

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

Name of person served: Theresa Casey

Date of development: 9.30.2021

For the annual period from: March 2021 to March 2022

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

Legal representative: Patricia Casey

Case manager: Jill Book

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 Terri is intensive support services in a day training and habilitation community-based program. The program works with Terri to develop and implement achievable outcomes that support her goals and interests and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Terri’s physical, emotional, and social functioning. Staff support Terri 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 Terri. Support is provided in the most integrated and least restricted environment for Terri. PAI works with Terri’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: Terri will identify emotion daily using the iPad, 80% of trials over the next 12 months. Communication is important for Terri. Identifying emotions daily will help her reinforce and strengthen her ability to communicate her emotions.

Outcome #2: Daily, Terri will choose someone to sit by during an activity in 80% of trials over the next 12 months. It is important to Terri that she is able to socialize with her peers and her staff. She likes to make jokes and make others laugh. This outcome supports Terri in communication and advocating for her preferences, while being able to spend time with those she prefers.

## 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:

- Terri may utilize technology at PAI daily through the use of the iPad for music and videos.
- Terri is able to access the television in her program area for sensory videos and to play games on the Wii.
- Terri may use the SMARTBoard to play games and watch sensory videos.
- 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:** Terri has Angioedema, which is a histamine buildup in her body which is a result of an unknown trigger. The allergic reaction manifests in rapid swelling and or itching similar to hives. This can become a medical emergency if the condition progresses rapidly and airway becomes obstructed. She has a physician's order for Benadryl or generic form of which staff will administer at first signs of a reaction. Staff carry these medications for Terri when in the community. All PRN medication use is communicated to the residence via phone call, email, and/or communication book.

**Seizures:** Terri has a history of a potential seizure with an episode of unresponsiveness in 2006, which resulted in an ER visit. Staff are aware of Terri's history of possible seizure and would treat any such situation as a seizure and report it to the residence as soon as possible and within 24 hours.

**Choking and Special dietary needs:** Terri has a history of being underweight and may not eat her meals. Due to dysphagia, she may have swallowing difficulties if her mouth is too full or her food is not correctly prepared. Terri has a "tonic bite," a very strong bite reflex which is difficult for her to control or release. She could choke if she were to bite down on something that she could swallow and lodge in her throat. She is not able to set up her food herself and is not able to eat on her own. Terri has a soft, Bite size diet with ground firm meat and thin liquids. She may have Honey thickened liquids, as needed. Terri eats lunch in her wheelchair, she sits at a 30-degree angle, per guardian, for meals with her chest and safety straps secured. Terri eats using a rubber coated or Mothercare spoon and drinks using a spouted cup. Terri's food is sent from home prepared according to physician's orders. Terri requires full assistance from a staff to eat and drink. If she is having trouble swallowing, her liquids may be thickened to honey consistency. Terri will be offered Boost supplied by her home per her physician's orders. Boost administration will be communicated to her residence via book. While Terri is eating, if she displays frustration, indicated through a grimace, negative vocalizations, increased tension in her arms or legs, or she is not opening her mouth, she will be asked if she would like to continue eating that portion of her meal. If she indicates no, she will be offered another part of her meal. Each time she indicates frustration, she will be asked if she would like to continue eating and her choices will be honored. Any concerns with Terri's meals are communicated to the residence via phone call, email, and/or communication book.

**Chronic Medical Conditions:**

- **Cerebral palsy spastic quadriplegia:** Spastic Quadriplegia, also referred to as spastic quad or spastic quad CP, is a form of cerebral palsy that means the loss of use of the whole body. Terri is supported in fine and gross motor tasks and support her in moving her body, so she does not get injured. Concerns are reported to her residential provider.
- **Femoral Osteotomy:** In February of 2012 Terri had a surgical operation to remove the head of the femur on one of her legs to alleviate pain. Due to this one of Terri's leg may present as shorter and special care should be taken during transfer by supporting her leg prior to rolling. Concerns are reported to her residential provider.
- **Left hip dysphagia:** Hip dysplasia is the medical term for a hip socket that does not fully cover the ball portion of the upper thighbone. This allows the hip joint to become partially or completely dislocated. Terri is supported in transferring with special care for her hip when moving by supporting her leg prior to rolling. Concerns are reported to her residential provider.
- **Scoliosis with Harrington rods:** A sideways curvature of the spine. Symptoms include pain in the back, leaning to one side, muscle spasms, physical deformity, or uneven waist. The Harrington rod is a stainless-steel surgical device. Historically, this rod was implanted along the spinal column to treat, among other conditions, a lateral or coronal-plane curvature of the spine, or scoliosis. Terri is

supported in rolling in an even manner so her hips and should roll at the same time. Concerns are reported to her residential provider.

- **Dysphagia:** Difficulty swallowing foods or liquids, arising from the throat or esophagus, ranging from mild difficulty to complete and painful blockage. Terri is fully supported in eating and monitored for issue with swallowing. Concerns are reported to her residential provider.
- **Constipation:** Infrequent bowel movements, and small, hard-to-pass, stool that may cause abdominal pain or discomfort. Terri is supported in the restroom every hour and as needed. Concerns and her daily output are reported to her residential provider.
- **Urine and bowel retention:** Terri may hold her bladder and bowel functions, especially if in situations with unfamiliar people. This could cause discomfort and health complications. Terri is introduced to new staff and provided time to get to know them prior to them supporting her in personal cares. Terri is supported in the restroom twice and as needed. Concerns and her daily output are reported to her residential provider.

**Self-Administration of medications or treatment orders:** PAI receives Terri's medication and treatment supplies/equipment from her residence and set it up according to prescriber's orders and as directed by the pharmacy/bottle. Terri currently takes Diazepam for muscle spasms and Boost, pudding, or Ensure with her lunch. Terri also has two PRN's consisting of Acetaminophen for pain or discomfort and diphenhydramine for allergies. Terri's medications are administered by trained staff. Staff dispense the medication for Terri and fully assist her in taking it orally with soft foods or her prepared meal with a drink to follow. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding medication will be communicated by PAI staff to her guardian via phone or communication book. Communication will be noted in her Daily Progress Notes.

**Other health and medical needs:**

- **Personal Cares:** Terri receives full support to complete her personal cares. Terri utilizes the support of briefs due to incontinence. She is supported in completing cares every two hours and as needed throughout the day. Terri is assisted into the cares room using the in-ceiling lift system. If, for some reason, the lift system was not working, Terri would be assisted by two staff in transferring with the support of a Hoyer and a sling that stays under her. She is fully supported in completing her personal cares by one staff who she is comfortable with.

**Risk of falling and Mobility:** Due to Terri's chronic medical conditions and physical disabilities, she is at risk of falling and she requires support with mobility. Terri utilizes a wheelchair that staff propel for her. She wears her seatbelt at all times while in her wheelchair, and chest straps. Terri is supported in transferring with two people to minimize risk of falls while transferring. When on a mat table the side rail is engaged any time, staff are not in direct contact with it. In the care of an emergency, Terri may be transferred with a two-person top/bottom lift. Terri will not be positioned near obstacles in which she could involuntarily hurt herself, such as tables. When going through doorways, care is taken to make sure her limbs are close to her body as Terri's right arm may involuntarily jut out. Terri is not encouraged to kick her legs as this has caused her injury in the past.

**Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Terri coming into contact with it.

**Community survival skills:** Terri utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Terri 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 Terri and intervene on her behalf if a potentially dangerous situation were to arise. Staff will call 911 on Terri's behalf in the event of an emergency.

**Water safety skills:** PAI does not offer swimming or bathing. When near bodies of water, Terri's breaks will be applied, and staff will be within arm's reach of her.

**Sensory disabilities – visual impairment:** Staff will support Terri by giving her the time that she needs to focus on an object, especially when choice-making by eye gazing.

- **Cataracts:** Clouding of the normally clear lens of the eye. The main symptom is blurry vision. Having cataracts can be like looking through a frosty or fogged-up window.
- **Alternating Exotropia:** An alternating exotropia is an outward eye turn that can alternate which eye deviates. This may cause Terri to have trouble focusing.

**Self-injurious behaviors - Scratching herself:** Terri may scratch her skin, particularly on her shoulder or around her chest/neck causing it to bleed. If Terri is scratching, she will be redirected with a preferred activity and/or manipulative. She may have her shoulder strap applied to provide her with something else to hang onto. Staff will evaluate her skin and report concerns to her residential provider.

**Verbal/emotional aggression - Extended, loud vocalizations:** Terri may have loud vocalizations. When Terri has loud vocalizations, staff will assess her for any unmet needs and support her as needed. She may be asked about what is causing her distress. She may be redirected with preferred activities or provided personal space.

**Mental or emotional health symptoms and crises - Depression and anxiety:** Terri is diagnosed with depression and anxiety. This may show as Terri having loud vocalizations, or Terri having limited engagement or enjoyment at PAI. When Terri has loud vocalizations, staff will assess her for any unmet needs and support her as needed. She may be

## PAI

asked about what is causing her distress. She may be redirected with preferred activities or provided personal space. Concerns are reported to her guardian and residential provider. Terri takes Celexa daily at home. It is important that Terri not take the generic version as she experiences significant negative side effects including headaches, dry mouth, increased sweating, increased heart rate, shaking and does not sleep well.

### Person-Centered Information:

- **Important to Terri:** It is important to Terri that she has people around her who know her and her communication well. It is important that she be included in activities and have others to engage with. It is important to her that she have humor in her daily life.
- **Important for Terri:** It is important to Terri that she has people around her who know her and her communication well. It is important that she be included in activities and have others to engage with. It is important to her that she have humor in her daily life. **Balance of important to and for:** A balance for Terri is encouraging her to eat but honoring her frustration and challenge in processing and swallowing her food. A balance is also Terri communicating, but in a clear way so others may support her.
- **Good day for Terri:** A good day for Terri includes many jokes with preferred people who know her well. She would have preferred foods and time in the community. She would have one to one time to engage in preferred activities.
- **Bad day for Terri:** A bad day for Terri includes pain and discomfort, difficulty with eating and experiencing symptoms of depression and/or anxiety. She would be supported by people she is not comfortable with.
- **How to have more good days:** Terri can have more good days by communicating with others how she is feeling and what she needs, especially when she is upset.
- **Likes:** She is a very social lady and enjoys socializing with her peers, staff, and family. Attending activities such as Music Therapy, Pet Therapy and going on outings is important to her. She enjoys most outings, especially to the Mall or places where she can see/interact with animals. Terri enjoys one to one activity, being sung to, listening to jokes, playing games on the Wii, sensory integration (hair brushing, head massages, and lotion rubs), and animal videos.
- **Dislikes:** Terri dislikes when she is not receiving enough attention or when someone comes into the room does not say "hi" to her. If the activity goes on too long and she is no longer interested. She also dislikes pain in hips and teeth or needing personal cares. She has a history of not liking "emotional" music.

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**:

- Terri prefers to have a variety of opportunity to engage in activity with others and to have personal space when she needs it. She enjoys having supported socialization with peers and support staff. She prefers support from people who know her very well that she is comfortable with and that she can crack jokes with.
- For supports, Terri prefers people who know her and her communication well and will respond to her in an efficient manner.
- Terri communicates and indicates preference by eye gazing (she may need some time to focus), vocalizing, and facial expressions. She and responds best to short and simple instruction.
- Terri makes choices about her schedule, community activities, and daily activities using picture cards. She is provided options throughout her day to make choices and decisions. Her decisions are honored.

## 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**?

Terri works on outcomes that are both important to and for her. Terri is offered a variety of choices throughout her day regarding her preferred activities.

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

Terri has opportunities to choose community integration trips. While in the community, Terri is encouraged to interact and create positive relationships with others she encounters.

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

Terri has the opportunity to spend time in the community, volunteer, and visit other preferred places. Terri is encouraged to interact with members of the community and create relationships.

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

Terri and her team have decided not to seek out competitive employment at this time. She is content with where she is at and finds value in the enrichment activities that she is currently participating in. If Terri and her team decide that they would like to seek competitive employment, her team will hold a meeting and discuss the steps needed to fit Terri'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?

- Terri's guardian and PAI staff collaborate to share necessary information as it relates to Terri'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 her residential provider for supplies needed at PAI, as well as medications and corresponding orders.
- Patricia Casey is Terri's guardian and advocates on her behalf as well as make legal decisions. Her legal guardian provides information and direction on Terri's services and supports in collaboration with other members of her support team.
- Jill Book, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI, and assists Terri and Patricia in advocacy and finding additional opportunities for community involvement. Jill also completes Terri's service agreements and communicate with members of the 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:

- PAI-Oakdale  
Emily Elsenpeter  
[eelseneter@paimn.org](mailto:eelseneter@paimn.org)  
Phone: 651.748.0373  
Fax: 651.748.5071
- Case Manager  
Jill Book  
[Jill.Book@co.washington.mn.us](mailto:Jill.Book@co.washington.mn.us)  
Phone: 651.321.4518  
Fax: 651.998.0844
- Phoenix Residence – Newport  
Sarah Boone  
651.459.4419  
[Newport@phoenixresidence.org](mailto:Newport@phoenixresidence.org)
- Guardian  
Patricia Casey  
Phone: 651.459.4956  
[Pcasey459@comcast.net](mailto:Pcasey459@comcast.net)

# 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: Terri and her team have decided not to seek out competitive employment at this time. She is content with where she is at and finds value in the enrichment activities that she is currently participating in. If Terri and her team decide that they would like to seek competitive employment, her team will hold a meeting and discuss the steps needed to fit Terri's desires.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no further 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."

- Monitoring of Terri's medical conditions including CP- Spastic Quad, 2/12-Femoral head/neck resection, left hip dysphagia, Scoliosis/Harrington rods, Dysphagia, Constipation, Alternating Exotropia, Urine and bowel retention and communication with team members as needed.
- Monitoring her allergies and potential seizures and communicate seizures to team members as appropriate.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Terri's residential provider.
- Set up and administration of medication following the prescriber's order.
- Administration of PRN medication to Terri when approved by her guardian.
- 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: **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

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: Terri may hold hands and receive calf/shin rubs.
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: Terri may be assisted hand over hand in engaging in recreation and leisure, and skill development activities.
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: If Terri is scratching herself, she may be physically redirected.
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: Terri will be physically assisted to evacuate to a safe area.
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: Terri utilizes a seatbelt and chest strap while in her wheelchair.
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: Terri may be verbally redirected if she is having extended vocalizations.
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: Terri utilizes a hand splint ordered by her doctor.

# 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