

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

Name of person served: **Kyle Krumm** For annual period: **November 2021 through November 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 11.10.2021

Legal representative: Kevin Krumm Case manager: Chelsea Nyirongo

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:

Kyle receives intensive support services in a DSS (Day Services and Supports) community environment. The program works with Kyle 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 Kyle to encourage activities, outings, and visiting with peers. Staff support Kyle 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 Kyle. 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, Kyle will dispense lotion for a massage with hand over hand support  
in 85% or more trials over the next year.”**

Kyle enjoys sensory activities and frequently chooses to have a lotion massage. This outcome will provide an opportunity for Kyle to engage in an enjoyable activity and increase his participation in his ADLs and self-care.

Outcome #2:

**“Weekly, Kyle will choose a short story, book or Packer fact to read/listen to  
in 85% or more trials over the next year.”**

Kyle enjoys being read to and listening to stories. It is important to him that he be included in activities and encouraged to make choices. This outcome will provide intentional time for Kyle to build his choice making and self-advocacy 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:

Kyle utilizes technology through the use of the iPad for music and choice making. Kyle has access a television in the program area for games and sensory or educational 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:** Kyle is allergic to Codeine and has Seasonal Allergies which result in intermittent Asthma. Staff will monitor Kyle for signs and symptoms of seasonal allergies. Kyle will stay home when he is congested. If there is a high allergen alert, or if it is windy or humid, staff will not take Kyle on outdoor outings, such as to the park. Staff will not give Kyle Codeine and will reach out to his medical provider if it is prescribed to him. Concerns with allergies will be communicated to Kyle's father via phone, email or communication book and noted in his Daily Progress Notes.

**Seizures:** Kyle is diagnosed with a seizure disorder as a result of a childhood traumatic brain injury. Kyle experiences Tonic/Clonic seizures and has a physician ordered Seizure Protocol with PRN medication. Kyle will be supervised and monitored for seizure activity by staff. Staff are trained to Kyle's seizure protocol and where to locate his PRN medication. Staff will follow his protocol and provide support and comfort as needed. 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 father via Seizure Report, email or phone call within 24 hours.

**Choking & Special dietary needs:** Kyle has a physicians ordered NPO (nothing by mouth) order to prevent choking. Should Kyle exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report. Kyle receives all fluids, nutrition and medications via his G-tube. Staff receive training on G-tubes prior to assisting Kyle with his feeding. Any concerns, issues or request for supplies will be communicated by staff to Kyle's guardian and any orders or instructions will be followed.

**Chronic Medical Conditions:**

**Traumatic Brain Injury (TBI):** is an injury that affects how the brain works. TBIs are usually caused by a blow or other traumatic injury to the head or body. Kyle sustained as TBI at the age of 10. TBIs sustained during childhood of any severity effect the developing brain generally resulting in developmental and cognitive delays. Staff are aware of Kyle's TBI and the other chronic medical conditions he has as a result. Staff provide Kyle with supports in these areas.

**Intellectual Disability (ID):** is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning, and is often accompanied by a neurological disorder. Kyle 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.

**Quadriplegia:** refers to the paralysis of all four limbs and occurs when the neck area of the spinal cord is injured. Those who experience this have paralysis of both arms and both legs. As a result Kyle is unable to shift his weight/reposition himself putting him at risk of developing pressure sores. Kyle also experiences incontinence and respiratory issues as a result of his quadriplegia. Kyle receives full support in all fine and gross motor activities. He is supported in with personal cares and repositioning throughout his day and observed for signs of skin integrity issues during personal cares.

**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. Staff are aware of Kyle's fused spine and care is taken when transferring or assisting Kyle to roll that his body does not twist.

**Self-administration of medication or treatment orders:** Kyle takes medication via his G--tube; Kyle 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 Kyle 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 to Kyle's father via phone, email or communication book and noted in Daily Progress Notes.

**Other health and medical needs:**

**Holding Breath:** Kyle will hold his breath when he is feeling distressed or getting sick. Staff will attempt to figure out why Kyle is holding his breath. Staff will offer the restroom or repositioning if Kyle holds his breath or appears uncomfortable.

**Personal Cares / Toileting:** Kyle utilizes the support of a disposable brief and due to his physical limitations, is not able to complete his personal cares. Kyle requires full assistance in all aspects of personal care. Kyle is assisted with personal cares every 2 hours and more frequently as needed. He is assisted to transfer to the mat table to be freshened up by 1 staff using an in-ceiling track system or 2 staff using a Hoyer lift. Staff help Kyle to wear clean and dry clothes and monitor for signs of skin integrity concerns during personal cares. Care is taken when transferring or assisting Kyle to roll that his body does not twist. All concerns, requests for supplies and eliminations are communicated to Kyle's father via phone, email or communication book.

Describe the **personal safety 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:

**Risk of falling:** Kyle's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Kyle experiences muscle contractions and has limited limb and trunk control; he is unable to bear weight or reposition himself and relies on others to ensure he is properly positioned in his wheelchair and that all positioning belts are secured. When Kyle is on the mat table, the side rails will be up unless staff are standing directly next to him. When Kyle is in a recliner, the footrest will be up/engaged and a positioning belt will be used to prevent falls. Any concerns or occurrence of falls will be communicated by PAI staff to Kyle's father via phone, email or communication book and noted in his Daily Progress Notes.

**Mobility issues:** Kyle's chronic medical conditions and vision impairment impact his ability to be safely mobile on his own. Kyle uses a manual wheelchair as his primary means of mobility which he is unable to propel himself. Staff support Kyle by propelling his wheelchair for him. Staff inform Kyle prior to moving his wheelchair where they are assisting him to. Kyle is unable to reposition himself, he is assisted in transferring to/from his wheelchair by 1 staff using an in-ceiling track system or 2 staff using a Hoyer lift. Care is taken when transferring or assisting Kyle to roll that his body does not twist due to his spinal fusion. Concerns or requested repairs of Kyle's wheelchair will be communicated to his father 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 Kyle coming into contact with it. PAI does not offer swimming or bathing. Kyle receives support when in the community and should he be near a body of water, staff will stay **in physical contact** with Kyle's wheelchair when in motion. When near bodies of water, staff will engage the breaks of Kyle's wheelchair when not in motion.

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

**Sensory Disabilities:** Kyle's eyes work independently of each other resulting in poor vision. Kyle is able to see best when objects are at a close distance (within 12 inches / 1 foot) in front of him and he is prompted to "bring your eyes in". Kyle

will receive verbal reminders to “bring your eyes in” to help him focus his eyes and staff will offer objects at a close distance. Staff will verbally describe items to Kyle and may also offer a tactile / touch choices instead of visual choice.

**Person-centered information**

**Important TO:** It is important to talk with Kyle when you are working with him and let him know what you’re doing. If Kyle is not feeling well or needs a change of environment, he may wiggle frequently or have facial expressions of discontent. Kyle likes to be engaged with others. Kyle likes football, especially the Green Bay Packers. He enjoys going to the cabin and spending time with his family. Kyle enjoys being read to or listening to books on tape. He also enjoys attending Music Therapy.

**Important FOR:** It is important for Kyle that staff are aware of his NPO order, vision impairment and seizure diagnosis. It is important for Kyle to be repositioned during his day and encouraged to communicate to the best of his ability.

**Good day:** A good day for Kyle consists of being comfortable, spending time with his family at the cabin, is understood, and has someone available to read books with.

**Bad day:** A bad day for Kyle includes when he is in pain or uncomfortable, if he is having stomach problems, when isn’t able to communicate, and when he’s pushed to do activities eh would prefer not to.

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**:

- Kyle makes choices about his schedule, community activities, and daily activities. He is provided options throughout his day to make choices and decisions. His decisions are honored.
- Kyle communicates non-verbally using facial expressions, vocalization and some body language. Kyle eye blinks to answer yes/no questions. Ask him yes or no questions and give him time to respond. Kyle also will let staff know he is uncomfortable by “wiggling” more or holding his breath.
- Kyle likes to be engaged with other in small group activities like Music Therapy. He enjoys being read to and having sensory items to hang on to throughout his day. He prefers interacting with people who have a soft calm tone of voice and understand his communication abilities.

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**?

Kyle 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. Kyle 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?

Kyle 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. Kyle 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?

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

- Kyle’s guardians and PAI staff collaborate in the exchange of information as it relates to Kyle’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 Kyle’s communication book.
- PAI works with Kyle’s Father for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Kyle’s has **private guardianship provided by his parents**. Kyle’s father Kevin Krumm is his primary guardian and legal representative who advocates on his behalf as well as makes legal decisions with him. The legal representatives provides information and direction on Kyle’s services and supports in collaboration with other members of this support team.
- Chelsea Nyirongo, case manager from St.Croix County in Wisconsin, develops the Coordinated Services Support Plan or Member Plan, completes service agreements, participates in service direction, assists Kyle and his legal representatives in advocacy and finding additional opportunities or resources and communicates with the members of Kyle’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](mailto:MDuffy@PAImn.org) Phone: 651-777-5622 Fax: 651-777-5633

Kevin Krumm – Legal Representative  
Email: N/A Phone: 651-239-3081

Joyce Krumm – Legal Representative  
Email: [jphotomems@yahoo.com](mailto:jphotomems@yahoo.com) Phone: 715-497-3980

Chelsea Nyirongo – Case Manager St.Croix County, Wisconsin  
Email: [Chelsea.Nyirongo@inclusa.org](mailto:Chelsea.Nyirongo@inclusa.org) Phone: 715-309-4923

**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 – Kyle lives at home with his Father and Stepmom

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**:

Kyle and his team are not interested in transitioning from day services to employment services at this time. Kyle 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”.

- Observe Kyle for signs of injury or illness and provide first aid and CPR, as needed
- Administration of medications to Kyle. Request medical supplies and medication refills from guardian

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: Kyle receives his medications via his G-tube and requires full assistance in the administration of his medications. 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 Kyle’s father.

**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: Kyle has limited fine motor skills, staff are able to assist him to 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: Kyle is unable to remove himself from an emergency, staff can push Kyle’s 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: Kyle is not able to position himself, staff are able to help Kyle be positioned comfortably in his chair. Kyle uses a seatbelt to help him stay 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