

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

Name of person served: Nhia Vang

Date of development: 4/12/21

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: Angela Sirvoy

Case manager: Mai Vang Xiong

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 Nhia is intensive support services in a community DTH program and community environment. The program works with Nhia 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 Nhia to encourage activities, outings, and visiting with peers. Staff support Nhia 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 Nhia. 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: Daily, Nhia will make eye contact during a conversation 80% of all trials over a 12 month period. Nhia is a social person and making connections with others appears important to him from his positive facial expressions and body language.

Outcome #2: Weekly, Nhia will make a music selection 85% of all trials over a 12 month period. Music is important to Nhia as expressed by his facial expressions of smiling and laughing when listening to a song he enjoys.

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:

- Nhia uses technology at PAI daily through the use of the iPad for choice making and music.
- Nhia 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: Nhia is allergic to Betadine and Rocephin. Staff are aware of Nhia's allergies and will not give him medication with these ingredients. If Nhia was prescribed these staff will notify Nhia's residence and doctor.

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

Choking and special dietary needs: Nhia has a nothing by mouth (NPO) order. Nhia will receive nutrition and medications via his G-tube. Staff receive training on G-tubes prior to assisting Nhia with his feeding. Concerns or issues regarding his G-tube will be communicated by staff to Nhia's residence and any orders or instructions will be followed.

Chronic medical conditions, risk of falling, and mobility issues: Nhia is diagnosed with Scoliosis, curvature of the spine and has a Harrington rod in place. Cerebral Palsy with Spastic quadriplegia, inability to control and use the legs, arms, and body. Nhia has a Baclofen Pump to reduce his spasticity. Microcephaly, a condition where the head (circumference) is smaller than normal. Osteopenia, a bone condition characterized by decreased bone density, which leads to bone weakening and an increased risk of bone fracture. GERD, heartburn or acid reflux. Nhia is also diagnosed with Hip Subluxation and Hip dislocation. Staff will exercise caution when transferring Nhia. Any sign or symptom of injury is reported to the residence. Staff will ensure the side rails are up in a fixed position if not standing in front of Nhia while on the mat table. Nhia is transferred using a two person Hoyer lift or a one person in-ceiling track system. Nhia's wheelchair is propelled by staff. Staff exercise caution during transfers and do not twist or turn his back due to the Harrington rods.

Personal cares: Nhia uses disposable briefs and the mat table to freshen up. Staff will assist Nhia to wear clean and dry clothes. Nhia is not able to reposition himself. Staff will help Nhia reposition throughout the day.

Self-administration of medication or treatment orders: Staff request medications from Nhia's residence. Staff set up and pass medications to Nhia 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 Nhia via G-tube. 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 Nhia's residence and any orders or instructions will be followed.

Bruises easily: Staff utilizes a ceiling track system and a sling for all transfers. Staff gently guide him onto the mat table and back to his chair. Any signs or symptoms of injury are reported to the 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 Nhia to the water.

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

PAI

Sensory disabilities: Staff will offer Nhia visual options close to him. Staff will also verbally describe what they are showing Nhia.

Person-centered planning: Things important to Nhia are music, being around friends, and his culture. Things important for Nhia are his NPO order, his seizure protocol, and his team advocating for him.

A good day for Nhia is when he is able to participate in activities that he enjoys, listens to good music, and when he's with people he prefers.

A bad day for Nhia is when is in in pain or uncomfortable, he feels bored during his day, and if he doesn't like apart of the group.

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:**

Nhia enjoys listening to music throughout the day

Nhia likes participating in cultural events

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?**

Nhia works on outcomes that are important to and for him. Nhia makes choices throughout his day of the activities he participates in.

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

Nhia chooses the outings he attends. Nhia is encouraged to interact with community members as he is comfortable

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

Nhia is encouraged to interact with community members as he is comfortable.

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

Nhia and his team are not seeking competitive employment at this time.

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?

- Nhia’s residence, guardian, and PAI staff will share necessary information as it relates to Nhia’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.
- Mai Vang Xiong, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Nhia, 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, Residence
651 Eldridge Ave. W. Roseville MN, 55113
651-488-2237
nlester@axis-mn.com

Angela Sirovy, Guardian
1605 Eustis St. St. Paul MN, 55108
651-310-9418
Angela.sirvoy@lssmn.org

Mai Vang Xiong, Case Manager
160 E. Kellogg Blvd. St. Paul MN 55101
651-266-4359
maivang.xiong@co.ramsey.mn.us

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: Nhia and his team are not seeking other services or options at this time.

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 Nhia
- 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**

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

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: Nhia has limited fine motor skills, staff are able to assist Nhia using hand over hand or hand under hand to completed a task.
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: Nhia is not able to propel his wheelchair, staff are able to assist Nhia in transferring 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: Nhia is not able to position himself. Nhia wears 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: Nhia wears a seatbelt and shoulder straps.

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