

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

Name of person served: Andrea Hillestad

Date of development: 10.23.2020

For the annual period from: 10.01.2020 to 09.30.2021

Name and title of person completing the *CSSP Addendum*: Kennedy Norwick, Designated Coordinator

Legal representative: Geoffrey Hillestad, father (private), Sue Farnsworth, sister (private), Paul Hillestad, brother (private)

Case manager: Joanna Karas, Ramsey County

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 Annie is intensive support services in a day training and habilitation community based program. The program works with Annie to develop and implement achievable outcomes that support her goals and interests, and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Annie’s physical, emotional and social functioning. Staff support Annie in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, data tracking and daily support related to her health, safety and wellbeing as needed by Annie. Support is provided in the most integrated and least restricted environment for Annie. PAI works with Annie’s guardians, residential provider and transportation provider for continuity of care.

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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):

**Proposed Outcome #1:** Annie enjoys participating in beauty activities and it is important to her that she gets to do these frequently.

"Once a week, Annie will choose which beauty activity she would like to do."

**Proposed Outcome #2:** Annie loves all beverages. It is also important to Annie that she can be as independent as possible.

"Once a week, Annie will assist in making a cup of tea."

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:

Annie does not show much interest in technology. The team feels that no further exploration is needed.

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:** Annie is allergic to Penicillin and Cleocin. Staff are aware and trained on Annie's allergies.
- **Choking and Special dietary needs:** Annie is on a mechanical soft diet and can eat independently. Annie enjoys eating, but she needs reminders to chew her food well and take small bites to prevent choking. Annie is safely able to eat food that is cut into nickel-sized pieces. Annie uses a smaller mother-care spoon at PAI.
- **Chronic Medical Conditions:** Annie has a diagnosis of hearing loss, anxiety and OCD. Staff will speak towards Annie's left ear in a loud, clear voice. Annie's anxiety and OCD may complicate her decision to make clear judgments. Her decisions are based on her immediate wants and needs. If staff observe Annie about to make an unsafe or undesirable choice, staff will use verbals, signs and gestures to redirect her to more appropriate activity. Staff utilize informal learning opportunities throughout the day to teach appropriate decision making.
- **Other health and medical needs:**
  - **Sores/picking/clothing:** Due to Annie's anxiety and OCD, she may create sores and pick at them or pinch herself. If Annie has sores or picks at her skin, staff will put a long sleeve shirt on her. Staff are trained in first aid and will provide first aid if needed. Annie also engages in actions that may require her to change her clothes. She will smear food, drinks, blood and feces on her clothes in hopes that she can change them. If Annie gets her clothes wet/dirty with food, staff will help her clean the clothing but she will not change them. If her clothes are covered in blood or feces Annie will change her clothing.
  - **Sun sensitivity:** Annie takes Fluoxetine (outside of PAI), which causes a sensitivity to the sun. If Annie will be outside for longer than 10 minutes, staff will apply sunscreen. Annie will also be in the shade as much as possible.
- **Risk of falling/Mobility:** Annie is given extra time to navigate her surroundings. She uses handrails independently. If she does not use the handrails, staff will verbally remind her. Staff may also offer their hand or arm for support. Staff will offer verbal reminders of steps, curbs and obstacles as they physically point to them and steer Annie safely around them by the hand or arm. Staff will walk behind Annie when she is going up the bus steps. Staff will walk in front of Annie when she comes down the bus steps. She is in danger of bumping into items, tripping and being in the path of oncoming traffic. Annie frequently receives bumps and bruises on her ankles, shins and knees.
- **Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Annie coming into contact with it.
- **Community Survival Skills:** Annie utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Annie while in the community to practice all pedestrian and traffic safety skills. She is supported in safely engaging with the community activities and people of her choice. Staff observe what is occurring around Annie and intervene on her behalf if a potentially dangerous situation were to arise. Staff will call 911 on Annie's behalf in the event of an emergency.
- **Water safety skills:** PAI does not offer swimming or bathing. When near bodies of water, staff will stay within arm's reach of Annie.
- **Self-injurious behaviors:** Annie may pick or create sores, particularly on her arms. She may also pinch herself, causing bruising. If staff notice that Annie is picking/creating sores on her arms, they will put a long sleeve shirt on her. Staff will assess for any first aid needs and treat as needed.
- **Person-centered information**
  - Important to Annie: It is important to Annie that she is able to relax, go on walks, and visit other rooms. It is also important to Annie that she can participate in art projects (painting and making jewelry) and that she can earn her pop at the end of the day.
  - Important for Annie: It is important for Annie that she is allowed time to walk and visit with peers. It is important for Annie that staff keep all beverages out of reach.

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- Balance of important to and for: Providing Annie with time to relax and visit other rooms while also encouraging participation in daily activities/groups is important. Providing Annie with beverages throughout the day but encouraging her not to take beverages that aren't hers is also important.
- Good day for Annie: A good day for Annie includes smiling, laughing, and participating in activities throughout the day.
- Bad day for Annie: A bad day for Annie is when she does not want to participate in any activities, takes beverages that are not hers and wets her clothing.
- How to have more good days: In order for Annie to have more good days, staff will encourage Annie to participate in activities, provide her time to visit/take walks, and by keeping beverages out of reach.
- Likes: Annie likes getting her hair and nails done, going on walks, visiting other rooms, making jewelry/art projects, pop, coffee, sweets and pizza.
- Dislikes: Annie does not like tomatoes, V8 juice, celery, hard crunchy foods, egg salad, tuna salad, being rushed, being reminded to not pick at sores, having band aids/long sleeves covering sores, not earning her pop at the end of the day.
- Preferences: Annie prefers to observe rather than interact. Annie prefers her personal space.

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:

- Annie prefers to have the opportunity to relax, visit other rooms, and go for walks.
- Annie prefers to observe rather than interact.
- Annie prefers to have personal space. She responds best to verbal/gestural cues.
- Annie communicates by using gestures, pointing, guiding staff to what she wants/needs, and by using some basic ASL.

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?

- Annie's guardians, residential and PAI staff collaborate to share necessary information as it relates to Annie's services and care. Meetings and reports are shared and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Annie receives residential services through REM. PAI works with her home staff for supplies needed at PAI.
- Geoffrey, Sue and Paul are Annie's guardian and advocate on her behalf as well as makes legal decisions. Her legal guardian provides information and direction on Annie's s services and supports in collaboration with other members of her support team.
- Joanna Karas, county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and REM, and assists Geoffrey, Sue, and Paul in advocacy and finding additional opportunities for community involvement. Joanna also completes Annie's service agreements and communicates with members of the 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-Parkway, Day Program  
Kennedy Norwick  
[knorwick@paimn.org](mailto:knorwick@paimn.org)  
Phone: 651.426.2484  
Fax: 651.426.3789
- REM, Residential Provider  
Kirstie Wells  
[Kirstie.wells@thementornetwork.com](mailto:Kirstie.wells@thementornetwork.com)  
Phone: 651.291.8054
- County Case Manager  
Joanna Karas  
[joanna.karas@co.ramsey.mn.us](mailto:joanna.karas@co.ramsey.mn.us)  
Phone: 651.728.2563
- Guardian  
Geoffrey Hillestad  
[Ghill108@aol.com](mailto:Ghill108@aol.com)  
Phone: 651.774.5329
- Guardian  
Sue Farnsworth  
[grfsef@msn.com](mailto:grfsef@msn.com)  
Phone: 651.772.3492
- Guardian  
Paul Hillestad  
[pjhillestad@msn.com](mailto:pjhillestad@msn.com)  
Phone: 651.334.0013

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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?

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."

- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- 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

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: To facilitate Annie's completion of a task (i.e. hand-over-hand prompting)

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:

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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:
- Annie will be physically assisted in walking, if needed, to quickly and safely evacuate or move away from an emergency situation.
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:
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:

## 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

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3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:  
 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

