

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

Name of person served: Justine Pullum

Date of development: 9/2/21

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: Jannie Nichols

Case manager: Gannon Raguse

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 Justine is intensive support services in a community DTH program and community environment. The program works with Justine 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 Justine to encourage activities, outings, and visiting with peers. Staff support Justine 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 Justine. 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: Daily, Justine will choose a music genre to listen to 80% of all trials over a 6 month recording period.

Outcome #2: : Weekly, Justine will choose a room to visit 75% of all trials over a 6 month recording period.

## 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:

- Justine uses technology at PAI daily through the use of the iPad for choice making and music.
- Justine 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 Justine's allergies. Staff will speak with Justine's home prior to giving her any lactose products.

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

**Choking, and special dietary needs:** Justine needs assistance in using utensils. She is able to drink from a straw, or sippy cup and will reach out for her drink when thirsty. She can hold her cup independently. It is easier for Justine to reach her plate if it is placed on her lap tray. Justine will be encouraged to eat and drink independently and will receive assistance as needed. Justine's lunch is sent in prepared by her home/guardian. She does not have a prescribed diet. Justine has been observed taking food from other people's plates. Justine will be assisted to only eat what she comes in with from home. If Justine is eating too fast, she will be reminded to take her time when eating.

**Chronic medical conditions, risk of falling, and mobility issues:** tuberous sclerosis, a multi-system genetic disease that causes benign tumors to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs, and skin. It usually affects the central nervous system and results in a combination of symptoms including seizures, developmental delay, behavioral problems, skin abnormalities, and kidney disease. Justine is also diagnosed with amenorrhea which is an abnormal absence of menstruation. Justine will be observed and any noted symptoms relating to her diagnoses will be communicated to her guardian. When Justine is on the mat table, the side rails will be up unless staff is standing directly next to her. PAI staff are not trained on how to walk with Justine. They will not attempt to walk with her and utilize the track system for transfers. Justine primarily uses a manual wheelchair that is propelled by staff.

**Personal Cares:** Justine wears disposable briefs and uses the mat table to freshen up. Staff will assist Justine to wear clean, dry clothes. Justine is not able to reposition herself. Staff will assist Justine to reposition throughout the day.

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

**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 Justine to the water.

**Community survival skills:** Justine 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. Justine is 1:1 while in the community.

**Sensory disabilities:** Justine will be offered sensory and other activities that don't involve having her face touched. If she needs her face cleaned/wiped, staff will be mindful and do it as quickly as possible.

# PAI

**Self-injurious behaviors:** Justine wears glasses to deter her from poking her eye and causing harm. If Justine is not wearing her glasses she will wear her doctor prescribed mitten. Staff will redirect Justine's finger from her eye.

**Person-centered planning:** Things important to Justine are her family, music, and being involved. Things important for Justine are her seizure protocol, having staff who know her well, and having help to not poke her eye.

A good day for Justine involves having delicious food to eat, listening to fun upbeat music, working on hands on activities like crafts and dice games, being involved, and having many choices throughout the day.

A bad day for Justine would be when she has a self-injurious behavior, someone touching her face often, not feeling well, feeling left out, or not having choices throughout her day.

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:**

Justine prefers not to have her face touched

Justine likes to listen to music throughout the day

Justine likes to rest throughout the day

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?**

Justine works on outcomes that are important for and to her. Justine makes choices throughout her day of what activities she would like to participate in.

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

Justine chooses the outings she prefers to attend. Justine is encouraged to interact with community members as she is comfortable.

## PAI

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

Justine 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?

Justine and her 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?

- Justine's guardian and PAI staff will share necessary information as it relates to Justine's services and care. Needed supplies and medications will be provided by her guardian. 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.
- Gannon Raguse, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Justine and her 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)

Jannie Nichols, Guardian  
1378 Thomas Ave. St. Paul MN, 55104  
651-645-3751  
[Jerry8591.jn@gmail.com](mailto:Jerry8591.jn@gmail.com)

Gannon Raguse, Case Manager  
541 2<sup>nd</sup> Ave. S. Hopkins MN, 55343  
952-767-7250  
[graguse@meridiansvs.com](mailto:graguse@meridiansvs.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: Justine and her team are not currently seeking other services or options.

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 her guardian
- Administration of medications to Justine
- First aid, CPR

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</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: Justine has limited fine motor skills, staff are able to help Justine 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Justine may push her eye out of socket with her finger, staff are able to help Justine redirect her hand from her eye.</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: Justine is not able to propel her wheelchair independently, staff are able to help Justine transfer out of the building.</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: Justine is not able to position herself. Staff are able to help Justine reposition. Justine wears 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: Justine uses AFO's and a seatbelt.</li> </ol>



Staff Information
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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