

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

Name of person served: John Doyle

Date of development: 7/7/21

For the annual period from: June 2021 to June 2022

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

Legal representative: John and Laura Doyle

Case manager: Renae Kimpel

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 John is intensive support services in a community DTH program and community environment. The program works with John 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 John to encourage activities, outings, and visiting with peers. Staff support John 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 John. 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: Weekly, John will choose a music genre using a two buttoned prerecorded Mack switch for 85% of all trials over a 12 month period.

John really enjoys music and it is important to him. John is working on learning using Mack switches to communicate and would benefit from working on his choice making skills.

Outcome #2: Daily, John will choose an instrument to play while listening to music 95% of all trials over a 12 month period.

Music and playing instruments are important to John. John often smiles and focuses on the instrument he chooses to play.

## 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:

- John uses technology at PAI daily through the use of the iPad for choice making and music.
- John is able to access the television in the room for sensory videos and to play games.
- Not further exploration of technology is needed at this time.

## PAI

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

**Allergies:** John is allergic to Tegretol (carbamazepine), Felbamate, Pertussis Vaccine Immune Globulin, Depakote, mold, dust, and pollen. Staff are aware of John's allergies and will not give him medication he is allergic to. If John is prescribed any of these medications staff will alert John's residence and doctor. Staff will monitor John for allergic reactions and report any symptoms to his residence.

**Seizures:** Staff will monitor John for seizure activity. If John is sitting in a recliner place a mat in front of the recliner and if he tries to get up staff will encourage John to stay seated. Staff are trained on John's seizure protocol. Staff will follow his protocol and provide support and comfort as needed.

**Choking and special dietary needs:** John has a nothing by mouth (NPO) order. John will receive nutrition and medications via his G-tube. Staff receive training on G-tubes prior to assisting John with his feeding. Concerns or issues regarding his G-tube will be communicated by staff to John's guardian and any orders or instructions will be followed.

**Chronic medical conditions:** John is diagnosed with Lenox-Gastout Syndrome, a complex, rare, and severe childhood-onset epilepsy. It is characterized by multiple and concurrent seizure types, cognitive dysfunction, and slow spike waves on electroencephalogram (EEG). Static Encephalopathy, permanent or unchanging brain damage. Chronic Pancreatitis, inflammation of the pancreas that does not heal or improve, it gets worse over time and leads to permanent damage. Hypertonia, a condition in which there is too much muscle tone so that arms or legs, for example, are stiff and difficult to move. Klein-Levin Syndrome, a rare disorder characterized by recurrent episodes of excessive sleep along with cognitive and behavioral changes. Staff are trained on John's chronic medical conditions. Staff will report any signs or symptoms of his conditions to his residence.

**Personal cares:** John wears a disposable brief. John is able to stand with staff assistance and lean on the mat table. If John is unstable, he may need two staff to assist him to stand safely. Staff will help John wear clean and dry clothing. John is not able to reposition himself, staff will help John reposition throughout the day.

**Self-administration of medication or treatment orders:** Staff request medications from John's residence. Staff set up and pass medications to John according to prescriber's orders and as directed by the pharmacy/prescription bottle. Each medication administration time, staff dispense the medication and pass it to John via G-tube. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Concerns or issues regarding medication will be communicated by staff to John's residence and any orders or instructions will be followed.

**Other health and medical needs:** John has a DNR/DNI document. Staff will follow this document and make any emergency responders aware of this document in the event of an emergency.

**Risk of falling and mobility issues:** When John is in the cares room, staff will place his hand so he holds onto the side rail or on the mat table and will tell him, "John, hold onto the rail or mat table." When John is sliding forward in his chair, staff will say, "John, please sit up straight. Can you pull yourself up?" If John does not respond to verbal prompts, staff will help John reposition in his chair or offer a recliner for him to sit in. John can walk using the in ceiling track system with assistance from one staff holding the straps of the walking sling.

# PAI

**Regulating water temperature:** Staff will physically check the water by placing their own hand in the water and adjust to a safe and comfortable temperature prior to exposing John to the water.

**Community survival skills:** John is accompanied by staff while in the community. Staff model appropriate social behavior and follow pedestrian safety rules.

**Water safety skills:** PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. John is 1:1 while in the community.

**Person-centered planning:** things important to John are his family, fidgets, paper, music, music therapy, and being involved. Things important to John are his NPO order, walking with the track system, being engaged, and his team who advocates for him.

A good day for John is when he is feeling well, he has a preferred instrument or paper to work with, when he is comfortable, and receives one on one attention.

A bad day for John is when he is having more seizures, he is uncomfortable or in pain, and when he doesn't have fidgets or paper available to him.

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:**

John prefers to have fidgets and paper available to him.

John is very social and likes to have opportunities to express this.

John enjoys music, music therapy, and playing instruments

John enjoys spending time outside

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?**

John works on outcomes that are important for and to him. John chooses the activities and groups he joins throughout the day.

## PAI

What are the opportunities **for community access, participation, and inclusion** in preferred community activities?  
John chooses the outings he attends. John is encouraged to interact with community members as he is comfortable.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?  
John is encouraged to interact with community members as he is comfortable.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?  
John and his team are not seeking competitive employment at this time.

# 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?

- John's guardians, residence, advocate and PAI staff will share necessary information as it relates to John's services and care. Needed supplies and medications will be provided by his residence. 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.
- Sindy Mau, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist John and his guardians in other supports as requested.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Briana Hinzman, PAI DC  
3595 Linden Ave. White Bear Lake MN, 55110  
651-777-5622  
[bhinzman@paimn.org](mailto:bhinzman@paimn.org)

Mains'l McMenemy House, Residence  
4489 McMenemy St. Vadnais Heights MN, 55127  
651-415-1702

Laura and John Doyle, Guardians  
7610 Cape Charles Dr. Raleigh NC, 27617  
919-803-7108  
[Jdl7610@gmail.com](mailto:Jdl7610@gmail.com)

Deb Holtz, Advocate  
651-675-6923  
[Deb.holtz@yahoo.com](mailto:Deb.holtz@yahoo.com)

Renae Kimpel, Case Manager  
20 E. Thompson Suite 101 West St. Paul MN, 55118  
651-453-5297  
[Renae.Kimpel@thomasallen.com](mailto:Renae.Kimpel@thomasallen.com)

**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: John and his team are not seeking other opportunities at this time.

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

# 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:  
NA

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

Yes  No

If yes, please indicate what right(s) will be restricted: NA

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**?

Yes  No

**If yes, address any concerns or limitations:**

NA

Has it been determined by the person's physician or mental health provider to be **medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety?  Yes  No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

## Health Needs

# PAI

Indicate what **health service responsibilities** are assigned to this license holder and which are consistent with the person's health needs. If health service responsibilities are not assigned to this license holder, please state "NA."

- Observation of signs of injury or illness and provision of first aid or care to treat the concern
- Request medical supplies and medication refills from residence
- Administration of medications to John
- 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: **NA**

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:

- Medication set up:
- Medication assistance:
- Medication administration:

## Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication?  Yes  No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:
2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?  
 Yes  No
3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

<b>Permitted Actions</b>
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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: John has an unsteady gait. When he is walking John will utilize a walking sling attached to the in-ceiling track system. Staff are able to hold John's hands and his sling when he walks.
  
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: John has limited fine motor skills, staff are able to assist him complete tasks 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: John is unable to remove himself from an emergency, staff can push John's wheelchair or help him transfer out of the building in 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: John is not able to position himself, staff are able to help John be positioned comfortably in his chair. John uses a seatbelt to help him stay comfortably in his chair.
  
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

<b>Staff Information</b>
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## PAI

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?

Yes  No If yes, please specify: NA

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present, and staff are required to be at the site to provide direct service?  Yes  No

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person’s service recipient record:

1:4  1:8  1:6  Other (please specify):  NA

### Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:  
 Quarterly  Semi-annually  Annually
2. Frequency of service plan review meetings, minimum of annually:  
 Quarterly  Semi-annually  Annually
3. Request to receive the *Progress Report and Recommendation*:  
 At the support team meeting  At least five working days in advance of the support team meeting
4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:  
 Quarterly  Other (specify):  NA