

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

Name of person served: Angelina Mazoleny

Date of development: 9/14/21

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: Simone Merriman

Case manager: Alex Running

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 Angelina is intensive support services in a community DTH program and community environment. The program works with Angelina 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 Angelina to encourage activities, outings, and visiting with peers. Staff support Angelina 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 Angelina. 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, Angelina will choose the scent of lotion she uses for a lotion massage 85% of all trials over a 12 month period.

Outcome #2: Monthly, Angelina will greet someone in the community while on an outing 80% of all trials over a 6 month 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:

- Angelina uses technology at PAI daily through the use of the iPad for choice making and music.
- Angelina 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: Angelina will receive her medication according to her Doctor's orders and by trained med passers who will report any observed reactions.

Seizures: Staff will monitor Angelina for seizure activity. Staff will follow Angelina's protocol.

Choking and special dietary needs: Angelina has an NPO order and does not eat orally. Angelina's feeding pump will be checked that it is running on a set schedule. In the cares room, Angelina will use pillows under her head/shoulders to support her in a position that lowers the risk of aspiration. Angelina will be repositioned if she were to have high tone and slide down from her upright position on the mat table.

Chronic medical conditions, risk of falling, and mobility issues: Angelina is diagnosed with Cerebral Palsy with Spastic Quadriplegia and Extreme Hypertonia, the inability to control and use the legs, arms, and body and tight muscles. Osteopenia, bones are weaker than normal. Ehler-Danlos, This is characterized by an increased sensitivity to bruising and a slow healing process. Pancytopenia, a condition that occurs when a person has low counts for all three types of blood cells: red blood cells, white blood cells, and platelets. Ogilvie Syndrome, is the acute dilatation of the colon. Angelina is also diagnosed with a history of bowel obstructions and MRSA. Angelina is a two person track system lift. During the transfer, one staff will operate the Hoyer, one staff will guide her legs, and the other staff will support her head so that it does not tilt backwards. Angelina prefers people with a calm demeanor during the transfer, because if Angelina is excited her tone may increase. Angelina also enjoys humor or laughter to help reduce her tone. In the cares room, Angelina will be provided pillows or a wedge underneath her head and shoulders. Angelina will be repositioned if she were to have high tone and slide down from her upright position on the mat table. She may require extra assistance if she is experiencing higher tonality at any given time. When Angelina is on the mat table, the side rails will be up unless staff is standing in front of her. In the recliner, Angelina will be positioned all the way back and with the footrest out. Supporting pillows may be used when necessary. When at PAI or in the community Angelina's wheelchair will be pushed to the desired location. Before propelling Angelina's wheelchair through a door or narrow passageway, Angelina will be reminded to put her arms on her lap tray or within her lap tray's built-up panels. If Angelina is unable to move her arms in then Angelina will receive help to move her arms to the middle of her body. Angelina uses her own sling and is transported to and from program with her sling under her. Angelina's extension for her feeding will be removed prior to the transfer. Due to the change in feedings, Angelina has had a decrease in instances of bowel obstructions. Angelina will be watched for signs of illness such as vomiting, as this may be a sign of a bowel obstruction. These symptoms will be reported to the residence via phone call as soon as possible.

Personal Cares: Angelina has a colostomy bag and wears a disposable brief. Staff are trained on how to empty Angelina's colostomy bag. Angelina utilizes the mat table to have her brief changed. Angelina can tense up when being transferred and prefers to be assisted by staff she is comfortable with. Staff will assist Angelina to wear clean, dry clothing. Angelina is not able to reposition herself. Staff will assist Angelina with repositioning throughout the day.

Self-administration of medication or treatment orders: Staff request medications from Angelina's residence. Staff set up and pass medications to Angelina 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 Angelina via G-tube. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred. Staff will empty Angelina's Ostomy bag

PAI

according to her doctor's orders. Concerns or issues regarding medication will be communicated by staff to Angelina's residence and any orders or instructions will be followed.

DNR/DNI: Staff will inform medical professionals of Angelina's DNR/DNI. Staff will follow her protocol.

Ostomy Bag: Angelina's Ostomy bag will be checked, emptied & gas will be released as necessary. If Angelina's bag becomes detached or is leaking, PAI will contact the residence to come and change it or pick her up to bring home.

Baclofen Pump: Angelina's baclofen pump will be monitored and any concerns will be reported to the residence. Due to high tonality and involuntary movements, staff will be mindful about where Angelina is sitting or lying. Angelina will not be sitting next to hard surfaces and made sure she has her lap-tray with supports on at all times. Angelina will be physically support as necessary when going through doorways or other narrow spaces.

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 Angelina to the water.

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

Person-centered planning: Things important to Angelina are her team, joking around, friends, looking her best, and being involved. Things important for Angelina are her NPO order, her baclofen pump, and having staff who know her well.

A good day for Angelina would involve spending time with her favorite bus driving, having her hair done nicely, being complimented on her outfit, having her nails painting, and spending time with all her peers and friends.

A bad day for Angelina would involve feeling left out, being around negative people, having pain or discomfort from her medical conditions, and not having her favorite bus driver.

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**:

Angelina likes fun, lighthearted conversations.

Angelina likes to joke around with staff.

Angelina likes to look nice and be told she looks nice.

Angelina really likes her current bus driver, Steve.

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**?

Angelina works on outcomes that are important for and to her. Angelina 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?

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

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

Angelina has the opportunity to volunteer. Angelina is encouraged to interact with community members as she feels comfortable.

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

Angelina and her team are not currently seeking competitive employment.

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?

- Angelina’s guardians, residence, and PAI staff will share necessary information as it relates to Angelina’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.
- Alex Running, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Angelina, 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

Axis St. Michael, Residential
5533 St. Michael St. Moundsview MN, 55112
763-717-4967
vnguyen@axis-mn.com

Simone Merriman, Guardian
1605 Eustis St. St. Paul MN, 55108
simone.merriman@lssmn.org

Alex Running, Case Manager
6053 Hudson Rd. Suite 170 Woodbury MN, 55125
651-493-3220
Alex@redeemerservices.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: Angelina and her team are not currently seeking other providers or options. Angelina lives in an Axis group home. Angelina would need to learn skills in medication administration, self-preservation skills, hygiene skills, and overall how to care for her own needs prior to leaving a provider controlled setting.

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 Angelina
- 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: 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: 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: Angelina has limited fine motor skills, staff are able to help Angelina 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: Angelina is not able to propel her own wheelchair, staff are able to help Angelina out of the building.
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: Angelina has a high tone and is not able to position herself. Angelina uses a seatbelt, shoulder straps, and lap tray.
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: Angelina uses a seatbelt, shoulder straps, and lap tray.

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