress Notes.

**Regulating Water Temperature and Water Safety Skills:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Shelly coming into contact with it. PAI does not offer swimming or bathing. Shelly receives support when in the community and should she be near a body of water, staff will stay in physical contact with Shelly's wheelchair when the breaks are not engaged. Staff will engage the breaks of Shelly's wheelchair when not in motion.

**Community Survival Skills:** Shelly utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Shelly while in the community to practice all pedestrian and traffic safety skills. She is supported in safely engaging with the community activities and people of her choice. Staff observe what is occurring around Shelly and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Shelly's behalf in the event of an emergency.

**Sensory Disabilities:** Shelly has bilateral cataracts and is considered cortically blind. Shelly may be able to see objects that are placed closer to her. Staff verbally inform Shelly of her surroundings and any time staff touch her, such as before transfers, utilizing hand over hand techniques, sensory integration, etc. Shelly orients her eyes to the right, staff will offer objects for choice-making on her right side at a distance of one to two feet to increase the probability of Shelly being able to see the object.

**Person-centered information**

**Important TO:** It is important to Shelly that she spend time with her family, have 1:1 interactions with her staff, and have access to fidgets throughout her day. It is also important to Shelly that she be included in activities and groups.

**Important FOR:** It is important for Shelly that she is supported in repositioning, the maintenance of her asthma and monitored for seizure activity. It's both important to and important for Shelly to have staff trained to her seizure, dietary and medal needs along with a team who advocate on her behalf.

**Good day:** A good day for Shelly is when she has plenty of good food to eat, is free of seizure activity and able to socialize and participate in activities of her choosing or is able to spend time with her family.

**Bad day:** A bad day for Shelly includes not feeling well, being tired from seizure activity or her seizure PRN or feeling board and not engaged with others.

**Likes:** Shelly likes listening to music (particularly Rhythm, & Blues), spending 1:1 time with staff, spending time out of her wheelchair, being outside and going on community outings. Shelly enjoys eating pizza, spaghetti and cheese puffs. Shelly let you know she likes something by smiling and rubbing her hands together.

**Dislikes:** Shelly does not like cold food, Shelly will hold food in her mouth that is too cool and will not swallow it. Shelly also does not like using mac switches to communicate indicated by her pushing the switch off her tray when offered.

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:**

Shelly prefers to have access to a fidget on her lap tray

Shelly often likes to rest after a seizure

Shelly enjoys listening to music

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:

Click or tap here to enter text.

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

Shelly works on outcomes that are important to and for her. She makes choices throughout her day of what activities she would like to participate in. Shelly routinely chooses to engage in group social activities such as community outings, morning meeting and attending on-site enrichment groups such as Science and Reading Groups

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

Shelly is supported to engage with the greater community. She chooses the outings she would like to attend and is encouraged to make choices the duration of the experience. Shelly is encouraged to interact with community members as she comfortable.

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

Shelly is supported in developing and maintain relationships with staff and peers at the Linden site. Shelly is encouraged to interact with community members, volunteers and contracted vendors as she is comfortable.

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

PAI offers employment service supports, however Shelly and her team are not seeking competitive employment at this time. Should Shelly and her team expresses interest in finding a job in the community, competitive employment opportunities would be explored at that time.

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?

- Shelly's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Shelly's services, health and care. Meeting and reports are shared and the team works together to ensure continuity of service through in-person conversations, phone calls, emails and Shelly's communication book. PAI works with Shelly's residence and guardian for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Deb Fetter is Shelly's private legal representative and guardian who advocates on her behalf as well as makes legal decisions with her. The legal representatives provides information and direction on Shelly's services and supports in collaboration with other members of this support team.
- Mary Green, contracted case manager for Hennipen County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Shelly and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Shelly's support team 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:

Axis – St. Michael, Residential  
Contact person: Vanessa Nguyen – Residential Supervisor  
Email: [vnguyen@axis-mn.com](mailto:vnguyen@axis-mn.com) Phone: 763-717-4967

PAI – Linden, Day Program  
Contact person: Mitch Gunderson-Palmer – Program Director  
Email: [MGunderson-Palmer@PAImn.org](mailto:MGunderson-Palmer@PAImn.org) Phone: 612-446-3687 Fax: 651-777-5633

Deb Fetter – Legal Representative  
Email: [Deb.fetter@chtechnology.com](mailto:Deb.fetter@chtechnology.com) or [deb.fetter@me.com](mailto:deb.fetter@me.com) Phone: 612-741-7168

Mary Green – Case Manager Thomas Allen  
Email: [Mary.Green@thomasalleninc.com](mailto:Mary.Green@thomasalleninc.com) Phones: 651-789-5130; 651-450-1802

**The person currently receives services in** (check as applicable):

- Residential services in a community setting controlled by a provider  
 Day services  
 Neither

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 (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: Shelly and her team are not seeking other providers or options at this time. Shelly lives in an Axis group home and sees her family most weekends. Shelly requires 24 hour supervision due to her chronic medical conditions. Shelly would need to learn skills in hygiene, medication administration, dietary skills, and self-preservation skills prior to leaving a provider controlled setting.

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**:

Shelly and her team are not interested in transitioning from day services to employment services at this time. Shelly is best served in a recreation and leisure environment.

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: 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 rights are being restricted the Rights Restrictions form must be completed.

**If yes, please indicate what right(s) are restricted:** NA

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 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 Shelly

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: [Click or tap here to enter text.](#)

Medication assistance: [Click or tap here to enter text.](#)

Medication administration: Shelly receive full staff support with all medications and treatment. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle by a trained medication administrator.

### 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:

[Click or tap here to enter text.](#)

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

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
<p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>1. 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: <span style="background-color: #e0e0e0; padding: 2px;">Click or tap here to enter text.</span></li> <li>2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used:</li> </ol> <p>When in a recliner a positioning belt will be used to keep Shelly safe.</p> <ol style="list-style-type: none"> <li>3. 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:</li> </ol> <p>Shelly has limited fine and gross motor abilities. Staff provide Shelly with hand over hand or hand under hand as tolerated.</p> <ol style="list-style-type: none"> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: <span style="background-color: #e0e0e0; padding: 2px;">Click or tap here to enter text.</span></li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: <span style="background-color: #e0e0e0; padding: 2px;">Click or tap here to enter text.</span></li> <li>6. 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: <span style="background-color: #e0e0e0; padding: 2px;">Click or tap here to enter text.</span></li> <li>7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used:</li> </ol> <p>Shelly is unable to propel her wheelchair. Shelly will be physically assisted to evacuate the building or seek shelter in the event of an emergency as needed.</p> <ol style="list-style-type: none"> <li>8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used:</li> </ol> <p>Shelly is not able to position herself, Shelly wears a seatbelt and lap tray.</p> <ol style="list-style-type: none"> <li>9. 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: <span style="background-color: #e0e0e0; padding: 2px;">Click or tap here to enter text.</span></li> <li>10. 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: <span style="background-color: #e0e0e0; padding: 2px;">Click or tap here to enter text.</span></li> <li>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used:</li> </ol> <p>Shelly uses a seatbelt, lap tray for positioning while in her wheelchair and wears AFO's.</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: [Click or tap here to enter text.](#)

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  1:6  1:8  Other (please specify): [Click or tap here to enter text.](#)  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): [Click or tap here to enter text.](#)  NA