

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

Name of person served: **Natasha Pohl** For annual period: **October 2021 through October 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 10.25.2021

Legal representatives: Cindy & Dale Pohl Case manager: Joanna Karas

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:

Tasha receives intensive support services in a DSS (Day Services and Supports) community environment. The program works with Tasha 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 Tasha to encourage activities, outings, and visiting with peers. Staff support Tasha 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 Tasha. 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:

**“Once Weekly Tasha will choose a game to play with peers in 85 % or more trials over the next year.”**

Tasha enjoys playing games in a group and has games she prefers over others. This outcome will provide an opportunity for Tasha to engage in enjoyable activities and continuing to strengthen her communication skills and self-advocacy.

Outcome #2:

**“Daily, Tasha will choose which lunch item she would like to eat first in 85% or more trials over the next year.”**

Tasha enjoys eating and her meal time is very important to her. Tasha requires support during meal times, this outcome will provide intentional time for Tasha to strengthen her self-advocacy skills by indicating her preference and build her choice making and communication skills.

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:

Tasha utilizes technology at PAI daily through the use of the iPad for choice making, music and other audio activities. Tasha has access a television and computer in the program area for music, sensory or educational videos, or playing 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:

**Seizures:** Tasha is diagnosed with a seizure disorder and her seizures are considered controlled. Tasha will be supervised and monitored for seizure activity. In the past when Tasha has a petit mal seizures, she would remain conscious, the right side of her body would convulse and she would laugh. Tasha historically has been able to pull herself out of a petit mal seizure when asked "Tasha can you bring yourself out of the seizure?" During a grand mal seizure, Tasha's whole body will convulse and she will be non-responsive. Staff are trained to Tasha's seizure protocol and provide support and comfort as needed. All seizure activity will be reported to her residence via Seizure Report, email or phone call within 24 hours.

**Choking:** Tasha's food is cut into nickel sized pieces to prevent choking. Tasha is visually monitored during meals and receive full staff assistance to portion her bites. Staff offer Tasha small bites of food and ensure that she swallows before giving her another bite. Should Tasha exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

**Special dietary needs:** Tasha's food is cut into nickel sized pieces to prevent choking. Her meals and snacks are sent to PAI from her residence prepared according to her physician's orders. Tasha sits in her wheelchair during meals, she is encouraged to eat independently (as tolerated) and provided physical assistance from staff. Staff offer Tasha small bites of food, towards the right side of her mouth using a fork with a built-up handle. Staff ensure that Tasha has swallowed before offering her another bite. Staff will offer Tasha sips of her drink by tipping the cup for her or by offering Tasha a straw and holding the glass. Tasha experiences Acid Reflux and may not open her mouth if she is experiencing pain, if she does not want the food item, or if she is done eating. Staff may verbally ask Tasha if she is finished eating. She will say "yeah" or "no". She may tell staff if she is having discomfort by pointing to her throat/chest area. Tasha's intake will be communicated to her residence via phone, email or communication book daily.

**Chronic Medical Conditions:**

**Cerebral Palsy (CP):** is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Tasha's ability to move and maintain balance and posture is impaired due to limited muscle control. While at PAI Tasha is supported in fine and gross motor tasks and in any activity involving coordination or mobility.

**Hydrocephalus:** a condition in which an accumulation of cerebrospinal fluid (CSF) occurs within the brain. This typically causes increased pressure inside the skull. Adults and older children experience headache, impaired vision, cognitive difficulties, loss of coordination, and incontinence. While at PAI Tasha is monitored for signs/symptoms of headaches, supported with personal hygiene tasks and activities involving coordination. Staff are aware of Tasha's vision impairments.

**Profound Intellectual Disability (ID):** is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning and is often accompanied by a neurological disorder. Tasha is supported in all areas of basic self-care and communication. She is provided with opportunities to develop skills with appropriate supports and provided with a high level of structure and supervision.

**Spastic Quadriplegia:** is a specific type of CP that refers to difficulty in controlling movements in the arms and the legs. Those who experience this form of CP will not have paralysis of the muscles, but rather jerking motions that come from stiffness within all four limbs. Spastic quadriplegia will normally affect the whole body, the facial muscles and the core of the body are unable to perform their normal functions due to the intense amount of muscle tightness and strain. Tasha is supported in all areas of coordination including fine and gross motor skills

**Scoliosis:** A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. Tasha has a personal wheelchair, staff secure Tasha's lap belt when she is in her wheelchair and ensure she is sitting all the way back in her chair by tilting the chair back.

**Spinal Fusion:** is a surgical technique that joins two or more vertebrae. This procedure prevents any movement between the fused vertebrae and is used to relieve pain and correct spinal deformities, such as scoliosis. Care is taken when transferring and assisting Tasha to roll that her body does not twist. Tasha also has **Dislocated Hips** requiring care during transfers and positioning.

**Self-administration of medication or treatment orders:** Tasha doesn't take any scheduled or PRN medications at PAI. However should she have need, Tasha takes her medication orally with food or water and requires full assistance. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy or prescription bottle. Each administration time, a trained staff would dispense the medication/treatment for Tasha and administer it.

**Other health and medical needs:**

- **Personal Cares:** Tasha utilizes the support of a disposable brief and due to her physical limitations, is not able to complete her personal / menstrual cares and requires support to maintain her skin integrity. Tasha needs total assistance to transfer and complete all self-care. Tasha is assisted with personal cares every 2 hours & more often as needed. Tasha is transferred to the mat table for personal cares by 1 staff using an in-ceiling lift on a track system. Care is taken when transferring and assisting Tasha to roll that her body does not twist. Tasha is able to roll/flip over when on the mat table, staff will stay by her side or they will raise the side rails. All concerns and requests for supplies and eliminations are communicated to Tasha's residence via phone, email or communication book.

**Risk of falling:** Tasha's chronic medical conditions put her at a high risk of falling and impact her ability to be safely mobile on her own. Staff secure Tasha's lap belt when she is in her wheelchair and ensure she is sitting all the way back in her chair by tilting the chair back. When Tasha is on the mat table, staff will stay by her side or they will raise the side rails as Tasha is able to flip over. If Tasha were to sit in a recliner at PAI, staff would place pillows on either side of her to aid in positioning. Any concerns or occurrence of falls will be communicated by PAI staff to Tasha's residence via phone, email or communication book and noted in her Daily Progress Notes.

**Mobility issues:** Tasha's chronic medical conditions and vision impairment impact her ability to be safely mobile on her own. Tasha uses a manual wheelchair and relies on staff support to propel it. Staff physically propel Tasha's wheelchair and move her wheelchair to where she indicates. Staff verbally inform Tasha where they are going prior to moving her. Tasha is assisted to transfer by 1 person using an in-ceiling lift. Concerns or requested repairs of Tasha'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 Tasha coming into contact with it. PAI does not offer swimming or bathing. Tasha receives support when in the community and should she be near a body of water, staff will stay in physical contact with Tasha's wheelchair at all times unless the breaks are engaged. Staff will engage the breaks of Tasha's wheelchair when not in motion.

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

**Sensory Disabilities: Vision Impairment:** Tasha has limited vision in her left eye and no vision in her right eye. Staff verbally describe items to Tasha when offering choices and place items near Tasha left side whenever possible. Tasha is also able to move her head independently to adjust her visual area.

**Self-Injurious Behavior, Physical aggression/conduct:** Tasha has limited verbal communication abilities and may communicate that she is upset or frustrated by hitting her closed hand on the table or hitting others who are within her reach with a closed fist. Tasha is able to answer yes/no questions. If Tasha becomes upset staff will problem solve with Tasha by asking yes/no questions. Staff will work with Tasha to resolve the problem.

#### **Person-centered information**

**Important TO:** Things important to Tasha are her mom Cindy & dad Dale, her sister and brother and their families, joking around with others in a playful manner, being involved in what's happening around her, and having upbeat people who understand her communicating methods and help her to feel heard.

**Important FOR:** Things important for Tasha are her diet order, her seizure protocol, and spending time with her family.

**Good day:** A good day for Tasha includes seeing her mom and dad, eating her favorite foods such as French fries and peanut butter M&M's, having goofy and upbeat people around her, and listening to music.

**Bad day:** A bad day for Tasha is when she is missing her parents, people around her are sad or upset, she isn't feeling heard, or if others don't understand her requests.

**Likes:** Tasha likes to be as independent with eating as possible; some favorite foods are chicken nuggets, hotdogs with mustard, pudding, French fries, pastas, cheese, chips and Cheetos. Tasha also likes to use ranch sauce to moisten her foods. Tasha likes to play games like Bingo or use the SmartBoard, she enjoys making choices during craft projects and having her nails painted. Tasha loves to joke around with staff and peers, listen to upbeat and fun music (Pop, HipHop, Country, Top 40), dance with staff to the YMCA or Macarena, go for walks and have fun.

**Dislikes:** Tasha does not like to be rushed, or when she is not given options and time to communicate her choices. Tasha dislikes being board as indicated by loud vocalizations and non-genuine people. Others being loud, not seeing her parents and feeling like se isn't receiving staff attention can also frustrate Tasha. Tasha doesn't like foods with a fine/dry texture such as rice, cookies and dry desserts, she also dislikes fish, peas and sandwiches.

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:**

Tasha prefers to work with staff who are upbeat and will joke with her

Tasha decides her schedule through yes/no questions.

Tasha enjoys listening to music and watching the music videos

Tasha enjoys working with male staff

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**?

Tasha 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. Tasha routinely chooses to engage in group social activities such as community outings, pet and music therapy and attending on-site enrichment groups.

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

Tasha 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. Tasha is encouraged to interact with community members as she is comfortable.

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

Tasha is supported in developing and maintain relationships with staff and peers at the Linden site. Tasha 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 Tasha and her team are not seeking competitive employment at this time. Should Tasha 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?

- Tasha's residence, guardians and PAI staff collaborate in the exchange of information as it relates to Tasha'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 Tasha's communication book.
- PAI works with Tasha's residence REM - Edgemont for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Dale and Cindy Pohl are Tasha's private guardians and parents who advocates on her behalf as well as makes legal decisions with her. The legal representatives provides information and direction on Tasha's services and supports in collaboration with other members of this support team.
- Joanna Karas, case manager from Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Tasha and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Tasha'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:

NER - Edgemont, Residential

Contact person: Shelly Nierad – Residential Supervisor

Email: [shelly.nierad@thementornetwork.com](mailto:shelly.nierad@thementornetwork.com) Phone: 651-373-4723

Contact person: Ashley Windisch - Program Director

Email: [ashley.windisch@thementornetwork.com](mailto:ashley.windisch@thementornetwork.com) Phone: 783-843-0565

PAI – Linden, Day Program

Contact person: Mitch Gunderson-Palmer – Program Director

Email: [MGunderson-Palmer@PAImn.org](mailto:MGunderson-Palmer@PAImn.org) Phone: 651-777-5622 Fax: 651-777-5633

Dale and Cindy Pohl – Guardians

Email: [cpohl@ucare.org](mailto:cpohl@ucare.org) Phone: 651-774-4703 Cindy cell 651-334-3952 Dale cell 612-581-5625

Joanna Karas – Case Manager Ramsey County

Email: [Joanna.karas@co.ramsey.mn.us](mailto:Joanna.karas@co.ramsey.mn.us) Phone: 651-728-2563

**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**:

Tasha and her team are not seeking other providers or options at this time. Tasha lives in a NER group home. Tasha 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**:

Tasha and her team are not interested in transitioning from day services to employment services at this time. Tasha 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: None 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: 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
- Administration of medications to Tasha. Request medical supplies and medication refills from residence
- 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: **N/A**

The following information will be reported to the legal representative & 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: **N/A**

Medication assistance: **N/A**

Medication administration: Tasha doesn’t currently take medications at PAI but would receive medications orally with food or water and require full assistance in the administration of her medications. Medications / treatments would be administered according to the prescriber’s orders and as directed by the pharmacy/prescription bottle by a trained staff. All orders and necessary supplies are provided by Tasha’s residential provider.

### 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

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: **N/A**
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: **N/A**
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 Tasha has limited fine motor skills, staff are able to assist her with hand over hand or hand under hand as tolerated
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: Tasha may try to hit a staff or peer with a closed fist, staff are able to redirect Tasha.
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: Tasha may try to hit a staff or peer with a closed fist, staff are able to redirect Tasha.
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: **N/A**
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: Tasha is not able to propel her wheelchair, staff are able to assist Tasha to transfer 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 Tasha is not able to position herself, Tasha 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: **N/A**

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: **N/A**

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: **N/A**

**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  1:6  1:8  Other (please specify): **N/A**  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): **N/A**  NA