

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

Name of person served: Ted Farrar

Date of development: 8/3/21

For the annual period from: August 2021 to August 2022

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

Legal representative: Quentin Stille

Case manager: Valerie Cichoski

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 Ted is intensive support services in a community DTH program and community environment. The program works with Ted 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 Ted to encourage activities, outings, and visiting with peers. Staff support Ted 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 Ted. 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, Ted will help gather supplies for a group or activity 85% of all trials over a 12 month period.

It is important to Ted to be helpful and involved. Ted is working towards learning to lead groups with his friends.

Outcome #2: Daily, Ted will plan a time to use the iPad 85% of all trials over a 12 month period.

It is important to Ted to use the iPad and important for Ted to be a self-advocate. Ted is working on taking control of his day by planning things that are important to him.

## 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:

- Ted uses technology at PAI daily through the use of the iPad for choice making, music, and research.
- Ted 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 each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

**Choking and special dietary needs:** Ted has a regular diet of ½ bite sized pieces. Ted is fully assisted at mealtime and uses a standard utensil and a straw to drink with. Ted drinks thin liquids through a straw. Ted's head rest will be attached to support his head and keep it in an upright position while eating. Ted's wheelchair will be tilted approximately 25 degrees when he is eating. Ted has made gagging sounds while eating. If this occurs, Ted will be given time to finish his bite then offer a drink. Ted will be asked if he is ready to continue his meal.

**Chronic medical conditions, risk of falling, and mobility issues:** Ted is diagnosed with Osteoporosis, a disease in which the density and quality of bone are reduced. Cerebral Palsy with Spastic Quadriplegia with Anterior & Posterior fusion 06, difficulty in controlling movements in the arms and the legs. Hydrocephalus, post VP shunt, is the buildup of fluid in the cavities (ventricles) deep within the brain. The excess fluid increases the size of the ventricles and puts pressure on the brain. Dysphagia, which is difficulty swallowing including coughing or choking when eating or drinking or bringing food back up, sometimes through the nose. GERD, characterized by hoarseness, shortness of breath, and/or coughing due to stomach acid that reaches the esophagus. Vitamin D deficiency characterized by fatigue and tiredness. Ted is also diagnosed with Chronic Back & Knee pain and constipation. Ted will avoid foods that may increase his symptoms of GERD. Ted will be treated with caution when he is being transferred and receiving personal cares. Ted is transferred using a Hoyer lift or the in-ceiling track system and is sent to program with his sling under him. In an emergency only, staff may transfer Ted using a top-bottom or a reverse basket lift. While on the mat table, the safety bar will be up unless staff is standing next to the table to support him. If Ted uses a recliner, a safety belt and/or pillows will be used to support his body. Ted utilizes a tilt in space manual chair. His wheelchair has anti-tip bars for safety, to prevent him from tipping in his chair backwards. The anti-tip bars are to remain in a downward position. Ted's wheelchair will not be tilted all the way forwards when he is in it. His wheelchair is tilted at approximately 25 degrees when he is eating and at approximately 45 degrees when he is transferring in and out of his wheelchair.

**Personal Cares:** Ted wears disposable briefs and uses the mat table to freshen up. Staff will assist Ted to wear clean, dry clothing. Ted is not able to reposition himself. Staff will assist him with repositioning throughout the day.

**Self-administration of medication or treatment orders:** Staff request medications from Ted's residence. Staff set up and pass medications to Ted 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 Ted. 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 Ted's residence and any orders or instructions will be followed.

**Skin integrity:** Ted's hands are cleaned every night at home, and he takes medication to lower tonality. Any sign of skin breakdown will be reported to the residence.

**Positioning in wheelchair:** Ted's wheelchair will not be tilted all the way forwards when he is in it. His wheelchair will be tilted at approximately 25 degrees when he is eating and at approximately 45 degrees when he is transferring in and out of his wheelchair. If Ted states that his back or neck is hurting, Ted can be repositioned by laying on the bed with supporting pillows. He also can sit in a recliner when wanting to get out of his chair. Ted is repositioned in compliance with regulations and when requested.

**Community survival skills:** Ted is accompanied by staff while in the community. Staff will help Ted propel his wheelchair. Staff model appropriate social behavior and follow pedestrian safety rules.

# PAI

**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. Ted is 1:1 while in the community.

**Sensory disabilities:** Ted's visual field is reserved to his lower right quadrant. Items will be offered at a distance that Ted says he can see the objects, which is typically in his lower right visual quadrant. Ted will be asked if he can see the items prior to asking him to make any choices.

**Reports injury or illness:** When Ted does not feel well, he may be in a somber mood and have a quieter voice. When Ted shows signs that he may be feel sick, Ted will be asked privately, "Ted are you feeling okay?" Ted may need to be asked a few times for him to let someone know if he feels sick. Ted will be watched for signs of malaise, tiredness, and changes in demeanor that might indicate injury or illness. Symptoms of illness or injury are communicated to the residence via report and/or phone call.

**Person-centered planning:** Things important to Ted are having upbeat happy people around him, hot sauce, socializing, music (Pentatonix), helping whenever he can, and wrestling. Things important for Ted are to be around positive people, his dietary orders, his skin integrity, and staff who know him well.

A good day for Ted includes going to a concert, spending time with his family and friends, having plenty of hot sauce on his food, getting a scalp massage, and being around positive, upbeat people.

A bad day for Ted would include being in pain or uncomfortable, people around him are negative, eating food that's too dry, and not being able to socialize with friends and family.

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**:

Ted prefers staff who are upbeat and positive

Ted likes to have the opportunity to listen to Pentatonix daily

Ted likes to help with any tasks when he can

Ted likes setting up lunch dates with staff and peers

Ted has specific friends he likes to spend time with

Ted likes having hot sauce on foods that are "dry"

## 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:

NA

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

Ted works on outcomes that are important to and for him. Ted makes choices throughout his day of what activities he would like to participate in.

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

Ted chooses the outings he would like to attend. Ted 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?

Ted has the opportunity to volunteer. Ted 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?

Ted 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?

- Ted's guardian, residence, and PAI staff will share necessary information as it relates to Ted'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.
- Valerie Cichoski, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Tomas and his guardian 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)

English House, Residence  
1336 E. County Rd. E Vadnais Heights MN, 55110  
651-484-3278  
[englishhouse@phoenixresidence.org](mailto:englishhouse@phoenixresidence.org)

Quentin Stille, Guardian  
1605 Eustis St. #310 St. Paul MN, 55108  
651-310-9412  
[quentin.stille@lssmn.org](mailto:quentin.stille@lssmn.org)

Valerie Cichoski, Case Manager  
160 E. Kellogg BLvd. Rm. 7800 St. Paul MN, 55101  
651-485-3282  
[Valerie.cichoski@co.ramsey.mn.us](mailto:Valerie.cichoski@co.ramsey.mn.us)

**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: Ted and his team are not seeking other providers or options at this time. Ted lives at a Phoenix Residence ICF. In order to live safely independently Ted would need to learn skills in transferring, personal cares, medication administration, self preservation, and dietary needs.

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 Ted.
- 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:

Permitted Actions
<p>On a continuous basis, does the person require the <b>use of permitted actions and procedures</b> that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> <li>1. To calm or comfort a person by holding that person with no resistance from the person.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Ted enjoys hugs and being in contact with people, staff are able to hug, hold Ted's hand, or have their hand on his arm if Ted asks or agrees to being touched.</li> <li>2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Ted has limited fine motor skills, staff are able to help Ted with hand over hand or hand under hand as tolerated.</li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>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.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Ted is not able to propel his wheelchair independently, staff are able to help Ted move his wheelchair or transfer him out of the building in an emergency.</li> <li>8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Ted is not able to position himself in his wheelchair, staff are able to help Ted be positioned comfortably. Ted uses a seatbelt.</li> <li>9. Is positive verbal correction specifically focused on the behavior being addressed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> <li>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?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Ted uses a seatbelt and lap tray.</li> </ol>



Staff Information

# 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