

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

Name of person served: Hung Vo

Date of development: July 23, 2020

For the annual period from: July 2020 to July 2021

Name and title of person completing the *CSSP Addendum*: Courtney Kelly, DC

Legal representative: Hung Vo, self-guardian and Angela Sirovy, emergency medical co-guardian

Case manager: Renee Busch, Thomas Allen Inc.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum* based upon the *CSSP*.
- Within 45 calendar days of service initiation, the license holder must meet with the support team and make determination regarding areas listed in this addendum.
- Annually, the support team reviews the *CSSP Addendum*.

Services and supports

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 information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team.

The **scope of the services** to be provided to support the person's daily needs and activities include:

The scope of services for Hung is DT&H intensive supports in a community environment. PAI works with Hung to develop and implement achievable outcomes based on Hung's goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to his health, safety, and well-being as needed by Hung.

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes (Service Outcomes and Supports):

Outcome #1: Hung wants to be more independent with making purchases.

"Hung will personally hand his money to the cashier when purchasing items in the community, 75% of trials until next review."

Outcome #2: Hung wants to work on being more confident in his money skills and identifying amounts and bills/coins.

"Hung will practice counting money each morning in homeroom, 75% of all trials until next review."

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:

PAI

- NA- Hung does not wish to use technology to work on his outcomes at this point on time.

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Allergies:** If Hung is experiencing signs of seasonal allergies, specifically a running nose or red and itchy eyes, staff will let Hung's residence know. Hung has PRN allergy medication at home that Hung's residence will help him administer.
 - **Seizures:** If Hung experiences any seizure activity at PAI, staff will follow PAI's seizure protocol and call 911. Staff will notify Hung's residence immediately.
 - **Choking:** Hung packs and prepares his lunch from home, and Hung's lunch should come cut into quarter size or smaller pieces. If Hung's lunch does not come cut up or if Hung is having additional food at PAI, from a cooking class or on a community outing, staff will assist Hung with cutting up his food. Staff are always in the same room as Hung when he is eating and will remind Hung to not talk when he has food in his mouth. Staff will not serve Hung a drink using a straw or sippy cup.
 - **Chronic Medical Conditions:** Hung is diagnosed with Cerebral Palsy and experiences muscle stiffness and spasticity. When Hung is experiencing muscle tightness when trying to complete an activity, like repositioning or moving his body, staff will give Hung a few minutes to practice his deep breathing before trying to complete the task.
 - **Self-Administration of Medication or Treatment Orders:** Hung does not take any medication at PAI. Hung wears a left hand splint which staff help Hung put on in the morning at PAI and take off after lunch. Staff will help Hung put on his hand brace and secure the straps over his fingertips, thumb, wrist and forearm. If the need did arise for Hung to take medication at PAI, a staff trained in medication administration would administer the medication to Hung per a signed physician's order.
 - **Preventative Screenings; Medical and Dental Appointments:** Hung's residence schedules and attends all appointments with Hung. Any signs/symptoms of illness/injury will be relayed to Hung's residence. Hung's residence will help Hung follow up with his physician as needed.
 - **Risk of Falling; Mobility Issues:** Staff will point out physical obstacles to Hung when he is steering his electric wheelchair and remind Hung to slow down and watch where he is going. When in crowded areas or around potentially dangerous obstacles, staff will offer to help steer Hung's wheelchair. Staff will ensure Hung's lap seat belt is secured at all time. When Hung is riding in a vehicle or sitting on the toilet, staff will secure his chest straps for upper body support. If Hung needs to transfer out of his wheelchair to the toilet, staff will use a 2 person Hoyer lift.
 - **Regulating Water Temperature:** PAI's water is regulated to a safe temperature for hand washing. Staff will turn on the water for Hung. When in the community, staff will turn on and adjust the faucet to a safe temperature for hand washing for Hung.
 - **Community Survival Skills:** Staff will always be with Hung in the community and will advocate on Hung's behalf. Staff will model safe pedestrian skills and stranger safety skills and will prompt Hung to follow these as needed. When in the community, staff carry Hung's basic health information and ID information with and would provide this to emergency personnel if the situation warranted. When in crowded areas or around potentially dangerous obstacles, staff will offer to help steer Hung's wheelchair.
 - **Water Safety Skills:** PAI does not offer swimming as part of programming. If Hung were to participate in an activity near or on a large body of water, staff would stay with Hung the duration of the activity and help Hung put a life jacket on.
-
- **Sensory Disabilities:** If staff notice that Hung's glasses are dirty, staff will offer Hung assistance with cleaning them. Staff will point out obstacles and uneven terrain to Hung and offer assistance with steering if the situation appears potentially dangerous. If staff notice a changes in Hung's vision, staff will relay this to Hung's residence. Hung's residence will help Hung follow up with his physician as needed.
 - **Restroom Assistance:** Staff will assist Hung with positioning and holding a portable urinal when Hung needs to void. When Hung needs to have a bowel movement at PAI, staff will use a 2 person Hoyer lift to transfer Hung to the

toilet. Staff will use the chest straps available in the large bathroom at PAI for upper body support when Hung is sitting on the toilet. Staff will physically assist Hung with cleaning after a bowel movement and will putting his clothes back on. If Hung is experiencing muscle stiffness or spasticity when trying to transfer using the Hoyer lift, staff will give Hung a few minutes to practice his deep breathing before trying to do the lift.

- **Physical Aggression/Verbal Aggression:** If Hung is experiencing high anxiety or stress and is upset, staff will ask Hung if he would like to go somewhere quiet to talk. If Hung is driving his wheelchair unsafely or towards others, staff will ask Hung to stop. Staff will give Hung a few minutes to calm down and encourage him to practice his deep breathing and other relaxation techniques. Staff will give Hung ample time to explain what is wrong and try to help him problem solve the situation.
- **Person-Centered Information:**
The **important to** Hung items are: having strong friendships and relationships with others, working and making money, and having varied activities in the community.

The **important for** Hung items are: having physical supports to continue living in a healthy and safe manner, having opportunities to work and make money, and having continued and varied opportunities to incorporate in his community.

A **good day** for Hung would be when he's feeling relaxed and his stress is managed. Hung is social with peers and friends and his relationships with others are important. Hung has a good sense of humor. When Hung is having a good day, Hung will participate in work and contribute to class discussions.

A **bad day** for Hung would be when Hung is feeling stressed and anxious, which can be caused by a number of factors. Hung can become sad and upset when he thinks about his mom passing away, which can increase around the anniversary of her death. Hung also can sometimes get anxious and upset when talking to his ex-girlfriend, who does not always want Hung to talk to her. Hung sometimes feels that people do not give him the time to express his thoughts and feelings. When Hung is upset, Hung may yell very loudly at others and even get physically aggressive. Hung may leave the area and want some time alone in the hallway or may want to talk to a trusted staff in their office.

Hung **likes** working on cards, attending book club, going mall walking, going bowling, music (especially Justin Bieber and Taylor Swift), watching movies, and the Twins.

Hung **dislikes** when people pass away (especially remembering when his mom did recently), when people yell at him, and when people don't take the time to listen to what he has to say.

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:

- Hung has control over his schedule by choosing how many classes he'd like to take and which ones. Hung chooses where he'd like to go on community outings.
- Hung prefers it when people take the time to listen to his thought and opinions. Hung likes it when people repeat back to him what he said, so he can correct anything that the listener may not have understood.
- Hung prefers it when he has a trusted staff available to talk to him in their office when things aren't going well for Hung or he's experiencing a lot of anxiety.
- Hung prefers it when he can stick to his schedule, and prefers it when people let him know ahead of time about changes to his schedule.
- Hung prefers taking a mix of classes and work at PAI.
- Hung prefers outing like mall walking or walking around the neighborhood.
- Hung prefers when class instructors let Hung actively participate in class activities and ask for his feedback/insight.

PAI

Is the current service setting the **most integrated setting available and appropriate** for the person?

Yes No

If no, please describe what action will be taken to address this:

N/A

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?

- Hung and his residence, co-guardian, PAI, and case manager exchange information as it relates to Hung's services and cares. Meetings and reports are shared with Hung's team. Hung's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Hung is his own guardian and has a co-guardian, Angela Sirovy from Lutheran Social Services, for emergency medical situations. Hung and his co-guardian advocate on Hung's behalf and make legal decisions for him.
- Hung lives in a Phoenix Residence home. Phoenix Residence provides all in home care needed and attends all medical appointments with Hung. Phoenix Residence ensures all of Hung's needs are being met and provides any information to Hung's team about changes in supports needed.
- Case manager, Renee Busch from Thomas Allen Inc., develops Hung's CSSP and completes Hung's service agreements. Renee communicates with Hung's support team to ensure continuity of care.
- PAI will provide Hung with employment opportunities onsite and help Hung work on vocational training and skill building. PAI will communicate any health and medical concerns to Hung's residence.

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:

Angela Sirovy, Emergency Medical Co-Guardian, Lutheran Social Services
P: 651-310-9418
Email: angela.sirvoy@lssmn.org

Renee Busch, Case Manager, Thomas Allen Inc.
P: 651-240-1982
Email: renee.busch@thomasalleninc.com

Pam Owen, Phoenix Residence
P: 651-231-4976
Email: viking@phoenixresidence.org

Cortney Kelly, PAI
P: 651-747-8740
Email: ckelly@paimn.org

Does the person require the **presence of staff** at the service site while services are being provided?

Yes No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

N/A

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

PAI

Yes No

If yes, please indicate what right(s) are restricted:

N/A

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**?

Yes No

If yes, address any concerns or limitations:

N/A

Has it been determined by the person's physician or mental health provider to be **medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety?

Yes No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

Health needs

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."

- Providing CPR and First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Hung's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- Putting on and taking off Hung's left hand brace.

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

If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

Medication set up Medication assistance Medication administration

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed.
- Concerns about the person's self-administration of medication or treatments.

Psychotropic medication monitoring and use

Is this person prescribed psychotropic medication?

Yes No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

Yes No

If yes, the following information will be maintained by the company:

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 and procedures

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:
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.
 Yes No If yes, explain how it will be used:
3. To facilitate a person's completion of a task or response when the person does not resist or it is minimal:
 Yes No If yes, explain how it will be used: Hung may request hand over hand or physical assistance with activities that require fine motor skills, like wiping his hands off or with an art project. Staff will physically assist Hung as he requests.
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:
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used:
7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
 Yes No If yes, explain how it will be used: Hung may appropriately evacuate himself, however, if Hung

PAI

does not do so independently or cannot do so because of obstacles and uneven terrain in the event of an emergency where imminent risk of harm is present, staff will assist Hung in safely evacuating the building in the least restrictive manner possible.

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: Hung uses an electric wheelchair with a lap seat belt for mobility. When Hung is traveling in a vehicle or sitting on the toilet to use the restroom, Hung will use chest straps for upper body support.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used:
10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?
 Yes No If yes, explain how it will be used:
11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?
 Yes No If yes, explain how it will be used: Hung wears a split on his left hand which is put on in the morning at PAI and taken off after lunch. When Hung need to transfer to the toilet, a Hoyer lift will be used.

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 what these requirements are: 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

Staff ratio: For facility-based day services only

NA for residential services

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person’s service recipient record:

1:4 1:8 1:6 Other (please specify):

Frequency of reports and notifications

*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:
 Quarterly Semi-annually Annually
2. Frequency of service plan review meetings, at a minimum of annually:
 Quarterly Semi-annually Annually
3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:

PAI

Quarterly Other (specify): NA

4. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):

Quarterly Other (specify): NA

5. The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed. Please indicate any changes regarding this notification: N/A

6. 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

7. Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here).

Quarterly Semi-annually Annually Other (specify): NA