

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

Name of person served: Sara Valento

Date of development: 6/15/21

For the annual period from: June 2021 to June 2022

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

Legal representative: Linda Vinella and Richard Byers

Case manager: Marie Aceituno

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 Sara is intensive support services in a community DTH program and community environment. The program works with Sara 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 Sara to encourage activities, outings, and visiting with peers. Staff support Sara 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 Sara. 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, Sara will independently use a new word or phrase to make a request 75% of all trials over a 12 month period.

Outcome #2: Weekly, Sara will use yes/no answers to plan a group 85% 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:

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

## 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:

**Choking and special dietary needs:** Sara is given lunch that is prepared by the residence and in accordance to her prescribed diet. She has a regular diet with solid foods cut into bite size pieces. Sara may choose to eat finger foods using a raking grasp with her left hand. Sara receives partial assistance with lunch, Sara uses a suctioned scoop plate with a curved utensil to increase independence. If Sara chooses to purse her lips closed or throw her utensil/suctioned scoop dish three times staff will offer the other food choices sent from home. If all food choices have been served to Sara then staff will end mealtime with Sara as she is communicating she has completed her meal and note this in her communication book to home. Sara also drinks thin liquids using a sip cup or straw. Sara prefers not to wear a clothing protector, staff will use a napkin or cloth to wipe and remove any food/beverage from her mouth area.

**Chronic medical conditions, risk of falling, and mobility issues:** Sara is diagnosed with Cerebral Palsy with mixed tone quadriplegia, a group of disorders that affect movement and muscle tone or posture. Severe neuromuscular scoliosis, impairs their ability to control the muscles that support the spine. GERD, heartburn or acid indigestion. Neurogenic bladder, overflow incontinence, frequency, urgency, urge incontinence, and retention. Staff ensure the side rails are up on the mat table if staff are not standing next to the table and will be in an arm's reach. Staff informs Sara before moving her chair so that she is aware of what is happening in her environment. Staff physically assists Sara by propelling her wheelchair. Staff transfer Sara utilizing an in-ceiling track system, the Hoyer or a top bottom lift. During cares while on the mat table, Sara may choose to roll to the left and prop herself up so she is able to use her other hand. Sara tends to look downward and due to her scoliosis, she has a chest strap on her wheelchair. Sara uses a chest strap during transportation only. Sara will state "off" upon arrival to request her chest strap be removed during her program day.

**Personal Cares:** Sara uses a disposable brief and the mat table to freshen up. Staff will assist Sara to wear clean, dry clothing. Staff will help Sara reposition throughout the day.

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

**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 Sara to the water.

**Community survival skills:** Sara 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. Sara is 1:1 while in the community.

**Sensory disabilities:** Encourage Sara to find an object with her eyes. Sara may have difficulty keeping her eyes on a specific object for more than a few seconds due to oculomotor apraxia. Sara may be interested in a project but may struggle with visual focus and appear disinterested. Staff may ask her if she likes what she is doing prior to moving to an alternate activity.

# PAI

Person-centered planning: Things important to Sara are her family, certain staff, eating chips and cookies, and using hand under hand to do projects. Things important for Sara are her eating equipment, making choices, and her team who advocates for her.

A good day for Sara would involve eating chips and cookies, going out to eat at Mcdonalds, spending time with her mom, and having her favorite staff around her.

A bad day for Sara would involve wearing her chest strap all day, people touching her without warning, and when her schedule is not followed.

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**:

Sara will ask for certain staff and enjoys spending time with them

Sara likes to follow a schedule

Sara enjoys having chips and cookies with her meals

Sara prefers to use hand under hand to work on projects

Sara prefers to initiate contact

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**?

Sara works on outcomes that are important for and to her. Sara chooses the activities she participates in throughout the day.

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

Sara chooses the outings she attends. Sara is encouraged to interact with community members as she is comfortable.

## PAI

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

Sara 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?

Sara and her 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?

- Sara's residence, guardians, and PAI staff will share necessary information as it relates to Sara's services and care. Needed supplies and medications will be provided by her foster family. 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.
- The case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Sara, her foster family 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)

Axis-White Bear, Residential  
2516 White Bear Ave. White Bear Lake MN, 55110  
651-779-4301  
[kpeel@axis-mn.com](mailto:kpeel@axis-mn.com)

Linda Vinella and Richard Byers, Guardians  
13126 Europa Trl N. Hugo MN, 55038  
651-214-0173  
[l.vinella@outlook.com](mailto:l.vinella@outlook.com)

Marie Aceituno, Case Manager  
1801 American Blvd. E. Suite 6 Bloomington MN, 55425  
952-767-2266  
[marie.aceituno@fraser.org](mailto:marie.aceituno@fraser.org)

# 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: Sara and her team are not seeking other opportunities at 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

# 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 Sara
- First aid and CPR

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
<p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>1. To calm or comfort a person by holding that person with no resistance from the person.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Sara enjoys holding hands and hugs. Staff are able to provide this to Sara as she requests.</li> <li>2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Sara has limited fine motor skills, staff are able to assist her complete tasks with hand over hand or hand under hand as tolerated.</li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Sara is not able to propel her wheelchair, staff can push Sara's wheelchair or help her transfer out of the building in an emergency.</li> <li>8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Sara is not able to position herself, staff are able to help Sara be positions in her wheelchair. Sara uses a seatbelt to help her stay comfortable in her chair.</li> <li>9. Is positive verbal correction specifically focused on the behavior being addressed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>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?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Sara uses a chest strap during transportation to help with positioning.</li> </ol>



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