

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

Name of person served: Sharmiki Byndum

Date of development: 4/6/21

For the annual period from: April 2021 to April 2022

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

Legal representative: Jeri Mullan and David Lee

Case manager: Caitlin Hinton

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 Sharmiki is intensive support services in a community DTH program and community environment. The program works with Sharmiki 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 Sharmiki to encourage activities, outings, and visiting with peers. Staff support Sharmiki 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 Sharmiki. 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 Sharmiki will write a letter 80% of all trials over a 12 month recording period.

Outcome #2: Weekly, Sharmiki will plan an art project for her room to work on 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:

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

PAI

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: Sharmiki has seasonal allergies. Staff will monitor Sharmiki for signs and symptoms and report them to her residence.

Choking and special dietary needs: Sharmiki uses a feeding pump for her continuous feeding while at PAI. Sharmiki also participates in pleasure tasting. Sharmiki uses a mother care spoon for her pleasure tasting. Sharmiki receives one to one assistance during water flushes and pleasure tasting. If Sharmiki is struggling during pleasure tasting staff will not offer another bite. Sharmiki does not have oral fluids at PAI. Sharmiki will be reclined to a 40 to 60 degrees angle for 30 minutes following pleasure tasting to prevent reflux. Sharmiki does not attend PAI groups or outings that are primarily food focused.

Chronic medical conditions, risk of falling, and mobility issues: Sharmiki is diagnosed with Cerebral Palsy with spastic quadraparesis, difficulty in controlling movements in the arms and the legs. Neuromuscular Scoliosis with a spinal fusion, nerves and muscles are unable to maintain appropriate balance / alignment of the spine and trunk. Osteoporosis, a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. Dystonia, a movement disorder in which a person's muscles contract uncontrollably. Sharmiki is also diagnosed with Congenital Hip Dysplasia, GERD, IBS, History of Bowel Obstructions and skin breakdown. When Sharmiki is on the mat table, the side rails will be up unless staff is standing in front of her. When Sharmiki is in the recliner, supporting pillows will be used as needed. Sharmiki does have electric wheelchair for mobility purposes, Sharmiki is working on spending more time in her electric wheelchair at home. She is currently using a manual wheelchair that is propelled by staff at PAI. Sharmiki is developing skills with guardian, home, and PAI to learn to operate an electric wheelchair. When Sharmiki does come with her electric wheelchair her and staff will practice navigating the chair. Staff will verbally discuss with Sharmiki how to navigate around obstacles in her environment. Staff will use the phrase "follow your knees or point you knees in the direction you want to go". Sharmiki is an effective verbal communicator and may ask staff to navigate her wheelchair in manual mode as well as respond to a request from staff asking to navigate her chair on her behalf. Staff must ask for and receive Sharmiki's approval to navigate her wheelchair electronically prior to staff moving her unless she is in imminent danger of hurting herself or others. In order to prevent skin breakdown, staff will offer repositioning and use a two person Hoyer lift or the one person in-ceiling track system. If Sharmiki has skin breakdown on her sacrum, staff may position Sharmiki on her side when she lies on the mat table or she may choose to be seated in the recliner. Sharmiki will be given opportunities to be repositioned out of her chair each day. During personal cares, staff will visually look at her skin for any skin breakdown or other injuries/bruising, especially near her sacral area.

Personal cares: Sharmiki utilizes disposable briefs. Sharmiki uses the mat table to freshen up. Staff will be aware of her G-tube and use caution during transfers and cares to keep it from being pulled out. Staff will assist Sharmiki to wear clean and dry clothing. Staff will assist Sharmiki with repositioning throughout the day.

Self-administration of medication or treatment orders: Staff request medications from Sharmiki's residence. Staff set up and pass medications to Sharmiki 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 Sharmiki via G-tube. Sharmiki will name the medications she is receiving from staff prior to her medication pass. 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 Sharmiki's residence and any orders or instructions will be followed.

PAI

DNR/DNI: In the event of an emergency, staff will call 911 and provide a copy of Sharmiki's DNR/DNI order to Emergency Response Staff.

G-tube displacement: Orders are provided by her residence and implemented in accordance with physician dictation. Staff will be proactive in Sharmiki's feeding line placement to reduce risk of G-tube displacement. Staff will unhook her entire feeding line while helping Sharmiki transfer to reduce chances of her G-tube being displaced. Staff will check to make sure Sharmiki's feeding line is tucked under her shirt and brought towards her back to reduce chance of Sharmiki's arms getting caught and displacing it.

Tylenols/Acetaminophen: PAI staff gives Sharmiki medications according to current medication orders located on the MAR. Sharmiki receives all of her medication by trained medication passers.

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 Sharmiki to the water.

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

Sensory disabilities: When offering objects to Sharmiki, staff will place them either towards her right or left side as opposed to directly in front of her. Staff will ask Sharmiki to describe what she is looking at. If Sharmiki has trouble processing what an item is, staff will explain the object to Sharmiki. Sharmiki has shared noise can feel overwhelming in the PAI room and on a Newtrax bus. Staff will help Sharmiki wear noise canceling headphones as she requests them.

Person-centered planning: Things important to Sharmiki are her family and friends, baking shows and baking, spending time with her friends, and being as independent as possible. Things important for Sharmiki are her G-tube and protocols, being independent, and having a team that supports her.

A good day for Sharmiki is when she spends time with her special friend, talks with her family, is able to relax in a "lazy girl" recliner, and writing a play or script. A bad day for Sharmiki is when she has an upset stomach or feels "yucky", when one of her friends are sick or having a bad day, and if she feels like she isn't being heard or understood.

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:**

Sharmiki likes to watch the iPad or videos during the day

Sharmiki will verbally tell staff what groups she would like to join

Sharmiki likes to spend time with different friends throughout the day.

PAI

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

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

Sharmiki is encouraged to work on outcomes that are important to and for her. Sharmiki is a great self-advocate and is encouraged throughout her day to make choices of the groups and rooms she spends her time in. Staff honor Sharmiki's choices.

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

Sharmiki chooses the community activities she attends. Sharmiki has the opportunity to volunteer. Sharmiki is encouraged to interact with community members as she feels comfortable.

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

Sharmiki has the opportunity to volunteer. Sharmiki is encouraged to interact with community members as she is comfortable.

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

As this time Sharmiki and her team are not seeking competitive employment.

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?

- Sharmiki's guardians, residence, and PAI staff will share necessary information as it relates to Sharmiki'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.
- Caitlin Hinton, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Sharmiki, 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

ACR Cummings, Residential
1385 Cummings Arden Hills MN, 55112
612-567-1385
tyler.bakker@acrhomes.com

Jeri Mullan and David Lee, Guardians
952 Edmund Ave. St. Paul MN 55104
651-917-3272
Jeri0077@msn.com

Caitlin Hinton, Case Manager
1801 American Blvd. E. Suite 6 Bloomington MN, 55425
952-737-6270
Caitlin.hinton@fraser.org

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: At this time Sharmiki and her team are not seeking other services or options.

Describe any further research or education that must be completed before a decision regarding this transition can be made: NA

PAI

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) will be 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

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."

- 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 Sharmiki

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**

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:
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
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:

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: Sharmiki enjoys contact when she is upset, staff are able to hold Sharmiki's hand or give her a hug as requested.
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: Sharmiki has limited fine motor skills, staff are able to help Sharmiki as requested.
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: Sharmiki is not able to propel her own wheelchair, staff are able to help Sharmiki transfer out of the building.
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: Sharmiki is not able to position herself. Sharmiki uses a seatbelt.
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: Sharmiki uses a seatbelt, shoulder straps, and wrist orthotics.

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: 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

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