

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

Name of person served: Aaron Martindale

Date of development: 2.10.2021

For the annual period from: March 2021 to March 2022

Name and title of person completing the *CSSP Addendum*: Emily Elsenpeter, Designated Coordinator

Legal representative: Julie and Mark Martindale

Case manager: Samantha Golla

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 will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation
- Annually, the support team reviews the *CSSP Addendum*.

**Services and Supports**

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

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

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: Daily, Aaron will use a communication switch to indicate he’d like to visit another program area and choose a staff to visit in 80% of all opportunities over the next twelve months.

Outcome #2: Daily, Aaron will identify a sign using ASL flashcards in 70% of all opportunities over the next twelve months.

## 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:

Aaron already is experiencing technology in his daily life that is also gaining him greater independence. This technology includes:

- Aaron may utilize technology at PAI daily through the use of the iPad for choice making, music, games, and calming videos.
- Aaron is able to access the television in his program area for sensory videos and to play games on the Wii.
- Aaron may use the SMARTBoard to play games.
- Aaron may use communication switches.

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

- **Allergies:** Aaron may have an allergic reaction to latex, cleaning supplies, eggs boiling, and seasonal allergies. He has an Epi-pen that he carries with him at all times and is administered if he comes into contact with latex. He will be supported in avoiding any area where harsh cleaning chemicals have been used recently or are actively being used. He will also be supported in not being around eggs that are being boiled. Allergic reactions present as his eyes watering and face having significant redness. He has a PRN allergy medication in these circumstances and his residential provider will be contacted immediately.
- **Seizures:** Aaron has ongoing seizures that are controlled through medication. His last grand mal seizure was in 1995. Aaron currently has no protocol in place, per guardian. They typically present as subtle absence seizures. 911 will be called for different and/or significant seizure activity or if Aaron is experiencing respiratory distress.
- **Choking and Special Dietary Needs:** Aaron has a physician ordered diet for nutrition and fluids via his g-tube. Aaron sits in his wheelchair or a recliner to receive his g-tube flush at noon. Concerns and supply requests are relayed to Aaron's residence via phone or email and noted in his Daily Progress Notes.
- **Medication Administration:** PAI receives Aaron's treatments and PRN medications from his residential provider, LivingWell, and trained staff set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Aaron and administer it via his g-tube. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding treatments/medication will be communicated by PAI staff to staff at his residential provider via phone or email and noted in his Daily Progress Notes.
- **Chronic Medical Conditions:**
  - **Triplegia Cerebral Palsy:** Triplegia is spastic movements in 3 limbs, typically both legs and one arm. Cerebral Palsy is a congenital disorder of movement, muscle tone, or posture. Aaron is supported in his mobility and fine/gross motor tasks as needed and encouraged to use his left arm for tasks. Concerns with related symptoms will be reported to his residence via phone or email.
  - **Kyphosis:** The posterior (from behind) curve presents sharply angled; the curvature is not smooth. This deformity may result in a 'humpback' found to be more prominent when bending forward with potential of back pain and stiffness. Concerns with related symptoms will be reported to his residence via phone or email.
  - **Scoliosis:** A sideways curvature of the spine. Symptoms include pain in the back, leaning to one side, muscle spasms, physical deformity, or uneven waist. Concerns with related symptoms will be reported to his residence via phone or email.
  - **Hydrocephalus with a shunt:** A build-up of fluid in the cavities deep within the brain. May cause headache, impaired vision, cognitive difficulties, loss of coordination, and incontinence. Aaron has a shunt surgically placed to bypass the obstruction and drain excess fluid into other body cavities for reabsorption. Aaron's shunt could develop complications including malfunction, failure, and infection. Symptoms of a shunt issue include vomiting, headache, vision problems, irritability, and tiredness, redness/swelling along the shunt track, difficulty waking up or staying awake, and/or fever. Staff will monitor Aaron for complications related to his shunt and concerns with related symptoms will be reported to his residence via phone as soon as possible.
  - **4<sup>th</sup> ventricle brainstem cyst:** A brain cyst or cystic brain lesion is a fluid-filled sac in the brain. Symptoms include headache, nausea and vomiting, vertigo or dizziness, hearing or vision problems, difficulties with balance and walking, facial pain, and seizures. Concerns with related symptoms will be reported to his residence via phone or email.

- **Subglottic stenosis:** Subglottic stenosis (SGS) is a narrowing of the airway below the vocal cords (subglottis) and above the trachea. Symptoms include noisy breathing (stridor), respiratory distress and recurring croup. Concerns with related symptoms will be reported to his residence via phone or email.
- **Sleep apnea:** Intermittent airflow blockage during sleep causing fatigue, snoring and excessive daytime sleepiness. Concerns with related symptoms will be reported to his residence via phone or email.
- **Microcephaly:** A condition where the head (circumference) is smaller than normal. Symptoms vary and include intellectual disability, speech delay, seizures and/or abnormal muscle functionality. Concerns with related symptoms will be reported to his residence via phone or email.
- **Other health and medical needs:**
  - **Personal Cares:** Aaron receives full support to complete his personal cares. He utilizes the support of briefs due to incontinence. He is supported in completing cares every two hours and as needed throughout the day. He is assisted to the restroom and supported by one staff to stand using a gait belt. He holds onto a support bar while standing and staff fully assist in changing his brief.
  - **Heat Sensitivity:** Aaron is sensitive to becoming overheated and may become ill if he gets too hot. He is supported in avoiding time outdoors when there is a heat advisory.
- **Risk of Falling and Mobility:** Aaron utilizes a wheelchair for mobility. He can propel himself short distances and requires staff support to go long distances. He may use an electric wheelchair which he can operate with support to navigate new environments. Aaron wears his seatbelt when in his wheelchair. He may have his foot pedals removed so he more easily can propel himself. He transfers using a one person stand pivot with a gait belt. In an emergency or if he were to drop to the floor, he would utilize two staff and a gait belt to move back to his wheelchair.
- **Regulating water temperature:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Aaron coming into contact with it.
- **Community survival skills:** Aaron utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Aaron while in the community to practice all pedestrian and traffic safety skills. He is supported in safely engaging with the community activities and people of his choice. Staff observe what is occurring around Aaron and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Aaron's behalf in the event of an emergency.
- **Water safety skills:** PAI does not offer swimming or bathing. Aaron receives 1:1 support when in the community and should he be near a body of water, Aaron's chair would remain under staff control and the breaks will be engaged when not moving.
- **Sensory Disabilities:**
  - **Deaf:** Aaron is deaf due to meningitis in infancy but is highly attuned to his environment and the people around him. When interacting with Aaron, staff will ensure that he is able to see their face and hands as he is responsive to facial expressions and gestures.
  - **Blind:** Aaron uses the vision he has very well and is able to move about familiar environments safely. He is able to see objects close up, with stronger vision in his left eye. Staff ensure they and objects are close to him and ensure he is visually tracking them. He may use larger picture cards or books with large print. Staff support Aaron in navigation, as needed.
  - **Clothing Sensitivity:** Aaron prefers clothing that is soft and does not restrict him. He may become uncomfortable in clothing that is not soft, comfortable or feels restrictive to him. Staff will respond to indication that Aaron is uncomfortable in his clothing by adjusting it or offer alternative clothing.
  - **Tactile defensiveness:** Aaron is tactilely defensive on his face and around his mouth. He does not enjoy grooming tasks that involve his face or mouth. Staff will limit contact with Aaron's face or mouth. If an occasion arises that requires staff to have contact with that area, they will provide the care quickly, efficiently and communicate with Aaron about the task at hand.

- **Self-injurious behaviors:** Aaron frequently hits himself on the chin to express happiness, distress or for sensory input. Staff will monitor Aaron and if he begins to hit himself staff will first assess Aaron for signs for any health or medical related needs and address them as this may cause redness on his hand. Any concerns will be reported to his residence. Staff will then ensure he is able to see them, and he will be asked to stop verbally and by signing. He will be redirected by being provided preferred activities and/or sensory choices.
- **Physical aggression/conduct:** Aaron enjoys giving high fives to nearly all people but is unaware of his strength and may give high fives with excessive force. Aaron is supported in practicing appropriate boundaries with others. If he attempts to high five or touch someone he does not know or who does not want to be physically interacted with, he will be verbally and physically redirected. If he gives high fives with excessive force, the person he is high fiving will stop and staff will ensure he can see their face and tell him that it hurts.
- **Person Centered Information:**
  - Important to Aaron: It is important to Aaron that he have regular interactions with fun, upbeat people, that he be engaged in activity, and that he has meaningful tasks to work on and that he has people who know him well. It is very important that he have the freedom to move around on his own.
  - Important for Aaron: It is important for Aaron that he use the communication he has, such as signing, that he bears weight, that he is safe in regard to his allergies, that he maintains the skills and abilities that he has, and that he allows for grooming tasks.
  - Balance of important to and for: Providing Aaron plenty of opportunity to engage in preferred activities with others and activities on his own is an important balance. Supporting Aaron in communication is important and working with him to use the signs that he knows.
  - Good day for Aaron: A good day for Aaron includes as much time engaged with others as possible! He would have meaningful tasks to work on. He would have access to his preferred manipulatives. He would have time outside and some time to look at himself in the mirror.
  - Bad day for Aaron: A bad day for Aaron is when he is experiencing illness or discomfort, or an allergic reaction. It is also a bad day if he is not engaged socially with others.
  - How to have more good days: Aaron can have more good days by communicating with his support staff about his wants and needs.
  - Likes: Aaron enjoys manipulatives such as balls and playing catch or kicking balls, tether ball, cars or beads, soft blocks. He loves people and engaging in meaningful interactions, having 1:1 time, chatting and interacting with manipulatives with others. He loves to spend time outside, coloring, going bowling, swimming or people watching at the mall. He enjoys mirrors and picture books with large print and engaging in meaningful work/tasks.
  - Dislikes: Aaron does not like being isolated or not included. He does not like grooming tasks, or anything related to touching his face or mouth.

# PAI

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**:

- Aaron prefers really upbeat and interactive staff, and he loves to see others' reactions to the things that he does.
- He enjoys variety, change, and being involved in the activities of the group.
- He prefers that staff communicate with him about when and what is happening and engage him in the task meaningfully.
- He prefers to be engaged in something meaningful and fun with a support staff person that will spend 1:1 time with him.
- Aaron communicates through basic signs, gestures, and facial expressions. Aaron also may point; reach for things he would like or lead people to what he wants. Aaron may use communication switches Aaron learns best through a combination of verbal and physical cues, pointing and gesturing, hand over hand assistance, and repetition. Aaron would like his communication to be honored and supported throughout his day.
- Aaron makes choices about his schedule, community activities, and daily activities using picture cards. He is provided options throughout his day to make choices and decisions. His decisions are honored.

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

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Aaron can choose to participate in community integration trips. While in the community, Aaron is supported and encouraged in having positive relationships with others in the community.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities?

Aaron can choose to participate in community integration trips. While in the community, Aaron is supported and encouraged in having positive relationships with others in the community.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?

Aaron can spend time in the community, volunteer, and visit other preferred places. He is encouraged to interact with other members of the community and create relationships.

## PAI

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

Aaron and his team have decided not to seek out competitive employment at this time. He is currently content with where he is at and finds value in the enrichment activities that he participates in. If Aaron and his team decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to fit Aaron's desires.

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?

- Aaron's residential and PAI staff collaborate to share necessary information as it relates to Aaron'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.
- Aaron receives residential services through LivingWell Homes. PAI works with his home staff for supplies needed at PAI, as well as medications and corresponding orders.
- Julie and Mark Martindale are Aaron's guardians and advocate on his behalf as well as makes legal decisions. His legal guardians provide information and direction on Aaron's services and supports in collaboration with other members of his support team.
- Samantha Golla, county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and LivingWell, and assists Julie, Mark and Aaron in advocacy and finding additional opportunities for community involvement. Samantha also completes Aaron's service agreements and communicate 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-Oakdale  
Emily Elsenpeter  
[eelsenpeter@paimn.org](mailto:eelsenpeter@paimn.org)  
Phone: 651.748.0373  
Fax: 651.748.5071
- LivingWell Brookview, Residential Provider  
Lyndsey Thomas  
[Lyndsey.Thomas@livingwell.org](mailto:Lyndsey.Thomas@livingwell.org)  
Phone: 651-731-1602
- County Case Manager  
Samantha Golla  
[Samantha.Golla@co.sherburne.mn.us](mailto:Samantha.Golla@co.sherburne.mn.us)  
Phone: 763-765-4177
- Guardians  
Julie and Mark Martindale  
[martindale11@cicloud.com](mailto:martindale11@cicloud.com)  
Phone: 763-464-1676

# PAI

**The person currently receives services in** (check as applicable):  community setting controlled by a provider (residential)  community setting controlled by a provider (day services )  NA

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider or for transitioning from day services to an employment service: Aaron and his team have decided not to seek out competitive employment at this time. He is currently content with where he is at and finds value in the enrichment activities that he participates in. If Aaron and his team decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to fit Aaron's desires.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no additional research at this time.

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) will be 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

# PAI

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."

- Monitoring of Aaron's medical conditions including Triplegia Cerebral Palsy, Kyphosis, Scoliosis, Hydrocephalus with a shunt, 4<sup>th</sup> ventricle brainstem cyst, subglottal stenosis, sleep apnea, microcephaly and the related symptoms, and communication with team members as needed.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Monitor for seizure activity and communicate seizures to team members as appropriate.
- Monitoring for allergic reactions.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Aaron's residential provider.
- Set up and administration of medication following the prescriber's order.
- Administration of PRN medication when Aaron experiences an allergic reaction.
- 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**

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

If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:

- Medication set up:
- Medication assistance:
- Medication administration:

## Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication?  Yes  No

If yes, document the following information:

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

## PAI

3. 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

## PAI

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: Aaron may reach out to physically interact with others to have them high five, touch his head or hug.
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: When Aaron stands, he utilizes the gait belt to prevent falls.
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: Aaron may require hand over hand assistance to complete and engage in preferred recreation/leisure activities such as playing a game, painting, or using the iPad, or learning a skill.
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: Aaron will physically be assisted in quickly moving to a safe location.
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: Aaron utilizes a seatbelt when in his wheelchair.
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: When Aaron hits himself on the chin, he may be verbally redirected.
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

# PAI

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: 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

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):  NA

## Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:

Quarterly  Semi-annually  Annually

2. Frequency of service plan review meetings, minimum of annually:

Quarterly  Semi-annually  Annually

3. 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

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

Quarterly  Other (specify):  NA