

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

Name of person served: Andrew (Andy) Servian

Date of development: 06/02/2021- **Revised 6/7/2021** For the annual period from: June 2021 to June 2022

Name and title of person completing the CSSP Addendum: Beth Blackorbay-Designated Coordinator

Legal representative: Robert Servian and Sonia Tuduri

Case manager: Mikayla Nelson

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 Andrew is intensive support services in a community DTH program and community environment. The program works with Andrew 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 Andrew to encourage activities, outings, and visiting with peers. Staff support Andrew 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 Andrew. 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: Four times a week, Andrew will choose a sensory activity 80% of all trials over a 12-month period.

It is important to and for Andy to be able to make choices.

Outcome #2: Daily, Andrew will greet his peers when they arrive using a MAC switch 80% of all trials over a 12-month period.

Andy is social and it is important to him to develop relationships with his peers.

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:

- Andrew can utilize an iPad to make choices and listen to music in his program room. He also will use the iPad to watch videos on YouTube.
- Andrew and his peers have a computer connected to a television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard that resides in another program room within the building. Andrew has the opportunity to participate in various groups and activities that are being run utilizing the Smartboard such as games and art exploration when he visits the program room where the Smartboard resides. The Smartboard is used for similar purposes as the computer, but with a much larger screen.
- Further technology exploration is not 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: Andy has difficulty swallowing food if it is not cut into bite size pieces. PAI staff will ensure that Andy's food is in bite size pieces to prevent the risk of choking. Andy will need full assistance from staff when eating any food that requires the use of a spoon or fork. Andy has refused food while at PAI. He will be offered his lunch 3 times before it is considered a refusal.

Chronic medical conditions, risk of falling, mobility issues: Andy is diagnosed with Cerebral Palsy (unspecified) which affects muscle tone, body movements, and posture. Andy is diagnosed with a Developmental Delay (Unspecified lack of expected normal physiological development in childhood) and Gastroesophageal reflux disease (GERD), which occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). This backwash (acid reflux) can irritate the lining of your esophagus. This may cause Andy discomfort. Staff is aware of Andy's chronic medical conditions and will notify any changes or concerns to his parents. Due to Andy's Cerebral Palsy he may to need assistance from with certain activities that may require strong fine motor skills. Andrew is able to bear weight and walk independently, with a staff nearby. However, his gait is unsteady, and is at risk of falling if he is walking long distances, or over uneven terrain or icy surfaces. Staff will provide support to Andy by offering their arm for Andy to hold for support if he is walking over uneven terrain or icy surfaces. Andrew rides in a wheelchair if he is to be walking 10 minutes or longer. Staff provide support to Andrew by remaining nearby when he is walking and providing an arm for him to hold on terrains and surfaces where he may need extra assistance while walking.

Personal cares: Andy can use the toilet with reminders to go to the restroom. He will not use the restroom, independently. Andy wears pull-up briefs for occasional incontinence. Andy receives full assistance in changing his brief when needed.

Self-administration of medication or treatment orders: Andy needs assistance from staff or caregivers in the administration of his medications. PAI Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Andy does not currently take medications during the PAI program day, however PAI does have authorization to support Andy in the treatment of his medications. Concerns or issues regarding medication will be communicated by staff to Andrew's guardians and any orders or instructions will be followed.

Regulating water temperature: Andy is not able to independently regulate water temperature. Staff will physically check the water temperature by placing their own hand in the water and adjust to a safe and comfortable temperature if need be prior to exposing Andy to the water.

Community survival skills: Andy is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules. Andy may grow tired if he is walking for extended periods while in the community. Andy should have a wheelchair available to him while in the community should he be walking for over 10 minutes

Water safety skills: Andy would need to be 1:1 with staff when around bodies of water that would require demonstration of water safety skills. However, 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. Andrew is 1:1 and uses his wheelchair for mobility if he is to be walking for 10 minutes or longer while in the community. Staff will propel his chair, or offer an arm for guidance when near bodies of water, and ensure that he remains clear of the water.

PAI

Person-Centered Information:

Important To: It is important to Andy to have books with pictures, opportunities to interact with technology such as tablets, computers etc. Andy enjoys watching videos on a tablet or computer. He especially enjoys Sesame Street and Teletubby videos. He likes when staff and caregivers read books to him and show him the pictures. Mirrors and manipulatives are important to Andy, as he enjoys looking at his reflection in the mirror and using manipulatives to work around in his hands.

Important For: It is important for Andy to be provided support by staff and caregivers during his day to day life. It is important for him to be provided proper nutritional choices, and meals that are balanced.

Good day: A good day for Andy would be him having the opportunities to participate in activities that he enjoys such as reading and looking at picture books, looking at his reflection in a mirror, spinning on chairs, and watching videos online that he enjoys.

Bad Day: A bad day for Andy would be not having the opportunities to participate in groups and activities that are important to him, as outlined above.

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**:

Andrew enjoys his independence, whenever able.

Andrew likes to be a part of the group during activities and participating at a level he is comfortable with.

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**?

Andy has the opportunity to work on outcomes that are important to and for him. Andy makes choices throughout the day of what activities and groups he prefers to participate in.

PAI

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

Andy chooses which outings and community activities he prefers to participate in. Andy is encouraged to interact with community members as he wants.

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

Andy is encouraged to interact with community members. Andy can choose to participate in volunteer activities and other opportunities he chooses.

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

Andy and his team are not interested in seeking competitive employment. Andy appears content participating in enrichment activities.

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?

- Andrew's guardians and PAI staff will share necessary information as it relates to his 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.
- Mikayla Nelson, Andrew's county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Andrew 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:

Beth Blackorbay, PAI- Designated Coordinator
3595 Linden Ave.
White Bear Lake, MN 55117
612-446-3685
bblackorbay@paimn.org

Robert Servian
1507 Arona St
St. Paul, MN 55108
763-913-4585
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Sonia Tuduri
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St. Paul, MN 55108
651-235-5196
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Mikayla Nelson, Dungarvin- Case Manager
1440 Northland Dr Suite 100
Mendota Heights, MN 55120
651-789-4776
mnelson@dungarvin.com

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:

Andy and his team are not interested in seeking competitive employment. Andy and his team feel he is content participating in enrichment activities.

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 |
|--|
| <p>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.”</p> <ul style="list-style-type: none"> • 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 residential provider • Administration of medications to Andrew, if applicable • Provide first aid and CPR, as needed <p>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</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> • 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 |

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|---|
| <p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration:</p> |
|---|

| Psychotropic Medication Monitoring and Use |
|---|
| <p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> 1. Describe the target symptoms the psychotropic medication is to alleviate: NA 2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 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: NA |

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: Staff can assist him with hand over hand, or hand under hand, 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: Staff will assist him in transferring or evacuating during an emergency as needed.
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: NA
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

PAI

Staff Information

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