

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

Name of person served: Jillian Jaszewski

Date of development: 7/12/2021 For the annual period from: July 2021 to July 2022

Name and title of person completing the CSSP Addendum: Beth Blackorbay-Designated Coordinator

Legal representative: Mark Jaszewski and Jane Hess

Case manager: April O'Connor

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 Jilli is intensive support services in a community DTH program and community environment. The program works with Jilli 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 Jilli to encourage activities, outings, and visiting with peers. Staff support Jilli 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 Jilli. 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, Jilli will choose between two crafts for her and her peers to create in 80% of all trials over a 12-month period.  
*Jilli enjoys a variety of arts and crafts. It is important to her to be able to make choices throughout her day and being able to socialize with her peers.*
- Outcome #2:** Daily, Jilli will choose a preferred activity to complete while standing for 20 minutes in 80% of opportunities for 12-month period.  
*It is important for Jilli to maintain her strength and to stretch her muscles in her legs.*

## 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:

- Jilli can utilize an iPad to make choices, listen to music, or watch sensory and other forms of video in her program room. and watching sensory relaxation videos.
- Jilli and her 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 resides primarily in another program room. She has visited that program room and participated in Smartboard activities. The Smartboard is also used for similar purposes as the computer, but on a larger scale.
- 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:** Jilli has minor seasonal allergies. Staff will support her by assisting her in managing her seasonal allergy symptoms such as itchy watery eyes, runny nose, and sneezing. Jilli needs assistance wiping her nose when experiencing allergy symptoms. Jilli is allergic to Cefzil. Staff will not administer this medication. Staff will not administer Cefzil. Staff will notify Jilli's residence and doctor's office if she is prescribed Cefzil.

**Choking and Special Dietary needs:** Jilli is on a regular calorie diet cut into bite size pieces. Lunches are sent in from home prepared according to her dietary plan. Staff monitor Jilli while she eats to ensure that she is not eating too fast. Jilli uses a regular spoon and scoop plate and a sippy cup. She eats independently but may need help with final bites of her meal.

**Chronic medical conditions, Risk of falling, and Mobility Issues:** Jilli is diagnosed with Cerebral Palsy, a group of disorders that affect movement and muscle tone or posture. Spastic Quadriplegia, also referred to as spastic quad or spastic quad CP, is a form of cerebral palsy that means the "loss of use of the whole body." Jilli has been diagnosed with GERD (Gastroesophageal reflux disease (GERD) which occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). This backwash (acid reflux) can irritate the lining of your esophagus.). Staff will support her in managing her chronic medical conditions by monitoring her when she eats for GERD symptoms and report to her residence via phone, email, or communication book. Jilli is diagnosed with Chronic Constipation (Chronic constipation is a common condition that is characterized by difficult, infrequent, or perceived incomplete evacuation of bowel movements. Symptoms of constipation include having less than 3 bowel movements per week, straining, hard stools, incomplete evacuation and inability to pass stool.) Jilli is at risk of severe health complications related to her Chronic Constipation if it is not managed properly. Jilli will encouraged to use the standing position of her wheelchair daily for up to 30 minutes. She also be observed for symptoms related to constipation; symptoms or concerns related constipation will be reported to her residence via phone, email, or communication book. Staff will report any signs for symptoms of Mary's chronic medical conditions to her residence. Due to Jilli's medical conditions, she is unable to bear weight. Her primary means of mobility is her electric wheelchair. She is at risk of falling if she is not secured properly in her chair. Staff will support Jilli by ensuring that she is properly secured in her wheelchair, and in assisting her with the operation of her chair if/when she needs assistance. Jilli is supported in transfers by one person and the track system. Jilli wears her sling during her program day at PAI and it is removed at the end of the day.

**Self-administration of medication or treatment orders:** Jilli requires assistance in the administration of her medications. 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 Jilli's residential provider, and any orders or instructions will be followed.

### **Other Health Needs**

**Personal Cares:** Jilli needs full support in completing her personal care needs. She receives complete physical assistance in changing her brief every two hours and as needed. Jilli wears a brief and liner. Jilli may laugh while receiving assistance in this area.

**Stander:** Jilli's wheelchair can transition into a standing frame. Jilli is encouraged to use her stander while at PAI for up to 30 minutes a day. This time may be divided into smaller amounts of time. Jilli will be encouraged to choose an activity or have a snack while in her stander.

## PAI

**Regulating water temperature:** Due to her developmental disabilities Jilli is unable to independently regulate water temperatures to a safe level. Staff provide support to Jilli in this area by assisting her in the regulation of water temperature and faucets.

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

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

**Sensory disabilities:** Jilli has a vision impairment stemming from her Esotropia diagnosis. Staff will support Jilli by making sure her path is clear of obstacles and/or assist her in operating her wheelchair in certain environments where her operating her chair independently could pose a risk to her.

### Person-Centered Information:

- **Likes:** Jilli likes coloring, when people sing to her, participating in arts and crafts activities, time with her family, group activities, upbeat personalities, community outings, and being complemented.
- **Dislikes:** Jilli dislikes being told no.
- **Important to:** It is important to Jilli she be able to exercise her ability to choose throughout her day. It is important to Jilli to have the opportunity to work on word searches, stringing beads and sorting objects. She likes going for strolls in her wheelchair with staff and family members, it is important to her to be able to have the independence to move around the building go for strolls outside the building when weather permits. Jilli really enjoys doing puzzles, coloring in adult coloring books, cooking and baking, and soft light music. Her favorite era of music is the 70's, and she particularly enjoys listening to James Taylor, Carol King, and other similar musicians. It is important to Jilli to be able to eat foods that she enjoys, such as salads with ranch, fresh fruit, cottage cheese, and her favorite deserts are brownies and chocolate pudding. It is important to Jilli to be able to have the opportunity to participate in these listed activities.
- **Important for:** It is important for Jilli to maintain her independence as much as possible. She should be encouraged to eat meals and operate her wheelchair independently whenever she is able, and it is safe to do so. Standing in her chair daily and taking her medications as ordered by her doctor are important to Jilli. It is important for Jilli to have staff and caregivers that know her well and can support her best according to her wishes and needs.
- A **Good day** for Jilli would be a day in which she is to participate in the groups and activities she enjoys, and to be able to do so as independently as she is able. Jilli would eat meals consisting of food that she likes. Having the opportunity to engage with peers and staff would also signal a good day for Jilli.
- A **Bad Day** for Jilli would involve her not being respected and listened to by staff and caregivers. A bad day for Jilli would also be a day in which she is not given choices or being engaged with staff and peers. Jilli not being able to do things she enjoys doing could cause her to have a bad day.

# 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**:

Jilli enjoys socializing with peers, friends, and staff. She likes to be able to have the opportunity to be part of the group when activities are being run. She likes activities that she can choose.

Jilli communicates her preferences verbally.

Jilli prefers to participate in activities that interest her, and that will keep her engaged and entertained.

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:

N/A

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

Jilli has the opportunity to work on outcomes that are important to and for her. Jilli makes choices throughout the day of what activities and groups she prefers to participate in.

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

Jilli chooses which outings and community activities she prefers to participate in. Jilli is encouraged to interact with community members as she wants.

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

Jilli is encouraged to interact with community members. Jilli can choose to participate in volunteer activities and other opportunities she chooses.

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

Jilli and her team are not interested in seeking competitive employment at this time. Jilli appears content participating in enrichment activities.

## 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?

- Jilli's guardians, residential provider, and PAI staff will share necessary information as it relates to her services and care. Needed supplies and medications will be provided by Jilli's residential provider when needed. 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.
- April O'Connor, Jilli's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Jilli 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:

Mark Jaszewski-Guardian  
3153 Old Hwy 8  
St. Anthony, MN 55418  
651-486-7700  
[mcjaszewski@q.com](mailto:mcjaszewski@q.com)

Jane Hess-Guardian  
2410 Dianna Ln  
Little Canada, MN 55117  
612-860-7457  
[janehess@me.com](mailto:janehess@me.com)

April O'Connor-Case Manager  
Catholic Charities  
1276 University Ave W  
St. Paul, MN 55104  
651-242-8223  
[April.Oconnor@cctwincities.org](mailto:April.Oconnor@cctwincities.org)

Beth Blackorby- Designated Coordinator, PAI  
3595 Linden Ave.  
White Bear Lake, MN 55117  
651-777-5622  
[Bblackorby@paimn.org](mailto:Bblackorby@paimn.org)

# 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:

Jilli and her team are not interested in seeking competitive employment at this time. Jilli and her team feel she is content participating in enrichment activities.

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
<p>Indicate what <b>health service responsibilities</b> 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.”</p> <ul style="list-style-type: none"> <li>• Observation of signs of injury or illness and provision of first aid or care to treat the concern.</li> <li>• Request medical supplies and medication refills from Jill’s residential provider.</li> <li>• Administration of medications and assistance with meal time as needed.</li> <li>• Provide first aid and CPR, as needed.</li> </ul> <p>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</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> <li>• Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)</li> <li>• The person’s refusal or failure to take or receive medication or treatment as prescribed</li> <li>• Concerns about the person’s self-administration of medication or treatments</li> </ul>

<p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration:</p>
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Psychotropic Medication Monitoring and Use
<p>Does the license holder administer the person’s psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> <li>1. Describe the target symptoms the psychotropic medication is to alleviate: NA</li> <li>2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>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: NA</li> </ol>

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: Jilli may need assistance from staff with some fine motor skills. Staff can assist her during these times of need with hand over hand assistance, 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</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: Jilli may not respond appropriately to emergency situations, which could hinder her in safe evacuation. Staff will assist her in transferring or evacuating during an emergency as needed.</li> <li>8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain how it will be used: NA</li> </ol>

# PAI

## 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

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