

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

Name of person served: Hung Vo

Date of development: July 20, 2021 For the annual period from: July 2021 to July 2022

Name and title of person completing the *CSSP Addendum*: Courtney Kelly, Program Supervisor/DC

Legal representative: Hung Vo and Angela Sirovy LSS

Case manager: Renee Busch, Thomas Allen, Inc. (Leave coverage at time of 2021 Annual: Tamara Meyer)

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 Hung is intensive supports in a community environment. PAI works with Hung to develop and implement achievable outcomes based on Hung’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to his health, safety, and well-being as needed by Hung.

# 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:** Hung still has the goal of being more independent with money skills and is eager to begin this outcome again when community outings resume at PAI.

"Hung will personally hand his money to the cashier when purchasing items in the community, 75% of trials until next review."

**Outcome #2:** Hung has had recent changes to his schedule at PAI and different events at home that have made Hung consider learning more about time management and being more confident about scheduling his time and fitting everything in. Hung wants to work on identifying what needs to be done and how long everything takes (ex: if I have an appointment at 9am and X, Y, & Z need to be done, what time do I need to be awake at?)

"Hung will participate in completing a problem solving question on time management each morning at PAI, 70% of all trials until next review."

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:

- NA- Hung does not wish to use technology to work on his outcomes at this point on 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:** If Hung is experiencing signs of seasonal allergies, specifically a running nose or red and itchy eyes, staff will let Hung's residence know. Hung has PRN allergy medication at home that Hung's residence will help him administer.
- **Seizures:** If Hung experiences any seizure activity at PAI, staff will follow PAI's seizure protocol and call 911. Staff will notify Hung's residence immediately.
- **Choking:** Hung packs and prepares his lunch from home, and Hung's lunch should come cut into quarter size or smaller pieces. If Hung's lunch does not come cut up or if Hung is having additional food at PAI, from a cooking class or on a community outing, staff will assist Hung with cutting up his food. Staff are always in the same room as Hung when he is eating and will remind Hung to not talk when he has food in his mouth. Staff will not serve Hung a drink using a straw or sippy cup.
- **Chronic Medical Conditions:** Hung is diagnosed with Cerebral Palsy and experiences muscle stiffness and spasticity. When Hung is experiencing muscle tightness when trying to complete an activity, like repositioning or moving his body, staff will give Hung a few minutes to practice his deep breathing before trying to complete the task.
- **Self-Administration of Medication or Treatment Orders:** Hung does not take any medication at PAI. Hung wears a left hand splint which staff help Hung put on in the morning at PAI and take off after lunch. Staff will help Hung put on his hand brace and secure the straps over his fingertips, thumb, wrist and forearm. If the need did arise for Hung to take medication at PAI, a staff trained in medication administration would administer the medication to Hung per a signed physician's order.
- **Preventative Screenings; Medical and Dental Appointments:** Hung's residence schedules and attends all appointments with Hung. Any signs/symptoms of illness/injury will be relayed to Hung's residence. Hung's residence will help Hung follow up with his physician as needed.
- **Risk of Falling; Mobility Issues:** Staff will point out physical obstacles to Hung when he is steering his electric wheelchair and remind Hung to slow down and watch where he is going. When in crowded areas or around potentially dangerous obstacles, staff will offer to help steer Hung's wheelchair. Staff will ensure Hung's lap seat belt is secured at all time. When Hung is riding in a vehicle or sitting on the toilet, staff will secure his chest straps for upper body support. If Hung needs to transfer out of his wheelchair to the toilet, staff will use a 2 person Hoyer lift.
- **Regulating Water Temperature:** PAI's water is regulated to a safe temperature for hand washing. Staff will turn on the water for Hung. When in the community, staff will turn on and adjust the faucet to a safe temperature for hand washing for Hung.
- **Community Survival Skills:** Staff will always be with Hung in the community and will advocate on Hung's behalf. Staff will model safe pedestrian skills and stranger safety skills and will prompt Hung to follow these as needed. When in the community, staff carry Hung's basic health information and ID information with and would provide this to emergency personnel if the situation warranted. When in crowded areas or around potentially dangerous obstacles, staff will offer to help steer Hung's wheelchair.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Hung were to participate in an activity near or on a large body of water, staff would stay with Hung the duration of the activity and help Hung put a life jacket on.
- **Sensory Disabilities:** If staff notice that Hung's glasses are dirty, staff will offer Hung assistance with cleaning them. Staff will point out obstacles and uneven terrain to Hung and offer assistance with steering if the situation appears potentially dangerous. If staff notice a change in Hung's vision, staff will relay this to Hung's residence. Hung's residence will help Hung follow up with his physician as needed.

## PAI

- **Restroom Assistance:** Staff will assist Hung with positioning and holding a portable urinal when Hung needs to void. When Hung needs to have a bowel movement at PAI, staff will use a 2 person Hoyer lift to transfer Hung to the toilet. Staff will use the chest straps available in the large bathroom at PAI for upper body support when Hung is sitting on the toilet. Staff will physically assist Hung with cleaning after a bowel movement and will putting his clothes back on. If Hung is experiencing muscle stiffness or spasticity when trying to transfer using the Hoyer lift, staff will give Hung a few minutes to practice his deep breathing before trying to do the lift.
- **Physical Aggression/Verbal Aggression:** If Hung is experiencing high anxiety or stress and is upset, staff will ask Hung if he would like to go somewhere quiet to talk. If Hung is driving his wheelchair unsafely or towards others, staff will ask Hung to stop. Staff will give Hung a few minutes to calm down and encourage him to practice his deep breathing and other relaxation techniques. Staff will give Hung ample time to explain what is wrong and try to help him problem solve the situation. Staff will not attempt a transfer to the toilet when Hung is upset (his muscle tighten, making it unsafe).

- **Person-Centered Information:**

The **important to** Hung items are: having strong friendships and relationships with others, working and making money, and having varied activities in the community.

The **important for** Hung items are: having physical supports to continue living in a healthy and safe manner, having opportunities to work and make money, and having continued and varied opportunities to incorporate in his community.

A **good day** for Hung would be when he's feeling relaxed and his stress is managed. Hung is social with peers and friends and his relationships with others are important. Hung has a good sense of humor. When Hung is having a good day, Hung will participate in work and contribute to class discussions.

A **bad day** for Hung would be when Hung is feeling stressed and anxious, which can be caused by a number of factors. Hung can become sad and upset when he thinks about his mom passing away, which can increase around the anniversary of her death. Hung also can sometimes get anxious and upset when talking to his ex-girlfriend, who does not always want Hung to talk to her. Hung sometimes feels that people do not give him the time to express his thoughts and feelings. When Hung is upset, Hung may yell very loudly at others and even get physically aggressive. Hung may leave the area and want some time alone in the hallway or may want to talk to a trusted staff in their office.

Hung **likes** working on cards, attending book club, going mall walking, going bowling, music (especially Justin Bieber and Taylor Swift), watching movies, and the Twins.

Hung **dislikes** when people pass away (especially remembering when his mom did recently), when people yell at him, and when people do not take the time to listen to what he has to say.

# 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**:

- Hung has control over his schedule by choosing how many classes he would like to take and which ones. Hung chooses where he would like to go on community outings.
- Hung prefers it when people take the time to listen to his thought and opinions. Hung likes it when people repeat back to him what he said, so he can correct anything that the listener may not have understood.
- Hung prefers it when he has a trusted staff available to talk to him in their office when things are not going well for Hung or he is experiencing a lot of anxiety.
- Hung prefers it when he can stick to his schedule and prefers it when people let him know ahead of time about changes to his schedule.
- Hung prefers taking a mix of classes and work at PAI.
- Hung prefers outing like mall walking or walking around the neighborhood.
- Hung prefers when class instructors facilitate Hung actively participating in class activities and ask for his feedback/insight often.
- Sometimes Hung prefers to talk about his mom and remember good times and sometimes Hung prefers that the topic is no brought up- staff will follow Hung's lead and be sensitive around the topic.

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**?

- PAI offers a large variety of leisure and skill building classes at PAI that Hung can choose to participate in. Hung will be given a list of the classes available quarterly and can pick classes that fit his interests, preferences, or particular skills he would like to work on.
- Staff will ask for Hung's input often and accommodate his preferences whenever possible.

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

- PAI usually offers community outings on a daily basis to several community locations. Hung will have the opportunity to choose which activities he would like to participate in by choosing about 1-2 locations a month that interest him. PAI also offers volunteer opportunities offsite. Other opportunities are offered onsite at PAI with community members, such as pet or music therapy.

## PAI

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

- Hung is encouraged to communicate and associate with those of his choosing onsite at PAI and when in the community. When appropriate, staff will introduce Hung to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.). Staff will always be with Hung in the community and will encourage Hung to interact with trusted individuals of his choosing.
- Hung can take classes, go on outings, work, and eat lunch with those of his choosing (at his table, or the same room) when available.

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

- PAI offers employment services to anyone interesting in finding employment in the community and there are other services in the area that offer similar services. Hung is currently not interested in finding a job in the community and is not enrolled in these services but could at any time- with PAI or another organization- if he worked with his case manager and obtained the funding to do so.

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?

- Hung and his residence, co-guardian, PAI, and case manager exchange information as it relates to Hung's services and cares. Meetings and reports are shared with Hung's team. Hung's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Hung is his own guardian and has a co-guardian, Angela Sirovy from Lutheran Social Services, for emergency medical situations. Hung and his co-guardian advocate on Hung's behalf and make legal decisions for him.
- Hung lives in a Phoenix Residence home. Phoenix Residence provides all in home care needed and attends all medical appointments with Hung. Phoenix Residence ensures all of Hung's needs are being met and provides any information to Hung's team about changes in supports needed.
- Case manager, Renee Busch from Thomas Allen Inc., develops Hung's CSSP and completes Hung's service agreements. Renee communicates with Hung's support team to ensure continuity of care.
- PAI will provide Hung with employment opportunities onsite and help Hung work on vocational training and skill building. PAI will communicate any health and medical concerns to Hung's residence.

# PAI

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:

Angela Sirovy, Emergency Medical Co-Guardian, Lutheran Social Services

P: 651-310-9418

Email: angela.sirvoy@lssmn.org

Renee Busch, Case Manager, Thomas Allen Inc.

P: 651-240-1982

Email: renee.busch@thomasalleninc.com

Covering Leave at Time of Annual:

Tamara Meyer, Thomas Ellen, Inc.

P: 651-789-1211

Email: tamara.meyer@thomasalleninc.com

Shawna Zechmeister, Phoenix Residence

P: 651-247-1351

Email: szechmeister@phoenixresidence.org

Veronica

Email: viking@phoenixresidence.org

Cortney Kelly, PAI

P: 651-747-8740

Email: ckelly@paimn.org

**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: Hung has been on the fence about whether or not he likes his currently group home, but Hung has indicated that he would like to continue living in a group home setting. Hung is working on independent living skills at home and at PAI, so that Hung would be better equipped to live more independently if he decided to look into that option in the future. Hung is currently not interested in pursuing community employment and has indicated that he is happy to work onsite at PAI. Hung is working on vocational and job skills at PAI, so that Hung would be better equipped to work more independently if he decided to look into that option in the future.

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

# PAI

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

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."

- Providing CPR and First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Hung's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- Putting on and taking off Hung's left hand brace.

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

# PAI

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

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:
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:
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: Hung may request hand over hand or physical assistance with activities that require fine motor skills, like wiping his hands off or with an art project. Staff will physically assist Hung as he requests.
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: Hung may appropriately evacuate himself, however, if Hung does not do so independently or cannot do so because of obstacles and uneven terrain in the event of an emergency where imminent risk of harm is present, staff will assist Hung in safely evacuating the building in the least restrictive manner possible.
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: Hung uses an electric wheelchair with a lap seat belt for mobility. When Hung is traveling in a vehicle or sitting on the toilet, Hung will use chest straps for upper body support.
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: Hung wears a split on his left hand which is put on in the morning at PAI and taken off after lunch. When Hung need to transfer to the toilet, a Hoyer lift will be used.

Staff Information
Are any <b>additional requirements</b> requested for staff to have or obtain in order to meet the needs of the person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: N/A

Does a staff person who is <b>trained in cardiopulmonary resuscitation (CPR)</b> need to be available when this person is present, and staff are required to be at the site to provide direct service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input checked="" type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify): <input type="checkbox"/> NA
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Frequency Assessments
1. Frequency of <i>Progress Reports and Recommendations</i> , minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
2. Frequency of service plan review meetings, minimum of annually: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input checked="" type="checkbox"/> Annually
3. Request to receive the <i>Progress Report and Recommendation</i> : <input checked="" type="checkbox"/> At the support team meeting <input type="checkbox"/> At least five working days in advance of the support team meeting
4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i> , this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA