

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

Name of person served: Larry Deckard

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: Shauna Seaton

Case manager: Jasmine Minett

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 Larry is intensive support services in a community DTH program and community environment. The program works with Larry 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 Larry to encourage activities, outings, and visiting with peers. Staff support Larry 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 Larry. 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, Larry will place his manipulative in his basket at the end of the day 85% of all trials over a 12 month period.

Larry’s manipulatives are very important to him. Larry would benefit from having his manipulatives put away safely so he knows where they are and they are less likely to be damaged from being thrown.

Outcome #2: Weekly, Larry will choose a room to visit using a Mack switch 85% of all trials over a 12 month period.

Larry is continuing to work on his choice making skills. Larry would benefit from meeting other people and making new connections.

## 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:

- Larry uses technology at PAI daily through the use of the iPad for choice making and music.
- Larry 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:** Larry is allergic to Perphenazine, Trilafon, and anti-psychotics. Staff are aware of Larry's allergies and will not give him medication he is allergic to. If Larry is prescribed any of these medications staff will alert Larry's residence and doctor.

**Choking and special dietary needs:** Larry eats regular bite-size to chopped if food is difficult to chew. Larry drinks whole milk. Larry will be offered reminders to slow down if he is eating too quickly. Larry may also benefit from light touches to his hand to encourage him to slow down if eating too quickly. Larry has no teeth. Larry uses a divided plate, coated spoon, and plastic cup. Larry eats independently. Larry's lunch is prepared and sent in from his residence. Larry receives a dietary supplement if he eats less than half of his lunch or if emesis interferes with mealtime. Larry will not be offered foods that may induce symptoms related to Barrett's esophagus. If Larry is not eating it may mean his tongue is inflamed. If there is inflammation, it will be reported to Larry's residence.

**Chronic medical conditions:** Larry is diagnosed with Hepatitis B Carrier, a viral infection that attacks the liver and can cause both acute and chronic disease. Cerebral Palsy, a group of disorders that affect movement and muscle tone or posture. Barrett's esophagus, a condition in which tissue that is similar to the lining of your intestine replaces the tissue lining your esophagus. People with Barrett's esophagus may develop a rare cancer called esophageal adenocarcinoma. Congenital Quad. Sliding Hernia with Reflux, the esophagus and stomach, referred to as the gastro-esophageal junction, and part of the stomach protrude into the chest. The junction may reside permanently in the chest, but often it juts into the chest only during a swallow. GERD, heartburn or acid reflux. Circumferential Hemorrhoids, swollen veins in the lower part of the anus and rectum. When the walls of these vessels are stretched, they become irritated. Any symptoms of Larry's chronic medical conditions will be reported to his residence.

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

**DNR/DNI:** Staff will follow this document and make any emergency responders aware of this document in the event of an emergency.

**Geographic Tongue:** Larry will not be given acidic or spicy foods or drinks. Larry will not be given any caffeine. If Larry is not eating, his tongue will be checked for inflammation. If there is inflammation, it will be reported to Larry's residence.

**Self-Induced Vomiting or Regurgitating:** Larry will be helped with cleaning up if he has emesis. Larry is a hepatitis carrier and this will be taken into consideration. If Larry has emesis, his house will be notified and if he is having continuous bouts of emesis he will be picked up from program.

**Risk of falling and mobility issues:** Larry transfers himself from his wheelchair to the floor where the mat is placed and back into his wheelchair when he is on the floor level. Larry is able to transfer himself from his wheelchair to the toilet and back to his wheelchair when he is done using the toilet. Larry is also able to use a walker to support himself during his cares. Per Larry's preference (as evidenced by historical self-completion of this task), Larry prefers to have his shoes and socks removed during the day for comfort. If Larry has difficulty transferring, displayed by not initiating

## PAI

a transfer and vocalizing, his feet will be checked to see if swelling is present. If there is edema, Larry's residence will be notified. Larry will receive assistance with transfers using a transfer belt and two staff. Larry often transfers himself when he is not wearing shoes or socks as he prefers to have them off during the day. Larry prefers to have his seatbelt and foot pedals removed during his day. Larry is able to remain safely in his chair when he is not wearing a seatbelt.

**Personal Cares:** Larry wears a disposable brief. Larry sits on the toilet and is able to transfer himself using handles on the toilet with staff near for assistance as needed. Larry may also use a walker to support himself during his cares. Larry may need to use a gait belt to transfer if he is having edema of his feet or is unsteady. Staff will assist Larry with changing his brief, wearing clean dry clothing, and transferring as needed. Larry is able to reposition himself throughout the day.

**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 Larry to the water.

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

**Sensory disabilities:** Larry may self-induce emesis. Larry may initiate having emesis if he is anxious, upset, or if something is new in his environment. Larry may also induce emesis if he feels that staff are not understanding his methods of communication, if his feet hurt (r/t edema), or if his brief needs freshening. Staff will offer Larry a quieter space to lay down, walk or sensory manipulative if no physical cause can be discovered for the emesis. If Larry has emesis, he will be helped to clean up immediately. The emesis will not be spoken about in front of Larry, as this may encourage him to induce emesis again.

**Person-centered planning:** Things important to Larry are having fidgets, being in a calm environment, having his socks and shoes off when he can, and having freedom to move around. Things important for Larry are his dietary orders, medications, and his team who helps Larry advocate for himself.

A good day for Larry would include a warm day so he can take his socks and shoes off and spend time outside. A good day for Larry also includes a quiet, calm room where he can engage in activities that interest him.

A bad day for Larry would be when he is having pain or discomfort from his chronic medical conditions, being in a room that is loud or chaotic, and not being able to move around independently.

## PAI

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**:

Larry prefers a quiet environment

Larry likes people and things to stay the same

Larry likes to take off his socks and shoes

Larry likes his belts and foot pedals off at program

Larry likes to have fidgets

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**?

Larry works on outcomes that are important to and for him. Larry makes choices throughout the day of what activities, outings, and groups he prefers to join.

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

Larry has choices of what outings and community activities he participates in. Larry 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?

Larry is encouraged to interact with members of the community. Larry is able to wheel his chair closer or away from people of his choosing.

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

Larry and his team are not seeking employment for Larry 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?

- Larry's guardian, residence, advocate and PAI staff will share necessary information as it relates to Larry'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.
- Jasmine Minett, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Larry and his 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](mailto:bhinzman@paimn.org)

Centerville House, Residence  
785 E. County Rd. E Vadnais Heights MN, 55127  
651-486-9342  
[centervillehouse@phoenixresidence.org](mailto:centervillehouse@phoenixresidence.org)

Shana Seaton, Guardian  
20910 Jenkins St. NW East Bethel MN, 55011  
[shanamoodie@comcast.net](mailto:shanamoodie@comcast.net)

Jasmine Minett, Case Manager  
541 2<sup>nd</sup> Ave. S Hopkins MN, 55343  
952-767-4658  
[jminett@meridiansvs.com](mailto:jminett@meridiansvs.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: Larry and his team are not currently seeking other providers or options at this time. Larry would need to learn skills in cooking/dietary needs, medication administration, hygiene, and transferring independently to safely move out of a provider 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 Larry

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

# PAI

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: When Larry is having symptoms of edema he may not be able to transfer independently, staff are able to help Larry using a gait belt to transfer.
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: NA
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: Larry may become overwhelmed in an emergency, staff are able to assist him 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: NA
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: Larry uses a seatbelt during transport.

## Staff Information

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

# PAI

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