

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

Name of person served: Daniel Sederstrom

Date of development: 9/3/21

For the annual period from: September 2021 to September 2022

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

Legal representative: Wendy Sederstrom, sister

Case manager: Sarah Buffington

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 Dan is intensive support services in a community DTH program and community environment. The program works with Dan 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 Dan to encourage activities, outings, and visiting with peers. Staff support Dan 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 Dan. Support is provided in the most integrated and least restrictive environment.

8/3/2020 - Dan will be utilizing remote services with PAI staff. Staff will support Dan remotely to work on outcome implementation, data tracking, and daily support related to his health, safety, and well-being as needed by Dan. Support is provided in the most integrated and least restrictive environment.

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: Daily, Dan will independently press the Mack switch to indicate he would like to choose a song 85% of all trials over a 12 month period.

Dan has been working on using Mack switches for communication. Dan really enjoys listening to music and would encourage him to use his Mack switch more.

Outcome #2: Weekly, Dan will choose a room or friend to visit 85% of all trials over a 12 month period.

Dan is continuing to practice his choice making skills. Dan is a very social person and would benefit from making a choice about something that is important to him.

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:

- Dan can utilize an iPad in his program room to make choices or listen to sensory music videos, he enjoys listening to many forms of music, especially polka.
- Dan and his peers have a computer connected to a television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard at the Linden program site, which is primarily in Dan's program room. The Smartboard is also used for similar purposes as the computer, but on a larger scale.
- Dan will use a computer or iPad at home to connect for remote services.
- Further technology exploration is not 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: Dan is allergic to medications codeine and morphine. He also has an insect bite/sting allergy, and seasonal allergies. Staff support Dan by ensuring that he does not take either of those meds, assisting him with the management of his seasonal allergies, and by being mindful of his insect bite/sting allergy in environments where insects and bees could be in the vicinity.

Seizures: Dan has a seizure disorder that is partially controlled by medications. Dan has not had a seizure at PAI. When having a seizure, Dan has Generalized Tonic Clonic seizures that involve his whole-body jerking with a clenched fist. Staff provide support to Dan by following his seizure protocol in the event of a seizure, and keeping him safe during the seizure.

Choking: Dan is not eating food orally currently due to concerns of aspiration. Dan may not consistently swallow after taking a bit of food with out reminders and he may take too large of bites. These factors place him at risk of choking. Dan receives full physical assistance from staff while eating and uses a mother care spoon to portion his bites accordingly. Dan is reminded to swallow while eating. Staff will follow Dan's current orders and report any concerns to his residence. Dan may bite off pieces of his wheelchair, staff will offer Dan another activity if he is noted to be biting his wheelchair.

Special Dietary needs (State specific need): Dan is not eating food orally currently due to concerns of aspiration. Staff will follow Dan's dietary protocols.

Chronic medical conditions:

- **Osteoporosis:** is a condition weakened bone structure occurs causing bones to become brittle and break more easily. Bumps and falls are reported to Dan's residence. Dan bears weight daily using the ARJO sit to stand lift for transfers.
- **Cerebral Palsy:** (CP) is a group of disorders that affect Dan's ability to move and maintain balance and posture. Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles. CP is caused by abnormal brain development and affects Dan's ability to control his muscles. Dan is supported in all activities that involve coordination and is monitored for stiff or weak muscles, and tremors in addition to problems with vision, hearing, and swallowing. Concerns are reported to Dan's residence via phone, email, or communication book
- **Psychomotor Delay:** is the disruption in the metal and muscle function connection. Dan is monitored for a decrease in his ability to complete fine and gross motor activities which could previously. Changes in Dan's routine or ability to participate in his care and programming will be communicated to his residence.

Self-administration of medication or treatment orders: Dan requires assistance in the administration of his medications. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Staff will support Dan by assisting him with his medication administration and communicating any concerns or issues to Dan's guardian and/or residential provider, and any orders or instructions will be followed.

Other Health and Medical Needs:

- **Personal Cares:** Dan receives full support to complete his personal cares. Dan utilizes the support of briefs due to incontinence. He is supported in completing cares throughout the day. Dan is assisted by one staff in transferring with the support of the ARJO. Dan is fully supported in completing his personal cares by changing his brief.

Risk of falling: Dan does not have the ability to bear weight independently. He can bear weight with assistance and has strength in his torso to remain balanced upright while seated in a chair. Dan tends to lean over in his wheelchair and when seated in the recliner however, he can maintain balance. Dan can use a two-person transfer or the ARJO to assist him in bearing weight during his transfers and while having his personal cares completed.

Mobility issues: Dan utilizes a wheelchair for his primary method of mobility. Dan needs full physical support from a staff to operate his chair. Dan needs supports for transfers and utilizes an ARJO sit to stand lift with the support of one staff for transfers. Dan may also be supported in a standing pivot transfer with one staff.

Regulating water temperature: Dan is unable to independently regulate water temperatures to a safe level. Staff provide support to Dan in this area by assisting him in the regulation of water temperature and faucets.

Community survival skills: Due to his developmental disabilities Dan is not able to independently display community survival skills in a safe manner. Staff will support Dan by staying 1:1 with him in the community, and assisting him in safely navigating his community environments.

Water safety skills: Dan is unable to swim. PAI does not offer community outings that would require Dan to display water safety skills independently. PAI does have outings to local parks that may have bodies of water. Staff will provide support to Dan by assisting him 1:1, and in staying clear of potential water risks.

Sensory disabilities:

- **Vision Impairment:** Dan has Right Optic Atrophy. Doctors are unable to confirm how much he can see, but he does seem to get himself around and find desired objects with little difficulty. But due to this condition Dan is at risk of not being able to see things clearly.

Person-Centered Information:

- **Important to:** Dan enjoys receiving massages. It is important to him to have staff rub his shoulders and back, as this is something that makes him very happy. He smiles often when he is getting a shoulder or back massage from staff. He likes to sit in program chairs and recliners, and rest/nap while sitting in recliners. It is important to Dan to have the opportunity to participate in music and pet therapy. He enjoys petting the therapy dogs when they visit, and participating in Music Therapy. Being able to hear and feel the various instruments being played during Music Therapy is very important to Dan. It is important to Dan to go out in the community, especially to have the opportunity to go bowling, as this is one of his favorite activities. Dan loves to socialize with peers and staff, and is a very affectionate man, so having the opportunity to participate in various group activities while in his program room is also very important to Dan. Dan's pleasure tastings are also important to him, he loves to eat his cup of pudding or yogurt.
- **Important for:** It's important for Dan to receive care from providers and staff that are trained in how best to serve him. It is important for Dan to continue to bear weight when she is able to maintain muscle/bone strength and tone. It is important for staff and caregivers to continue to assist Dan in the Arjo for his transfers to encourage him to bear weight.
- **A Good day** for Dan would be a day where he has had many opportunities to socialize with staff and peers, as he is a very social man, and it is very important to him to have the opportunity to socialize whenever he can. A good day for Dan would also involve him being able to relax in a recliner or other soft chair. Being able to go to Music Therapy, the bowling alley, or petting therapy dogs would also be part of a good day for Dan.

PAI

- A **Bad Day** for Dan would be him not feeling rested, not having the opportunities to participate in groups and activities that he enjoys, and not having opportunities to socialize and be a part of a group. A bad day for Dan would also involve him going through a whole day without some kind of physical interaction with staff and peers, such as a massage or hug.

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**:

Dan enjoys being part of the group and spending time and socializing with peers, friends, and staff.

Dan communicates via facial expressions, vocalizations, and hand gestures/body language.

Dan prefers to participate in activities that interest him, and that will keep him engaged.

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**?

Dan works on outcomes that are important for and to him. Dan makes choices throughout the day for what activities, outings, and groups he participates in.

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

Dan chooses the outings and community activities he would like to attend. Dan 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?

Dan has opportunities to spend time in the community. Dan is encouraged to interact with community members as he is comfortable.

PAI

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

Dan and his team are not currently seeking competitive employment.

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?

- Dan's guardian, residential provider, and PAI staff will share necessary information as it relates to his services and care. Needed supplies and medications will be provided by Mains'l, Dan's residential provider. Meetings and reports are shared and the team works together to ensure the continuity of service. Conversations, phone calls, emails and faxes may be used to discuss information.
- Sarah Buffington, Dan's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Dan 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 Designated Coordinator
3595 Linden Ave. White Bear Lake, MN 55117
651-777-5622 Ext 202
Bhinzman@paimn.org

Wendy Sederstrom
1884 Furness St.
Maplewood, MN 55109
651-748-8260 (Home)
651-500-2581 (Cell)
wsederstrom@netzero.com

Sarah Buffington-Case Manager
Pinnacle Services
724 Central Ave. NE
Minneapolis, MN 55414
Sarah.Buffington@pinnacleservices.org

Keri Schlicht-Residential Contact
Mains'l Services Inc.
[4489 McMenemy St](#)
[Vadnais Heights, MN 55127](#)
[612-607-9954](#)
kschlicht@mainsl.com

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: Dan and his team are not seeking other providers or options at this time. Dan lives at Mains' I group home. Dan would need to acquire skills in bathroom and hygiene, nutrition, transferring independently, and self-preservation skills prior to leaving a provider setting.

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 Mains'l, Dan's residential provider.
- Administration of medications and assistance with meal time.
- 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

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: Dan enjoys hugs and physical touch. Staff can hug Dan, hold his hand, or rub his arms as he prefers.
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: NA
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: Dan may need assistance from staff with some fine motor skills. Staff can assist Dan 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: Dan may not respond appropriately to emergency situations, which could hinder him in safe evacuation. Staff will assist him in transferring or evacuating during an emergency as needed.
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: Dan utilizes a wheelchair as his primary means of mobility. He uses a lap seat belt to keep him safely secured 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

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