

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

Name of person served: Cassandra Behrman

Date of development: 7.7.2021

For the annual period from: July 2021 to July 2022

Name and title of person completing the *CSSP Addendum*: Emily Elsenpeter, Designated Coordinator

Legal representative: Karen Behrman

Case manager: Jill Schaeppi

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: Cassie receives intensive support services in a day training and habilitation community-based programs and or day support services at PAI. Support is provided in the most integrated and least restricted environment for Cassie. The program works with Cassie to develop and implement achievable outcomes that support her goals and interests and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Cassie’s physical, emotional and social functioning. Staff support Cassie in completing activities of daily living and instrumental activities of daily life, outcome development/implementation, supervision, medication administration, data tracking and daily support related to health, safety and wellbeing as needed by Cassie. PAI works with Cassie’s parents and transportation provider for continuity of care.

## PAI

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, Cassie will identify a button on her communication device for 95% of all opportunities over the next twelve months.

Cassie's communication and the use of her communication device continue to be important to and for her. She enjoys using the device and can benefit from continuing to develop this skill to clearly communicate her wants and needs. Once she returns to in person services it will be important for Cassie to continue being successful in using her communication device to make choices.

Outcome #2: Daily, Cassie will plan her activities using the iPad or switches in 80% of all opportunities over the next twelve months.

Cassie enjoys using technology. This outcome encourages her communication and self-determination. It is important for Cassie to participate in planning her activities that are of interest to her. It is also important that she continues to use her communication skills to make choices.

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:

- Cassie utilizes technology at PAI daily through the use of the iPad for music and other audio activities.
- Cassie has access to a television and computer in the program area for music, sensory or educational videos, in addition to the SMARTBoard for games and other audio activities.

## 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:

**Seizures:** Cassie is diagnosed with a seizure disorder that is considered partially controlled. Most of Cassie's seizures present as absence seizures which are a generalized onset seizure that begins in both sides of the brain at the same time. However, Cassie will have a Tonic-Clonic seizure (begins on both sides of the brain but can start in one side and spread to the whole brain) on occasion. Cassie's seizures occur daily, mostly at night; she may also have an absence type seizure when going into a cold temperature environment. Cassie becomes fatigued and may require a period of rest. Rolling her eyes up does not indicate seizure activity, as she does this while she sleeps. Cassie's seizure protocol is located in the medication administration record and the client record. Staff document seizures and send a report home or call guardian within 24 hours.

**Special Dietary Needs:** Cassie receives her daily nutrition through a g-tube because she was diagnosed with failure to thrive (insufficient weight gain or inappropriate weight loss). She takes one can of Jevity at 11:00 for nutrition followed by a 2oz flush. Cassie is able to take in food, juice, and water by mouth but chooses not to eat. Cassie needs extra fluids during high temperatures. Cassie's g-tube is sent from home. Requests for supplies or concerns with Cassie's feedings will be communicated to Cassie's guardian via phone, email, or communication book.

### **Chronic Medical Conditions:**

- **Hypothyroidism** which is a condition leading to deficiency in production of thyroid hormone. Cassie takes daily medication for her underactive thyroid. Staff will monitor Cassie for symptoms of hypothyroidism including a lack of energy, weight gain, hair loss, dry skin and feeling cold. If these symptoms are present, staff will report them to her guardian via phone, email, or communication book.
- **Hydrocephalus** or "water on the brain", which is an abnormal accumulation of cerebrospinal fluid in the cavities of the brain. Cassie does not currently display symptoms, staff visually monitor Cassie for signs such as headache, nausea, difficulty focusing, irritability, drowsiness, and seizures. Concerns will be communicated to Cassie's guardian via phone, email, or communication book.

**Self-Administration of Medication or Treatment Orders:** PAI staff receive Cassie's medication and set it up according to prescriber's orders and as directed by the prescription bottle. Each medication administration time, staff dispense the medication for Cassie. Staff have received training on medication administration and complete quarterly medication administration record reviews to ensure no medication errors have occurred. Concerns or issues regarding medication will be communicated by staff to Cassie's guardian via phone, email, or communication book.

### **Other Health Needs:**

- **Personal Cares:** Cassie receives full support to complete her personal cares. She is supported in using the restroom every two hours and as needed throughout the day. Cassie utilizes the support of briefs due to incontinence. She is assisted in transferring using the Arjo and one staff. She sits on the toilet and is provided time. Staff stay in visual range of her while she uses the restroom. She is then supported to standing and fully assisted in getting cleaned up and dressed. Requests for supplies or concerns will be communicated to Cassie's guardian via phone, email, or communication book.
- **Heat Sensitivity:** Cassie is easily overheated. When overheated Cassie may be lethargic, flush, refuse fluids, limited sweating, and have emesis. Weather conditions will be checked prior to Cassie participating in outings on hot days. At times of extreme heat, her guardian will be consulting prior to her participating in community outings. Cassie will be encouraged to drink when exposed to the heat. Staff will visually monitor Cassie for signs that she may be over heated and assist her to shade or air-conditioned area when symptoms present. Cassie requires a climate-controlled vehicle for transportation. Cassie's guardian will be notified of symptoms via phone, email, or communication book.

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**Risk of Falling/Mobility Issues:** Cassie has limited torso control due to scoliosis (a sideways curvature of the spine which causes her to lean toward the left). She also has hypotonia which is low muscle tone and requires support to bear weight. Cassie's primary mode of mobility is her wheelchair. Cassie's wheelchair is equipped with special seating inserts to support her back. When seated in the recliner Cassie will be supported by pillows and secured with a safety strap. When laying on the mat table the side rail will be up. Cassie wears AFOs which she comes to PAI each day with these on. Cassie is transferred with one staff in the Arjo, with limited periods of standing. The Arjo leg supports are adjusted to ensure there is not direct pressure on her knees. She may be supported with two staff using a Hoyer and a personal sling sent from home if he is tired or having difficulty bearing weight. Due to inconsistent ability to bear weight while walking, Cassie will no longer walk at PAI. Concerns will be communicated to Cassie's guardian via phone, email, or communication book.

**Regulating Water Temperature and Water Safety Skills:** PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Cassie coming into contact with it. PAI does not offer swimming or bathing. Cassie receives support when in the community and should he be near a body of water, staff would maintain direct physical contact with Cassie to help her navigate the environment and will engage the breaks of Cassie's wheelchair when not in motion.

**Community Survival Skills:** Cassie utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Cassie while in the community to practice all pedestrian and traffic safety skills. She is supported in safely engaging with the community activities and people of her choice. Staff observe what is occurring around Cassie and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Cassie's behalf in the event of an emergency.

**Sensory Disabilities:** Cassie is near sighted and refuses to wear glasses. Cassie has a family history of melanoma which began in the eyes. When interacting with Cassie, staff position themselves and/or the activity near her (within 3 to 4 feet). Cassie is encouraged to wear sunglasses while she is on extended outdoor outings due to her family history of melanoma.

**Physical Aggression/Conduct:** Cassie may become agitated due to change in her routine, unfamiliar staff or environment and unknown reasons. Cassie will vocalize "all done", cry and/or attempt to grab staff or peers and possibly scratch them. Cassie has a consistent routine while at PAI. She is offered sensory activities, opportunities to participate in art or craft projects, music related groups and activities, repositioning choices, group activities, community outings, and time to socialize with her peers. Staff will verbally redirect Cassie when she is demonstrates target symptoms by redirecting her letters, activities, using her communication device, or encourage her to make repositioning choices. Staff will not acknowledge behavior. Staff will avoid using phrases such as "what is wrong" or repeating phrases she is saying such as "all done".

### **Person-Centered Information:**

- **Important to:** It is important to Cassandra to be called Cassie (Cass or "B" for short, per her mom). It is important to Cassie to do activities with letters, making choices, and using technology. To have one on one time with family and caregivers. It is important that she be social with peers and use her communication device. It is important to Cassie to attend music and pet therapy.
- **Important for:** It is important for Cassie to be in good health, continue to formulate meaningful relationships, participate in music and pet therapy, and to do things for herself by using her skills and developing new ones.
- **Good day:** A good day for Cassie would include maintaining and building personal connections with staff, family, and friends. One on one time with Cassie's family and caregivers are also very important to her.

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- **Bad day:** A bad day for Cassie would be going on outings to the mall. She would like to stay away from overcrowded areas. She also could do without large group participation unless it is music or pet related. There are also certain sensory activities she dislikes, especially anything involving shaving cream. She shows this by becoming anxious in large groups reaching for people and saying, "all done".
- **Likes:** Cassie likes watching comedy videos, art projects, 1:1 time with staff, visits with her friends, relax on the mat table or in the recliner, community outings, playing the Wii, pet therapy and music therapy. She also enjoys using technology such as the SMART Board. Cassie enjoys Dr. Pepper and listening to music, especially if someone sings directly to her.
- **Dislikes:** Cassie dislikes it when she does not receive enough attention or participates in an activity for too long. She dislikes crowded areas and loud noises. Cassie dislikes food and may gag if it is offered.

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**:

- For supports, Cassie prefers to have a consistent routine while at PAI. She is offered sensory activities, opportunities to participate in art or craft projects, music related groups and activities, repositioning choices, group activities, community outings and time to socialize with her peers. Cassie is developing relationships with her peers and continuing to develop new interests and hobbies. She is provided options throughout her day to make choices and decisions and her decisions are honored and followed through.
- Cassie communicates through vocalizations, clicking noises and may cry or laugh. She will reach for things or push things away or may pinch or scratch if she is very upset. Cassie enjoys using the iPad and have been very successful with making selections on a choice board. She also utilizes a pre-programmed communication device that does between home and 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:

N/A

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

Cassie works on outcomes that are important for her and to her. Cassie is offered choices throughout her day of the activities and groups that she would prefer.

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

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

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

Cassie is encouraged to interact with community members as she is comfortable.

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

Cassie and her team have decided not to seek out competitive employment at this time. She is content with where she is at and finds value in the enrichment activities that she is currently participating in. If Cassie and her team decide that they would like to seek out competitive employment, her team will hold a meeting and discuss the steps needed to fit Cassie's desires.

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?

- Cassie's parent/guardian and PAI staff collaborate in the exchange of information as it relates to Cassie's services, health, and care. Meeting and reports are shared, and the team works together to ensure continuity of service through in-person conversations, phone calls, emails, and Cassie's communication book.
- PAI works with Cassie's parent for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Karen Behrman is Cassie's private legal representative and parent who advocates on her behalf as well as makes legal decisions with her. The legal representative provides information and direction on Cassie's services and supports in collaboration with other members of this support team.
- Jill Schaeppi, case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Cassie and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Cassie's support team to ensure continuity of care.

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:

PAI – Oakdale, Day Program  
Emily Elsenpeter, Designated Manager  
[eelsenpeter@paimn.org](mailto:eelsenpeter@paimn.org)  
Phone: 651-748-0373  
Fax: 651-748-5071

Karen Behrman - Legal Representative  
Home: 651-756-7272  
Cell: 651-246-0785  
[Meerajz@hotmail.com](mailto:Meerajz@hotmail.com)

Jill Schaeppi - Case Manager, Washington County  
Phone: 651-497-8650  
Fax: 651-430-4157  
[Jill.schaeppi@co.washington.mn.us](mailto:Jill.schaeppi@co.washington.mn.us)

# 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: Cassie and her team are content with her living at home with her mother. Cassie's mother assists her in coordinating her services.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no additional research needed at this time.

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:  
N/A

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: N/A

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:

N/A

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

Please note, Cassie does not need EUME. PAI's company policy does not allow for implementation of EUMR.

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."

**N/A**

Please note PAI staff are trained to:

- 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 guardian.
- Administration of medications and treatments to Cassie.

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: **N/A**

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:

N/A

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:

N/A

## 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: Cassie enjoys and may initiate physical interactions such as hand holding and is receptive to touch being initiated by familiar care givers.
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: Cassie requires support in applying/removing her safety strap prior/after transferring.
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: Cassie may require varying levels of physical contact to complete and engage in preferred program activities such as playing a game, using tactile sensory items, painting, or using the Wii.
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: Cassie may require varying levels of physical contact when she is agitated and grabbing onto staff or peers and/or scratching them.
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:
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:
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: Cassie will be physically assisted to evacuate the building or seek shelter in the event of an emergency by staff propelling his wheelchair.
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: Cassie utilizes a safety strap while in her wheelchair as well as in a recliner.
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used:
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:
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: Cassie utilizes AFOs when bearing weight. She comes to PAI each day with them on.

# 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: N/A

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

Cassie utilizes AFOs when bearing weight. She comes to PAI each day with them on.

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