

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

Name of person served: Matthew Bealka

Date of development: 10/28/20

For the annual period from: October 2020 to November 2021

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

Legal representative: James Bealka

Case manager: Patrick Hiland

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 Matt is intensive support services in a community DTH program and community environment. The program works with Matt 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 Matt to encourage activities, outings, and visiting with peers. Staff support Matt 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 Matt. 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: Twice a week, Matthew will participate in a group activity, for 1 minute or greater, within 75% or greater for a 12 month recording period.

Outcome #2: Daily, Matt will greet peers or staff with his “hello song” 80% of all trials over a 12 month period.

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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:

- Matt uses technology at PAI daily through the use of the iPad for choice making and music.
- Matt is able to access the television in the room for sensory videos and to play games.
- Not further exploration of technology is needed at this 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: Matt is allergic to Absorbable Sulfonamides, Sulfa, Ceclor, and Augmentin. Staff are aware of Matt's allergies. Staff will not give Matt medications with these ingredients. Staff will inform Matt's residence and doctor if he is prescribed medications with these ingredients.

Seizures: Staff will monitor Matt for seizure activity. Staff are trained on Matt's seizure protocol. Staff will follow his protocol and provide support and comfort as needed.

Choking and special dietary needs: When completing activities or using small objects, staff will remain in close proximity to Matt and offer assistance as tolerated. Staff will remove small objects from his reach and lap tray when not immediately next to Matt completing activity. If Matt chooses to pull at his brief lining, staff will offer a cares room visit to freshen his brief and offer an alternative activity. Matt is on a pureed diet. Staff will place food on a built up spoon/fork and Matt will reach for utensil and bring to his mouth. Matt uses a plastic cup and drinks with minimal assistance from staff.

Chronic medical conditions, risk of falling, and mobility issues: Matt is diagnosed with Cerebellar hypoplasia, a disorder where the cerebellum does not fully develop which results in lack of balance, disrupted vision or hearing, and/or limited use of motor skills. Choreoathetoid Cerebral Palsy, a movement disorder caused by damage to the developing brain. Hypothyroidism, a condition in which your thyroid gland doesn't produce enough of certain crucial hormones. Thrombocytopenia, a condition in which you have a low blood platelet count. Matt is also diagnosed with Constipation. Matt's chair is equipped with a lap belt, pelvic strap, and lap tray. Matt can remove his own lap belt and seat belt and at times will push his lap tray off by himself even when it is fastened. Matt will be encouraged to wear his seatbelts and lap tray to promote safety. He uses a manual wheelchair for all ambulation and arrives at program with his own sling. Matt will self-propel his chair with his right hand/arm for short familiar distances. Matt is physically able to army crawl on the floor. Matt is transferred using a two person Hoyer lift or a one-person in-ceiling track system. When on the mat table, staff will remain by the side of the table.

Self-administration of medication or treatment orders: Staff request medications from Matt's residence. Concerns or issues regarding medication will be communicated by staff to Matt's residence and any order or instructions will be followed.

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 Matt to the water.

Community survival skills: Matt 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. Matt is 1:1 while in the community.

Sensory disabilities: Staff approach at an arm's length away on Matt's right side so he may see who is approaching him. Staff will present items for choice making at distance of 2-3 feet. Staff will approach in front of Matt from the right side and move to stand on his left side. Matt may choose to reach for staff's hair/clothing when staff/others stand on his right for more than a few seconds. Matt does have some vision as he locates objects in his environment.

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Grabs peers: Staff will ensure Matt is positioned at least an arm's length of distance from peers. Staff will offer Matt an alternate activity and verbally redirect Matt to another activity. Matt is strongest on his right side and has only made physical contact with others using his right arm and hand. Staff will approach at an arm's length away on Matt's right side so he may see who is approaching him. Staff will approach in front of Matt from the right side and move to stand on his left side. Matt is likely to reach for others hair or clothing if staff stand on his right for more than a few seconds.

Person-centered planning: Things important to Matt are his rocker, sitting by the window, walks, and bus rides. Things important for Matt are his diet, seizure protocol, and being encouraged to participate.

A good day for Matt is when there are a lot of trucks moving outside, long bus rides, taking many walks, spending time outside, and having a quiet environment.

A bad day for Matt is when he is pushed to do tasks, he isn't able to go for walks, or when people move him without asking.

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:

Matt prefers to sit by the windows.

Matt enjoys walking outside

Matt looks forward to riding the bus home

Matt does not like to wait.

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

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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?

- Matt's guardian, residence and PAI staff will share necessary information as it relates to Matt's services and care. Needed supplies and medications will be provided by his 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.
- Patrick Hiland, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Matt, his residence, and his guardian 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

Axis, Residential
651 Eldridge Ave. W. Roseville MN, 55113
651-488-2237
nlester@axis-mn.com

James Bealka, Guardian
1071 Heather Dr. Woodbury MN, 55120
651-343-9882
James.bealka@usfamily.net

Patrick Hiland, Case Manager
330 Marie Ave. E. West St. Paul MN, 55118
651-219-0774
philand@phoenixservicecorp.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:

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.

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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 Matt
- 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: 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

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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: When upset Matt may like his hand held.
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: Matt has limited vision, staff can assist Matt 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: Matt may reach out and grab peers or staff, staff are able to redirect Matt's hand.
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: Matt may become confused in an emergency, staff are able to assist Matt to transfer away from the 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: Matt may fall out of his chair if he chooses not to wear his seatbelts or lap tray. Staff will encourage Matt to wear his seatbelts and lap tray.

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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: Matt uses a seatbelt, chest strap, and AFO's.

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

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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