

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

Name of person served: Shannon O’Brien

Date of development: 6/10/2020 For the annual period from: June 2020 to July 2020

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

Legal representative: Katie Woessner and Therese O’Brien

Case manager: Mary King

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 Shannon is intensive support services in a community DTH program and community environment. The program works with Shannon 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 Shannon to encourage activities, outings, and visiting with peers. Staff support Shannon 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 Shannon. 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: Once a week Shannon will read to her peers in 50% or more of daily trials during this review period.

Outcome #2: Daily, Shannon will practice a word in sign language 80% of all trials over a 12 month period.

# 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:

- Shannon uses technology at PAI daily through the use of the iPad for choice making and music.
- Shannon 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:

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

**Choking and special dietary needs:** Shannon has dietary orders of nectar like liquid consistency, mechanical soft, no hard/raw fruit/vegetables, tough meats, breads, nuts, or seeds. Staff will thicken Shannon's liquids appropriately. Staff will offer food that matches Shannon's dietary orders and cut items into bite sized pieces as needed. Staff will encourage small drinks between bites.

**Chronic medical conditions and risk of falling:** Shannon is diagnosed with Hereditary Spastic Para paresis, refers to a group of inherited disorders that are characterized by progressive weakness and spasticity (stiffness) of the legs. Neurogenic Bladder/ spasms, a lack of bladder control due to a brain, spinal cord or nerve problem which lead to urine retention for Shannon. When Shannon is on the mat table, the side rails will be up unless staff is standing in front of her. Shannon's straps on her wheelchair will be on at all times. Shannon is transferred using a two person Hoyer lift or a one-person in-ceiling track system. Staff will physically and visually ensure that Shannon is positioned all the way back in her wheelchair after transfers.

**Mobility issues:** Staff will verbally inform Shannon of obstacles in her path. If staff observe Shannon to be experiencing constrictive movement that inhibits her from safely operating her chair or driving her wheelchair in any unsafe manner that puts her at risk of injury, staff will offer assistance to Shannon. Staff will operate her electric wheelchair to her desired location. Shannon also struggles to maneuver her chair with accuracy when her emotions are heightened (laughing, crying). Staff will seek permission from Shannon to help her drive safely to her desired location if she is in an escalated state and attempting to drive. Shannon also struggles to maneuver her chair with accuracy when she is distracted by talking to someone in the opposite direction she is moving. Staff will encourage Shannon with verbal prompts to maintain accurate driving. Staff will also advocate that others not distract her while driving, or encourage her to stop her chair while socializing. Staff will drive Shannon's wheelchair for her when around a body of water. Staff/drivers will operate her electric wheelchair at all times while loading and unloading the vans at PAI. Staff/drivers will also ensure the power is turned off on her wheelchair while on the van lift.

**Self-administration of medication or treatment orders:** Staff request medications from Shannon's residence. Staff set up and pass medications to Shannon according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each medication administration time, staff dispense the medication and pass it to Shannon. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Concerns or issues regarding medication will be communicated by staff to Shannon's residence and any orders or instructions will be followed.

**Other health and medical needs:** Shannon has a Mitrofanoff Channel due to her bladder spasticity. Staff are trained to help Shannon urinate using her mitrofanoff channel. Staff will record and document Shannon's output and report to her residence.

**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 Shannon to the water.

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

# PAI

**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. Shannon is 1:1 while in the community.

**Sensory disabilities:** Shannon has mild hearing loss in her right ear. Staff will speak to Shannon on her left side. As Shannon is interested staff can pair signs with their verbal communication.

**Mental or emotional health symptoms and crises:** Shannon is diagnosed with depression. Staff will monitor Shannon for signs of depression and report any symptoms to her residence.

Person-centered planning: Things important to Shannon are her mom, her cousin and guardian Katie, working, baking, helping, advocating for others, and being involved in age appropriate activities. Things important for Shannon are her Mitrofinoff, having adequate time to respond, and her team who knows her well.

A good day for Shannon would involve spending time with her family, baking, and when she feels she did well with working or helping others. A good day Shannon would also have no pain or discomfort from her muscle spasms.

A bad day for Shannon is if work gets cancelled or rescheduled, if her peers or friends are sad, or when she has to say goodbye to a friend or staff.

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:

Shannon needs to be given time to process when staff are speaking with her.

Shannon is very social and enjoys having conversations with staff and peers.

It is important to Shannon to make choices independently and for people to be patient when she is making choices.

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?

- Shannon’s guardians, residence, and PAI staff will share necessary information as it relates to Shannon’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.
- Mary Kind, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Shannon, 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)

ACR Cummings, Residence  
1385 Cummings Arden Hills MN, 55112  
612-567-1385  
[Chloe.bakker@acrhomes.com](mailto:Chloe.bakker@acrhomes.com)

Katie Woessner, Guardian  
1844 Wordsworth St. Paul MN, 55116  
612-720-4000  
[katiwoessner@gmail.com](mailto:katiwoessner@gmail.com)

Therese O’Brien, Guardian  
2360 Fieldstone Drive Mendota Heights, MN 55120  
651-687-0638  
[Therese.obrien@spps.org](mailto:Therese.obrien@spps.org)

Mary King, Case Manager  
1170 15<sup>th</sup> Ave. SE Minneapolis MN, 55414  
612-522-7055  
[Mary.king@peopleincorporated.org](mailto:Mary.king@peopleincorporated.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

# PAI

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.

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 Shannon
- 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

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: Shannon has limited fine motor skills, staff are able to assist her complete tasks with hang 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

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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: Shannon has a hard time driving her wheelchair when her emotions are heightened, staff are able to help to drive Shannon'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: Shannon is not able to position herself, staff are able to help Shannon be positioned comfortably in her chair. Shannon uses a seatbelt and shoulder straps to help her stay comfortable in her chair.
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: Shannon uses AFO's, a seatbelt, and shoulder straps for positioning.

## 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

# PAI

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:  
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:**