

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

Name of person served: Laura Pizinger

Date of development: 7/26/21

For the annual period from: July 2021 to July 2022

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

Legal representative: Rebecca and Kathy Pizinger and Erin Phelps-Stark

Case manager: Jill Book

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 Laura is intensive support services in a community DTH program and community environment. The program works with Laura to develop and implement achievable outcomes that support her goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with Laura to encourage activities, outings, and visiting with peers. Staff support Laura in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to her health, safety, and well-being as needed by Laura. 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: Once a week, Laura will choose between two types of music genres 80% of all trials over a 12 month period.

Music is very important to Laura. Laura is working to develop her choice making skills.

Outcome #2: Daily, Laura will choose a sensory activity to participate in 80% of all trials over a 6 month period.

Sensory integration is important for Laura. Laura is practicing her choice making skills with something that is important to her.

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:

- Laura uses technology at PAI daily through the use of the iPad for choice making and music.
- Laura is able to access the television in the room for sensory videos and to play games.
- 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: Staff are aware of Laura's allergies. Staff will not give Laura Minocycline or anti-inflammatory meds. Staff will be mindful of Laura's risk of a bee allergy. Staff will notify Laura's residence and doctor if she is prescribed any of these medications.

Seizures: Staff will monitor Laura for seizure activity. Staff are trained on Laura's seizure protocol. Staff will follow her protocol and provide support and comfort as needed.

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

Chronic medical conditions, risk of falling, and mobility issues: Laura is diagnosed with Cerebral Palsy, abnormal development or damage to the parts of the brain that control movement, balance, and posture. Scoliosis with Spastic Quadriplegia, a sideways curvature of the spine and stiffness or tightness of the muscles. Encephalopathy, abnormal brain function or brain structure. Dysphagia, difficulty swallowing Laura also has a history of hip dislocation and constipation. When transferring Laura into her wheelchair, staff will have it tilted back at a 30 degree angle. After transferring Laura in her wheelchair, staff will visually observe that there are no spaces between Laura's back and the back rest and that all her seatbelts and straps are secured. Staff will adjust Laura as necessary to have her seated in the chair correctly. If Laura tightens her legs, staff will ask Laura to try and relax her legs. Staff may also gently lift upwards under her lower thigh so that her hips rest all the way back into the correct position. During transportation, Laura's wheelchair should be tilted at least at a 20 degree angle. Laura is transferred using the in-ceiling track system or Hoyer lift. Prior to transferring Laura, staff will visually check placement of tube. Laura should not have her sling on unless it is in use. When Laura is on the mat table, the side rails will be up unless staff is standing in front of her.

Personal Cares: Laura uses disposable briefs and the mat table to freshen up. Staff will assist Laura to wear clean and dry clothing. Staff will help Laura reposition throughout the day.

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

Hand contractures: Staff will help keep Laura's hands dry. If there is any skin breakdown, staff will notify Laura's residence and will follow her doctor's orders.

Stoma Site: Laura wears a tighter fitting undershirt from home to help support the tube and keep it in place. Prior to transferring Laura, staff will visually check placement of tube. PAI team members complete a visual check throughout the day. Concerns about Laura's J-Tube will be reported to her residence via phone call or communication book.

PAI

VP Shunt: Staff will monitor Laura for any signs or symptoms of a severe headache. Concerns regarding Laura's shunt will be reported to her residence via phone call or communication book.

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 Laura to the water.

Community survival skills: Laura 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. Laura is 1:1 while in the community.

Sensory disabilities: If a loud noise is about to occur, staff will tell Laura about it beforehand, such as the sound of the blender at lunchtime. Staff may also move Laura away from the loud environment. Staff will present items for choice making at an appropriate distance and watch for her response.

Person-centered planning: Things important to Laura are upbeat people, her family and team, spending time with friends, and looking nice. Things important for Laura are her NPO order, a strong team, and being around positive people.

A good day for Laura consists of looking nice, spending time with her family and friends, being around people who are as excited as she is, listening and dancing to upbeat music, having her hair done, and going into the community to a high energy environment.

A bad day for Laura consists of not feeling well, being around people who are sad or upset, not having her hair done well, and being in a startling environment.

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:**

Laura prefers upbeat positive staff helping her.

Laura enjoys most music and likes to choose what she listens to each day.

Laura enjoys spending time with her peers and being involved.

Laura likes having her hair done and looking nice

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

PAI

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

Laura is working on outcomes that are important for and to her. Laura makes choices of the activities she attends and the groups she participates in.

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

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

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

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

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

Laura and her 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?

- Laura's guardians, residence, and PAI staff will share necessary information as it relates to Laura's services and care. Needed supplies and medications will be provided by her 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.
- Heidi Lottsfeldt, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Laura, her residence and her 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

Bridges Sunrise, Residential
2181 Sunrise Dr. Maplewood MN, 55109
952-242-5324
lauriek@bridgesmn.com

Rebecca and Kathy Pizinger, Guardians
2803 Interlachen Drive Stillwater MN, 55082
651-439-4726
pizinger@mncounties.org

Erin Phelps-Stark, Guardian
2173 Sunrise Dr. Maplewood MN, 55117
651-428-1173
Erin.g.phelps@gmail.com

Jill Book, Case Manager
14949 62n St. N. Stillwater MN, 55082
651-757-0242
Jill.book@co.washington.mn.us

PAI

The person currently receives services in (check as applicable): community setting controlled by a provider (residential) community setting controlled by a provider (day services) NA

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider or for transitioning from day services to an employment service: Laura and her team are not seeking other options at this time. Laura lives at a Bridges group home. Laura would need to learn skills in self preservation, restroom needs, dietary, and medication administration prior to living safely independently.

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

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 Laura
- CPR and first aid 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 use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 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: When upset Laura enjoys physical contact of a hand hold or hug. 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 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: Laura has limited fine motor skills, staff are able to assist Laura with and 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Laura is not able to propel her own wheelchair, staff are able to push Laura's wheelchair or help her transfer out of the building. 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: Laura is not able to position herself. Staff are able to help Laura with positioning. Laura wears a seatbelt and chest straps as well for positioning. 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA

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