

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

Name of person served: Mark Sneep

Date of development: 4/13/21

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: Mark and Maureen Sneep

Case manager: Chantelle Heifort-Adams

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 Mark is intensive support services in a community DTH program and community environment. The program works with Mark 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 Mark to encourage activities, outings, and visiting with peers. Staff support Mark 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 Mark. 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, Mark will press a Mack switch requesting to use a hand held massager 85% of all opportunities over a 12 month recording period.

Sensory continues to be important for Mark. He has shown interest in the hand held massager and would benefit from being able to request it.

Outcome #2: Weekly, Mark will choose a video to watch 85% of all trials over a 12 month recording period. Certain shows like Barney and The Wheel of Fortune are important to Mark. Mark may find other shows or videos that are important to him through choice making.

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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:

- Mark uses technology at PAI daily through the use of the iPad for choice making and music.
- Mark is able to access the television in the room for sensory videos and to play games.
- No further exploration of technology is needed at this time.

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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:

Seizures: Mark has Grand Mal and Petit Mal seizures. There are no known triggers to Mark's seizures, however, they tend to occur more often in September and October. The team believes it is due to the change in barometric pressure and the weather changes. When Mark has a petit Mal seizure, he will "freeze" or get stuck in a position. He will become quiet and appear to be "stuck". Staff are trained on Mark's seizure protocol and will assist him as needed.

Choking and special dietary needs: Mark is diagnosed with dysphagia which makes it difficult to swallow food. Mark also dislikes chewing. Mark prefers his food to be pureed and will not eat if there are any "chunks" in his food. Mark drinks nutritional supplements throughout the day to increase his caloric intake. Mark drinks using a straw and is able to help hold the drink.

Chronic medical conditions, risk of falling, mobility issues: Mark is diagnosed with Hypotonic Cerebral Palsy, a form of cerebral palsy that causes hypotonia, also known as low muscle tone. It leaves muscles too relaxed which can make everyday movements difficult as well as exhausting. Contractures, the permanent tightening of tissues. This includes muscles, tendons, ligaments, or skin. It makes it hard or impossible to move the nearby joints. Mark is also diagnosed with a history of reflux and constipation. Staff will monitor Mark for any changes in his conditions and inform his guardians. Mark uses a wheelchair and transfers using a Hoyer lift. If staff step away from Mark on the mat table, they will be sure the rails are up. On occasions when Mark is upset, if he is seated on a couch or chair that is not his wheelchair, he may attempt to slide himself out of it. Staff will be aware of Mark's mood and will help him back to his wheelchair if he attempts to slide out of a recliner. Mark is not able to propel his own wheelchair; staff will assist Mark to go where he wants.

Personal cares: Mark wears disposable briefs and utilizes the mat table for his changing needs. Staff will help Mark wear clothes that are clean and dry. Mark needs assistance repositioning throughout his day. Mark often tries to grab different cords or may scoot himself on the mat table. Staff will be aware and help keep Mark safe.

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

GI Discomfort: Mark has times of stomach discomfort that greatly affect his mood. Staff will be aware this is something that is upsetting to Mark. Staff will offer Mark different positioning in his wheelchair and offer him different activities that may be distracting to him.

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 Mark to the water.

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

Sensory disabilities: Mark is diagnosed with oculomotor apraxia and exotropia which causes blurry vision. He is also diagnosed with an astigmatism. Mark chooses not to wear his glasses. Staff will verbally explain what they are

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showing Mark. Mark does not like certain noises that are loud. Things like loud vacuum cleaners bother him. Staff will warn Mark when using louder appliances or offer him another space to spend time in. Mark does not wear hats. Staff will offer Mark his hat during colder temperatures.

Self-injurious behaviors: When Mark is frustrated he may bite his finger and vocalize. Staff will be aware of his environment and assist with problem solving when frustrated. Staff will help redirect Mark or offer him a different environment.

Physical aggression/conduct: Mark may grab or push others that are in his personal space. Mark may grab a person and choose not to let go if he wants them closer to him or enjoys them. Mark may push someone in his space if they are too close or upsetting him. Staff will be aware of Mark's positioning with other peers. Staff will help Mark redirect to a preferred activity or offer him more personal space.

Person centered planning:

Important to: His family, being active, having a lot attention, having people around him, seeing others have fun and laughing, listening to TV or music, Wheel of Fortune, being sung "Happy Birthday", action movies, swinging and movement, and female staff.

Important for: Seizure protocol, family who cares for him, eating pureed foods, drinking nutritional supplement, and using a Hoyer for transfers.

Good day: A good day is when Mark is free of pain or discomfort, spending time walking outside, watches his favorite TV shows like Wheel of Fortune and Barney, when he can spend time with dogs, and is able to go into the community.

Bad day: A bad day for Mark is when he has pain or discomfort or is having bowel issues. Mark would also dislike if he was not around people or was not being engaged with.

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:**

Mark prefers female staff

Mark enjoys loud, joyous environments

Mark enjoys people pushing his chair or using a swing

Mark likes to be engaged and receive a lot of attention from others

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

Mark works on outcomes that are important to and for him. Mark makes choices throughout his day of what activities he wants to participate in.

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

Mark chooses the outings he would like to attend. Mark 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?

Mark 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?

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

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?

- Mark's guardians and PAI staff will share necessary information as it relates to Mark's services and care. Needed supplies and medications will be provided by his guardians. 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.
- Chantelle Heifort-Adams, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Mark 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

3595 Linden Ave. White Bear Lake MN, 55110

651-777-5622

bhinzman@paimn.org

Mark and Maureen Sneep, Guardians

7500 217th St. North Forest Lake MN, 55025

651-464-6003

thesneeps@msn.com

Chantelle Heifort-Adams, Case manager

13000 Ravine Parkway South Cottage Grove MN, 55016

651-430-8339

Chantelle.HeifortAdams@co.washington.mn.us

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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: Mark and his team are not seeking other services or options as this time.

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

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

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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 guardians
- Administration of medications to Mark
- 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: Mark may accept a staff to hold his hand or rub his arm with upset.
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: Mark has limited fine motor skills and may need assistance to work on a task 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
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: Mark is not able to propel his own wheelchair and would not respond properly to an emergency. Staff are able to help Mark to a safe place.
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: Mark is not able to position himself, he uses a seatbelt 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: 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: NA

Staff Information

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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