

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

Name of person served: **Henry Hendrickson** For annual period: **November 2021 through November 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 11.16.2021

Legal representatives: Neil and Mary Hendrickson Case manager: Cho Xiong

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:

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

“Henry will choose a group activity to participate in 3 times weekly in 90% or more trials over the next year.”

Henry is a social person who enjoys being involved in activities and it is important to him that he make choices throughout his day. This outcome will provide an opportunity for Henry to engage in enjoyable activities, while continuing to strengthen his choice making and self-determination skills.

Outcome #2:

“Henry will choose a sensory item or activity to participate in daily in 85% or more trials over the next year.”

Henry enjoys a variety of sensory activities and it is important to him that he be provided with opportunities to make choices throughout his day. This outcome will provide intentional time for Henry to indicate what experiences he would be interested in participating in and build his choice making skills while continuing to advocate for himself.

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:

Henry utilizes technology at PAI daily through the use of the iPad to make choices and listen to music. Henry and his peers have a computer and television monitor in the program room, as well as a smartboard, that is used to watch sensory videos, play interactive games, and listen to music. 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: Henry is lactose intolerant and is at risk of illness and discomfort if given lactose. Staff are aware of Henry's intolerance and his allergies are listed on his MAR and Facesheet. Concerns with allergies will be communicated to Henry's parents via phone, email or communication book and noted in his Daily Progress Notes.

Seizures: Henry is diagnosed with Epilepsy. Henry's seizures are partially controlled by medications He has a physician ordered Seizure Protocol with PRN medication. Henry will be supervised and monitored for seizure activity. Staff are trained to Henry'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 parents via Seizure Report, email or phone call within 24 hours.

Choking & Special dietary needs: Henry has a physician ordered NPO diet due to his history of aspiration and esophageal dysmotility, he is at risk of choking if his NPO order is not followed. Henry receives all fluids and nutrition via his G-tube. PAI staff provide support to Henry by assisting him with his feedings while at PAI, and ensuring that he doesn't eat anything orally. Should Henry exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report. Concerns with Henry's g-tube and any request for supplies will be communicated by staff to Henry's parents.

Chronic Medical Conditions:

- **Asthma & Restrictive Airway Disease (RAD):** are conditions which prevent the lungs from fully expanding with air. Symptoms may also include, but are not limited to, coughing, shortness of breath, excess mucus in the bronchial tube, swollen mucous membrane in the bronchial tube, and/or hypersensitive bronchial tubes. PAI staff support Henry with this by monitoring his breathing for any abnormalities. Staff would report anything with Henry's breathing right away to our nurse and to Henry's parents.
- **Cerebral Palsy (CP):** is a developmental disorder that affects muscle control and coordination. Henry's ability to move and maintain balance and posture is impaired due to limited muscle control. While at PAI Henry is supported in all areas requiring coordination or the use of fine/ gross motor skills.
- **Esophageal Dysmotility:** Henry receives all fluid and nutrition via g-tube. Staff will support Henry by following his physician ordered NPO dietary plan.
- **Moderate Intellectual Disability (ID):** Henry is monitored for seizure activity and 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:** Henry has a personal wheelchair with a specially designed supports to aid in proper positioning of his body. Staff visually check to ensure Henry is positioned properly in his chair and support him to apply any positioning belts.

Self-administration of medication or treatment orders: Henry takes medications via his g-tube with the exceptions of his seizure PRN which is administered buccally. Henry requires full assistance with medications. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of 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:

- **Personal Care Supports:** Henry wears a disposable brief due to incontinence and lacks the physical ability to perform personal hygiene related tasks. Henry uses the support of 1 staff and an Arjo lift to stand and bear weight for the duration of his personal cares. Henry experiences chronic redness / skin breakdown on his coccyx. Henry is not able to reposition himself increasing his risk of skin integrity concerns. Staff monitor Henry for signs of skin breakdown during personal cares and support him in applying his PRN Butt Paste as needed. All concerns and requests for supplies and eliminations are communicated to Henry's parents via phone, email or communication book.

Risk of falling: Henry's chronic medical conditions and seizure disorder put him at an increased risk of falling and impact his ability to be safely mobile on his own. Henry is supported to ensure all safety/positioning belts are secured when in his wheelchair. Should Henry be on a mat table the side rails would be up/engaged if staff are not standing beside the table. Any concerns or occurrence of falls will be communicated by PAI staff to Henry's parents via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Henry's chronic medical conditions impact his ability to be safely mobile on his own. Henry uses a manual wheelchair as his primary means of mobility. Henry is able to self-propel his wheelchair short distances but often chooses not to. Staff support Henry by propelling his wheelchair long distances and when Henry chooses not to self-propel. When Henry is self-propelling his wheelchair, staff provide support to Henry by monitoring him and making sure his path is free of obstacles. Henry is able to bear weight, but is not able to balance or transfer independently. Henry is supported to transfer by staff using a one person stand pivot, or an Arjo lift. Concerns or requested repairs of Henry's wheelchair will be communicated to his parents 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 Henry coming into contact with it. PAI does not offer swimming or bathing. Henry receives support when in the community and should he be near a body of water, staff will stay in physical contact with Henry's wheelchair and will verbally inform him the areas to stay in (on the path, middle of the dock, etc.) and where the water is. Staff will engage the breaks of Henry's wheelchair when not in motion.

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

Person-centered information

Important TO: It is important to Henry that he have the opportunity to socialize with peers as well as staff. Henry is a very social man and loves to build relationships with people. It is important to Henry to have the opportunity to make choices throughout his day, to be able to color in adult coloring books on a daily basis if possible, to relax in a recliner listen to music and it is important to him that music is a part of his life.

Important FOR: It is important for Henry to be provided support by staff and caregivers during his day to day life. It is important for him to be provided proper care. It is important for Henry to have his medical orders followed, particularly his NPO order, as his esophageal dysmotility puts him at an increased risk of choking if his orders are not followed.

A **Good day** for Henry would be him having the opportunities to participate in activities that he enjoys, such as coloring and listening to music. Henry would ideally have the opportunity to socialize with people, as this is a great enjoyment of his. Henry loves his family, a good day would involve him spending time with them.

A **Bad Day** for Henry would be not having people to socialize with, not being able to spend time with his family and/or friends, and not having the opportunity to participate in activities that he enjoys.

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**:

- Henry enjoys his independence whenever able and making choices about his daily schedule.
- Henry likes to be a part of the group during activities, and participating at a level he is comfortable with.
- Henry likes to have the opportunity to color during his day

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**?

Henry 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. Henry 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?

Henry 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. Henry 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?

Henry is supported in developing and maintain relationships with staff and peers at the Linden site. Henry has opportunities to volunteer in his community and 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 Henry and his team are not seeking competitive employment at this time. Should Henry 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?

- Henry’s guardians and PAI staff collaborate in the exchange of information as it relates to Henry’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 Henry’s communication book. PAI works with Henry’s parents for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Neil & Mary Hendrickson are Henry’s private guardians and parents who advocate on his behalf as well as makes legal decisions with him. The legal representatives provides information and direction on Henry’s services and supports in collaboration with other members of this support team.

- Cho Xiong, Case Manager from Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Henry and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Henry’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 – Designated Coordinator
 Email: MDuffy@PAImn.org Phone: 651-777-5622 Fax: 651-777-5633

Neil and Mary Hendrickson – Legal Representative
 Email: neislunch@comcast.net Phone: 612-810-4572

Cho Xiong – Case Manager – Ramsey County
 Email: cho.xiong@co.ramsey.mn.us Phone: 651-266-4281

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 – Henry lives in his family home.

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**:

Henry and his team are not interested in transitioning from day services to employment services at this time. Henry 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.
- Request medical supplies and medication refills from Henry’s guardians.
- Administration of medications and nutrition to Henry.
- 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 & 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: Henry receives his medications via g-tube with the exception of his rescue seizure medication which is administered buccally. Henry 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 Henry’s parents.

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: **Henry may enjoy physical contact from staff including a hug, hand holding, or someone rubbing his arm.**
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: **Henry may need assistance from staff with his fine motor skills. Staff can assist Henry 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: **Henry may not respond appropriately to emergency situations. Staff will assist him in transferring or evacuating during an emergency as needed.**
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: **Henry wears a seat belt while in his wheelchair to aid in positioning and to keep him safely secured.**
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