

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

Name of person served: Susan Kazmierczak

Date of development: 7.8.2021

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: Denise and Dave Kazmierczak

Case manager: Kristen Fuller

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 Susan is intensive support services in a day training and habilitation community-based program and/or day support services. The program works with Susan 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 Susan’s physical, emotional, and social functioning. Staff support Susan in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, medication administration, data tracking and daily support related to her health, safety and wellbeing as needed by Susan. Support is provided in the most integrated and least restricted environment for Susan. PAI works with Susan’s guardian, residential provider, and transportation provider for continuity of care.

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: Once daily, Susan will use picture cards to choose a peer to greet while walking in her gait trainer or in her wheelchair in 85% of all opportunities over the next six months.

Susie is a very social individual who likes to visit her peers and her staff. She tends to get very excited when she is encouraged to “say hi” to her friends. This outcome continues to be important to Susie and allows her to make choices on who she would like to visit.

Outcome #2: Daily, Susie will place her shirt protector in the laundry basket when she is done with lunch in 85% of opportunities over the next six months.

It is both important for her to continue to maintain the skills needed to be independent. This outcome allows for her to be independent while feeling like she has been able to complete a task given to her. She shows a sense of accomplishment when she does things independently.

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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:

- Susan may utilize technology at PAI daily using the iPad for choice making, music, and videos.
- Susan can access the television in her program area for sensory videos and to play games on the Wii.
- Susan may use the SMARTBoard to play games and watch sensory videos.
- 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:

Allergies: Susan has an allergy to Amoxicillin. The specific reaction is not known but may include rash, hives, respiratory distress, or anaphylactic shock. Staff administer Susan's medications in accordance with her Physician's Orders. Concerns will be reported to Susie's residence via email, phone, or communication book.

Seizures: Susan is diagnosed with epilepsy and has breakthrough seizures. Staff are trained to the location of her seizure protocol. She may experience an increase in seizure activity potentially caused by being ill, overheated, her menses, or dehydration. On days, that Susan may have a seizure, she may be shakier, tired, weak, and less engaged. Susan's seizures present as Grand Mal or generalized Tonic-Clonic seizures, ranging from 15 seconds to 1.5 minutes. Her lips may turn blue, and she may invert her body, she consistently turns her head to one side, and she may roll her body to one side. Susan has a PRN medication which is in her backpack. All seizure activity is reported her residence within 24 hours via report.

Choking and Special Dietary Needs: Susan has a bite sized diet, which she can eat mostly independently. Susan drinks from a cup with handles and a straw and eats independently with a scoop plate, built up handled utensils, and an anti-slip mat under her plate. She may require assistance with foods that are eaten with a spoon. Staff will ask her if she would like assistance and provide full or hand over hand assistance if she says 'yes' when asked. Concerns with Susie's meals will be reported to her residence via email, phone, or communication book.

Chronic Medical Conditions:

- **Gastroesophageal Reflux Disease:** (GERD) is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach. Susan may experience symptoms of GERD, such as vomiting. Concerns of GERD symptoms will be reported to her residence via email, phone, or communication book.
- **Urine Retention or bladder spasms:** A condition in which the bladder does not empty completely even if it is full and may often feel like you really have to urinate. Susan will frequently indicate when she needs to use the restroom and may need time to sit on the toilet. Susan does not consistently wear briefs but may have instances of incontinence due to holding her bladder too long and may use briefs if experiencing incontinence. Concerns with Susie's cares will be reported to her residence via email, phone, or communication book.
- **Urinary Tract Infections leading to Sepsis:** A urinary traction infection (UTI) is a very common type of infection in your urinary system. A UTI can involve any part of your urinary system, including the urethra, ureters, bladder, and kidneys. Symptoms typically include needing to urinate often, having pain when urinating and feeling pain in your side or lower back. Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. Concerns with Susie's output will be reported to her residence via email, phone, or communication book.
- **Cerebral Palsy:** A congenital disorder of movement, muscle tone, or posture. Cerebral palsy is due to abnormal brain development, often before birth. Symptoms include exaggerated reflexes, floppy or rigid limbs, involuntary motions, constipation, difficulty swallowing, drooling, hearing loss, seizures, spastic gait, teeth grinding, tremor, or difficulty raising the foot. Any concerns with pain or discomfort will be reported to her residence via email, phone, or communication book.

PAI

Self-administration of medication or treatment orders: PAI receives Susan's medication and treatment supplies/equipment from her guardian and/or residential provider and set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle. Trained staff dispense medication for Susan and offer her the medication on her spoon with full assistance. Once she swallows the medication in her food, she is offered her beverage. Susie does not currently have any scheduled medications to take while at PAI. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding medication will be communicated by PAI staff to her residence via email, phone, or communication book.

Other health and medical needs:

- **Personal Cares:** Susan receives full support to complete her personal cares. She is supported in using the restroom every two hours and as needed throughout the day. 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. She is fully supported in her menstrual care by staff. She may use briefs if experiencing incontinence. While in the community, she may transfer with two staff and a posey belt with a stand pivot. Concerns, supply requests, or issues regarding cares will be communicated by PAI staff to her residence via email, phone, or communication book.
- **Gallstones:** Susan has a history of gallstones. Gallstones are hardened deposits of digestive fluid that can form in the gallbladder. She had a surgery in March 2019 to have a gallstone removed. She may experience symptoms such as pain in the back or upper-right abdomen, indigestion, nausea, or vomiting and/or cramping/discomfort from gallstones. Concerns and related symptoms will be reported to her guardians and residence via phone or email.
- **Displaced Shoulder:** Susan's shoulders may become displaced (when the upper arm bone comes out of the shoulder blade socket) or lock up until it moves back into the correct spot, typically due to sleeping on her stomach with her hands above her head. This may happen in the morning or when she raises her arms throughout the day. If Susan's shoulder should become locked or displaced, her arm(s) should gently be lowered until it goes back into place. PAI staff will report concerns to Susan's guardians and residential provider via email or by phone.

Risk of Falling and Mobility Issues: Susan can bear weight and assist with transfers with staff support. When in her wheelchair, Susan's lap belt is secured, and her foot pedals are down to support proper positioning. She utilizes shoulder straps during transportation. When in the Arjo and her gait trainer, all safety straps will be applied prior to moving. Susan can sit in a recliner with the foot pedal up. Susan uses an electric wheelchair as her primary form of mobility which she utilizes primarily independently, except for unfamiliar or small spaces and controlling speed. Susan is transferred using the Arjo and one staff to assist. In case of emergency or in the community, she can transfer using a two person stand pivot with a Posey belt. Susan will assist in repositioning herself in her wheelchair by pushing her legs on the foot pedals to move her bottom back. She requires support from two staff to get into her gait trainer, one staff walking with her to guide her gait trainer and may need reminders to maintain good posture and a safe speed while using it.

Regulating Water Temperature: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Susan encountering it.

Community Survival Skills: Susan utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Susan while in the community to practice all pedestrian and traffic safety

PAI

skills. She is supported in safely engaging with the community activities and people of her choice. Staff observe what is occurring around Susan and intervene on her behalf if a potentially dangerous situation were to arise. Staff will call 911 on Susan's behalf in the event of an emergency.

Water Safety Skills: PAI does not offer swimming or bathing. When near bodies of water, Susan's electric wheelchair will be turned off or her manual wheelchair breaks will be engaged when her chair is not in motion, and staff are in arms reach of her.

Sensory Disabilities: Susan has a vision impairment. She does not tolerate wearing glasses; however, she does have sunglasses that she may or may not wear while out in the sun. Staff will offer her sunglasses to her if she has them with her in her backpack.

Person-Centered Information:

- **Important to Susan:** Things that are currently important to Susan are her family, socializing with others, participating in activities, walking in her gait trainer, swimming, and visiting her grandparents.
- **Important for Susan:** Things that are currently important for Susan are that she stay healthy and well, and that communicate her wants and needs.
- **Balance of important to and for:** Susan enjoys chatting about specific topics such as swimming and going on a trip. Encouraging her to socialize and share other information is also an important balance for her.
- **Good day for Susan:** A good day for Susan is when she walks in her gait trainer, spends time with people she enjoys, goes out to eat and participates in fun activities.
- **Bad day for Susan:** A bad day for Susan is when she is experiencing high seizure activity or vomiting. It is also a bad day if she is feeling anxious.
- **How to have more good days:** Susan can have more good days by communicating what she would like to do or when she has a need. She also can have more good days by participating in a variety of activities and socializing with friends.
- **Likes:** Susan likes walking, swimming, cheeseburgers, going on trips with her family, her family, coloring, jokes, and puzzles. Susie enjoys trying new things, signing, and dancing.
- **Dislikes:** Susan may become upset or frustrated when she is startled by loud noises, hungry, ill, tired, in pain, having seizure activity, or feels like she is not being understood or included.
- **Preferences:** Susan prefers to be included in activities and engaged socially. She prefers people who she has a good relationship with who will chat with her. She prefers doing things for herself, as much as she is able.

PAI

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**:

- Susan prefers to be social and engaged with peers and staff she knows well.
- She prefers to have a variety of opportunity to participate in new and preferred activities.
- For supports, Susan prefers to do as much as she can herself and encouragement to be independent.
- Susan communicates verbally, with facial expressions and body language.
- Susan makes choices about her community activities, visiting peers, and daily groups using picture cards and verbally. She is provided choices throughout her day to make choices and decisions and her decisions are honored.

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**?

Susie works on outcomes that are both important to and important for her. She is offered a variety of choices throughout her day regarding her preferred activities.

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

Susie has opportunities to choose community integration trips. While in the community, Susie is encouraged and supported in interactions and to create positive relationships with others she encounters.

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

Susie has the opportunity to spend time in the community, volunteer, and visit other preferred places. Susie is encouraged and supported in interactions and to create positive relationships with others she encounters.

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

Susie 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 Susie and her team decide that they would like to see out competitive employment, her team will hold a meeting and discuss the steps needed to fit Susie's desires.

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?

- Susan's guardians, residential provider, and PAI staff collaborate to share necessary information as it relates to Susan's services and care. Meetings and reports are shared, and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- PAI works with her guardian and/or residential provider for supplies needed at PAI, as well as medications and corresponding orders.
- Denis and Dave Kazmierczak are Susan's guardians and advocate on her behalf as well as make legal decisions. Her legal guardian provides information and direction on Susan's services and supports in collaboration with other members of her support team.
- Kristen Fuller, case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI, and assists Denise, Dave and Susan in advocacy and finding additional opportunities for community involvement. Kristen also completes Susan's service agreements and communicate with members of the 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
eelsenpeter@paimn.org
Phone: 651.748.0373
Fax: 651.748.5071
- Dungarvin Chippewa House – Residence
Kenny Odusote
kodusote@dungarvin.com
Office: 651-699-6050 Ext.5672
Phone: 651-770-0971
Fax: 651-699-7265
- Case Manager
Kristen Fuller
Kristen.fuller@co.washington.mn.us
Phone: 651-430-4142
- Guardians
Denise and Dave Kazmierczak
dkazmierczak@wenck.com
Phone: 651-226-7218

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: Susie and her team are not seeking out other opportunities at this time. Susie lives at a Dungarvin group home and they, along with Susie's guardians work together to coordinate 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

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."

- Monitoring of Susan's medical conditions including bladder spasms, cerebral palsy, gallstones and GERD, and the related symptoms, and communication with team members as needed.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Monitor for seizure activity, follow physician ordered seizure protocol. Communicate seizures to team members as appropriate.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Susan's guardian and/or residential provider.
- Set up and administration of medication following the prescriber's order.
- Administration of PRN medication if Susan meets the criteria for her seizure PRN.
- 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: **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? N/A
 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

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: Susan enjoys and may seek out hugs from familiar staff. She may enjoy holding hands for short periods of time with preferred people.
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: While walking in her gait trainer or using a stand pivot transfer, Susan utilizes a posey belt.
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: Susan may require hand over hand assistance to complete and engage in preferred recreation/leisure activities such as playing a game, painting, or using the iPad. Susan may use hand over hand to eat portions of her meal.
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:
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: Susan will be physically assisted by staff in propelling her wheelchair to quickly and safely evacuate or move away from an emergency.
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: Susan wears a seat belt while in her wheelchair. She uses a chest strap for transportation.
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: Susan uses a Gait trainer with all safety straps to walk.

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

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