

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

Name of person served: Marissa Bourdage

Date of development: 10/27/2020

For the annual period from: October 2020 to October 2021

Name and title of person completing the *CSSP Addendum*: Briana Hinzman, Designated Coordinator

Legal representative: Minda Bourdage

Case manager: Kaitlyn Prothero

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 Marissa is intensive support services in a community DTH program and community environment. The program works with Marissa to develop and implement achievable outcomes that support her goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Marissa to encourage activities, outings, and visiting with peers. Staff support Marissa in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to her health, safety, and well-being as needed by Marissa. 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 (Service Outcomes and Supports):

Outcome #1: Marissa will choose a sensory item daily 85% of all trials for a 12 month period

Outcome #2: Weekly, Marissa will share with her mom what she did each week.

# PAI

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:

- Marissa uses technology at PAI daily through the use of the iPad for choice making and music.
- Marissa is able to access the television in the room for sensory videos and to play games.
- No further exploration of technology is needed at this time.

# PAI

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:

**Seizures:** Marissa has Generalized Tonic Clonic seizures. Staff will monitor Marissa for seizure activity. Staff are trained on Marissa's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

**Choking, and special dietary needs (state specific need):** Marissa is on a pureed food diet. Marissa is not offered dry foods while at PAI. Dry foods may be moistened to consistency. Marissa does not receive fluids by mouth, she takes fluid in via G-tube. Marissa is fully assisted by staff at mealtime and uses a long handled coated small spoon. Staff will verbally prompt Marissa to take a bite and place the spoon in Marissa's mouth. Marissa's guardian prefers she eats most of her fruits and yogurts first. Staff will write in her communication book what she ate. Marissa's wheelchair is at approximately 80 degrees during activities and reclined to 45 degrees during mealtime.

**Chronic medical conditions:** Marissa is diagnosed with kyphoscoliosis with spinal fusion, an abnormal curve of the spine on two planes: the coronal plane, or side to side, and the saggital plane, or back to front. Global developmental impairment, which is when a child takes longer to reach certain development milestones than other children their age. This might include learning to walk or talk, movement skills, learning new things and interacting with others socially and emotionally. Choreoathetosis, a movement disorder that causes involuntary twitching or writhing, Hypertension (HTN), high blood pressure. Neurogenic bladder, a lack bladder control due to a brain, spinal cord or nerve problem. Renal Cyst, sacs of fluid that form in the kidneys. Marissa is also diagnosed with Constipation and recurrent UTI. Staff will not twist or turn Marissa. Staff will monitor Marissa for signs or symptoms of her chronic medical condition and report to her residence.

**VNS:** Marissa's magnet for her VNS is attached with Velcro to the back-left handlebar on her wheelchair. Staff will follow medical protocols and doctor orders.

**Hives:** Marissa periodically breaks out in hives on various parts of her body, but most commonly her face. The reaction is of an unknown origin. Marissa is monitored and has a PRN for allergic reactions. Any observed symptoms or use of PRN's are reported to her residence.

**Risk of falling and mobility issues:** When Marissa is on the mat table, the side rails will be up unless staff is standing in front of her. Marissa's wheelchair is at 80 degrees during activities and reclined to 45 degrees during mealtime. Marissa's wheelchair is marked in white the appropriate angles. Marissa is transferred using a ceiling track system or hooyer lift. Marissa is dependent on staff for all ambulation. Staff will ensure that Marissa is properly positioned in her wheelchair by physically securing the lap belt and shoulder straps for transportation. During the day, Marissa's shoulder straps do not need to be secured per guardian. Marissa's left hip may become reddened in color as the skin is thin in this area. Staff transfer Marissa with caution and do not twist or turn her torso/hips due to the spinal fusion surgery.

**Regulating water temperature:** Staff will physically check the water by placing their own hand in the water and adjust to a safe and comfortable temperature prior to exposing Marissa to the water.

**Community survival skills:** Marissa is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules.

**Water safety skills:** PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. Marissa is 1:1 while in the community.

# PAI

**Sensory disabilities:** Marissa is at risk of not seeing visual options. Staff will offer Marissa visual choices closer to her face so she can focus on them.

**Person centered planning:** Things important to Marissa are her family and friends, having a manipulative, music, and limited hand over hand activities. Things important for Marissa are her dietary orders, her VNS, and her seizure protocol.

A good day for Marissa is when she is feeling well and active, she has time out of her wheelchair to stretch out and move around, when she can see her mom, and when she is engaged throughout the day.

A bad day for Marissa is when she is not feeling well, when she is having seizures, and when she is tired and not able to be involved.

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:

Marissa prefers to have a manipulative available to her.

Marissa does not enjoy prolonged hand over hand activities.

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:

NA

# PAI

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?

- Marissa’s guardian, residence, and PAI staff will share necessary information as it relates to Marissa’s services and care. Needed supplies and medications will be provided by her residence. Meetings and reports are shared and the team works together to ensure the continuity of service. In person conversations, phone calls, emails and faxes may be used to discuss information.
- Kaitlyn Prothero, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Marissa, her residence and her guardians in other supports as requested.

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:

Briana Hinzman, PAI DC  
3595 Linden Ave. White Bear Lake MN, 55110  
651-777-5622  
[bhinzman@paimn.org](mailto:bhinzman@paimn.org)

Phoenix Residence – Janet Court, Residence  
1769 Janes Court Arden Hills MN, 55112  
651-294-2074  
[janethouse@phoenixresidence.org](mailto:janethouse@phoenixresidence.org)

Minda Bourdage, Guardian  
6600 Sherman Larc Road Lino Lakes MN, 55038  
612-730-4442  
[Minda.bourdage@medtronic.com](mailto:Minda.bourdage@medtronic.com)

Kaitlyn Prothero, Case Manager  
820 Lilac Dr. N suite 200 Golden Valley MN, 55422  
612-400-6758  
[kprothero@meridiansvs.com](mailto:kprothero@meridiansvs.com)

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

NA

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

# PAI

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 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
- Request medical supplies and medication refills from residence
- Administration of medications to Marissa
- 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: NA

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

# PAI

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

1. Describe the target symptoms the psychotropic medication is to alleviate:

NA

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:

NA

## 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: NA

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: NA

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: Marissa has limited fine motor skills, staff are able to assist her 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: NA

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: NA

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: NA

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: Marissa is unable to remove herself from an emergency, staff can push Marissa's wheelchair or help her 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: Marissa is not able to position herself, staff are able to help Marissa be positioned in her chair. Marissa uses a seatbelt to help her maintain positioning in her chair.

# PAI

9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: NA
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: NA
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: Marissa utilizes a seatbelt at all times and shoulder straps during transport.

## 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: NA

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:  
 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

# PAI

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:  
NA
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

**Meeting minutes:**