

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

Name of person served: **Tomas Morales** For annual period: **November 2021 through November 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 11.4.2021

Legal representatives: Aida Morales Case manager: Vasana Yang

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:

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

“Daily, Tomas will choose a sensory activity in 80% or more trials over the next year.”

Tomas enjoys a variety of sensory activities and requires support to explore and engage in sensory experiences. Over the next twelve months, Tomas would like to explore his sensory choices daily. This outcome will provide an opportunity for Tomas to engage in enjoyable activities and continuing to strengthen his communication and choice making skills.

Outcome #2:

“Weekly, Tomas will choose a game to play with peers in 80 % or more trials over the next year.”

Tomas likes to play card and dice games with his peers. It is important to him that he make choices and be involved in group activities. This outcome will provide intentional time for Tomas to participate in an activity of his choosing with his friends and peers.

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:

Tomas utilizes technology at PAI daily through the use of the iPad for music and other audio activities. Tomas has access a television and computer in the program area for music, sensory or educational videos, in addition to the SMARTBoard for games and other audio activities. 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: Tomas is diagnosed with a seizure disorder. He takes a daily seizure medication while at PAI and has a physician ordered Seizure Protocol with PRN medication. During a seizure Tomas raises his arms as they stiffen. His eyes will usually track upward, his eyebrows may raise involuntarily, and his is unresponsive. Unless Tomas displays all of the above mentioned signs of a seizure it is not considered a seizure, however, the raising of the arms quickly for a short duration may indicate a seizure is about to occur. Tomas will be supervised and monitored for seizure activity. Staff are trained to Tomas's seizure protocol and where to locate his PRN medication. A trained medication passer will administer his PRN medication per his seizure protocol in the event that he met the criteria for it. All seizure activity will be reported to his guardian via Seizure Report, email or phone call within 24 hours.

Choking & Special dietary needs: Tomas has a nothing by mouth (NPO) order and is at high risk of choking should he have anything in his mouth. Tomas receives all nutrition, fluids and medications via his G-tube. Staff receive training on G-tubes prior to assisting Tomas with his feeding. Concerns or issues regarding his G-tube will be communicated by staff to Tomas' guardian and any orders or instructions will be followed.

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. Tomas's ability to move and maintain balance and posture is impaired due to limited muscle control. While at PAI Tomas is supported in fine and gross motor tasks, communication and in any activity involving coordination/mobility.
- **Hypothermia:** is when your body loses heat faster than it can produce heat and occurs when a person's core body temperature drops below 95°F. Symptoms include dizziness, difficulty speaking, and lack of coordination. Tomas is supported in a climate controlled environment and is most comfortable with a blanket on to reduce the symptoms of hypothermia.
- **Intellectual Disability (ID):** is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning, and is often accompanied by a neurological disorder. Tomas is supported in all areas of basic self-care and communication. He is provided with opportunities to develop skills with appropriate supports and provided with a high level of structure and supervision.
- **Scoliosis:** A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. **Harrington Rod:** a surgical implant used to stretch the spine in order to correct abnormal curvatures. **Hip Dislocation:** Tomas is not able to bear weight and may experience pain and muscle spasms as a result of the ball of the hip joint not fitting securely into the socket. Tomas has a personal wheelchair that is propelled for him by staff with a specially designed seat back and horizontally extended leg supports to aid in proper positioning of his body. Tomas arrives to program with his full body sling already under him and is assisted to transfer by one staff with in-ceiling track system or 2 staff with a Hoyer. Care is taken when transferring & assisting Tomas to roll that his body does not twist.
- **Polymyalgia Rheumatica (PMR):** is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips. Signs and symptoms of PMR are typically worse in the morning. Staff are aware of Tomas' diagnosis and will report any noted changes in his condition to his guardian.

Self-administration of medication or treatment orders: Tomas takes his medication via G-tube; Tomas requires full assistance with medications. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Tomas and administer it. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of nonscheduled medication, 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:

- **DNR / DNI:** Due to his chronic medical conditions Tomas has a DNR/DNI (Do Not Resuscitate / Do Not Intubate) with limited interventions completed by his doctor and guardian. Tomas does not carry this document on his person and relies on support staff to relay the information to emergency professionals. Tomas should not receive CPR (chest compressions, cardiac drugs, or placement of breathing tube). Staff are trained to the location of Tomas' DNR/DNI. In the event of an emergency, staff will call 911 and provide a copy of the DNR/DNI order to Emergency Response Staff.
- **Personal Cares:** Tomas utilizes the support of a disposable brief, chuck and a mat table for personal cares. Due to his physical limitations, Tomas requires full support in all areas of self-care. Tomas is offered personal care supports every 2 hours or more frequently as needed. Tomas uses the mat table to get freshened up and staff ensure he is wearing clean and dry clothing. Staff may use absorption pads between Tomas' transfer sling and clothing to ensure the sling and Tomas remains dry. All concerns and requests for supplies and eliminations are communicated to Tomas's guardian via phone, email or communication book.

Risk of falling: Tomas's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Tomas is supported by staff to apply all safety straps and positioning belts while in his wheelchair. When Tomas is on the mat table, the side rails will be up unless staff is standing directly next to him. Should Tomas be seated in a recliner a positioning belt will be used and the foot rest will be engaged/up to prevent falls. Any concerns or occurrence of falls will be communicated by PAI staff to Tomas's guardian via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Tomas's chronic medical conditions and legal blindness impact his ability to be safely mobile on his own. Tomas uses a manual wheelchair with horizontally extended leg supports as his primary means of mobility. Staff support Tomas by propelling his wheelchair and informing him of when this will happen. Tomas is not able to bear weight, he arrives at program/home seated on a full body sling between himself and his wheelchair. Tomas transfers with one staff using an in-ceiling track system or 2 staff with a Hoyer. Care is taken to not twist or turn Tomas due to his Harrington rod. Concerns or requested repairs of Tomas's wheelchair will be communicated to his guardian via phone, email or communication book and noted in his 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 Tomas coming into contact with it. PAI does not offer swimming or bathing. Tomas receives support when in the community and should he be near a body of water, staff will stay in physical contact with Tomas' wheelchair at all times when in motion. Staff will engage the breaks of Tomas's wheelchair when not in motion.

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

Sensory Disabilities: Tomas is legally blind and has some hearing loss. Staff verbally describe objects and will present items for choice-making at a close up distance. Tomas communicates that he likes something by smiling and that he dislikes something by pulling away.

Person-centered information

Important TO: family, music, outings, spending time outside, playing games, having a baseball hat, and having a blanket.

Important FOR: family and staff that help him, his feedings and medications, being warm.

Good day: A good day for Tomas is when it is warm and sunny out, he listens to music, he is comfortable, and he is involved in activities.

Bad day: A bad day for Tomas includes when he is cold and can't warm up, if he is uncomfortable or in pain, and if he weren't able to spend time with his family.

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:**

Tomas enjoys being a part of a group of peers and passively participating in activities, even if his eyes are closed he would still like to be invited to the group.

Tomas enjoys all genres of music. He especially likes mariachi band music. Tomas has indicated his enjoyment of music by smiling and looking towards the sound.

Tomas prefers to have a blanket on, especially when he is cold. He may let you know this by grimacing or making negative vocalizations.

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?**

Tomas works on outcomes that are important to and for him. He makes choices throughout his day of what activities he would like to participate in. Tomas 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?

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

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

Tomas is supported in developing and maintain relationships with staff and peers at the Linden site. Tomas is encouraged to interact with community members, volunteers and contracted vendors as he 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 Tomas and his team are not seeking competitive employment at this time. Should Tomas and his 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?

- Tomas’s guardian and PAI staff collaborate in the exchange of information as it relates to Tomas’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 Tomas’s communication book. PAI works with Tomas’s mother for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Aida Morales is Tomas’s private guardian and parent who advocates on his behalf as well as makes legal decisions with him. The legal representatives provides information and direction on Tomas’s services and supports in collaboration with other members of this support team.
- Vasana Yang , Contracted Case Manager for Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Tomas and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Tomas’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:

PAI – Linden, Day Program
 Contact person: Megan Duffy – Program Supervisor / Designated Coordinator
 Email: MDuffy@PAImn.org Phone: 651-777-5622 Fax: 651-777-5633

Aida Morales – Legal Representative
 Email: N/A Phone: 651-224-2528

Vasana Yang –Redeemer Services
 Email: Vasana@redeemerservices.com Phone: 651-219-4500

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**: N/A Tomas lives at home with his mother.

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**:

Tomas and his team are not interested in transitioning from day services to employment services at this time. Tomas 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 as needed.
- Request medical orders, supplies and medication refills from guardian. Administration of medications to Tomas per physician’s orders.

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: Tomas receives all fluid, nutrition and medications via his G-tube. He requires full assistance in all areas of medication administration. Medications / treatments are 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 Tomas’s guardian.

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: **Tomas has limited fine motor skills, staff are able to assist him complete tasks 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: **N/A**
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: **N/A**
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: **Tomas is unable to remove himself from an emergency, staff can push Tomas' wheelchair or help him transfer out of the building 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: **Tomas is not able to position himself, staff are able to help Tomas be positioned comfortably in his chair. Tomas uses a seatbelt to help him stay comfortably in his chair.**
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