

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

**Name of person served:** Charlotte Jensen

**Date of development:** 08/12/2021

**For the annual period from:** August 2021 to August 2022

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

**Legal representative:** Jim and Lorie Jensen

**Case manager:** Joanna Karas, Ramsey County

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 Charlotte is intensive support services in a community DTH program and community environment. The program works with Charlotte 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 Charlotte to encourage activities, outings, and visiting with peers. Staff support Charlotte 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 Charlotte. 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:** Three times a week, Charlotte will accept having her hair brushed and styled 80% of all trials over a 12-month recording period.

*“It is important to Charlotte to have her hair brushed and styled.”*

**Outcome #2:** Daily, Charlotte will participate in a group or activity for 90 seconds or more by staying engaged and present in the activity 90% of all trials over a 12-month recording period.

*“It is important for Charlotte to participate in activities that she enjoys.”*

## 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:

- Charlotte can utilize an iPad to make choices or watch sensory videos in her program room, she enjoys listening to sensory relaxation music, and watching sensory relaxation videos.
- Charlotte 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.

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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:** Charlotte is allergic to the medication, Ceclor. Charlotte also has seasonal allergies, which develop when the body's immune system overreacts to something in the environment, usually during spring, summer or fall when certain plants pollinate. Staff will support Charlotte by administering medications per her physician's orders. Charlotte takes medication at home for her seasonal allergy symptoms such as sneezing, congestion, watery eyes, etc. Concerns with her allergies will be reported to her residence.

**Choking and Special Dietary needs:** Charlotte is on a regular calorie diet cut into bite size pieces. Lunches are sent in from home prepared according to her dietary plan. Charlotte is asked to slow down when eating to fast. Charlotte eats finger foods independently; she receives support from staff for foods requiring the use of a spoon or fork. Staff assist Charlotte by holding her cup steady while drinking. Charlotte has a recently experienced rapid decrease in her body weight; her intake of food and beverage while at PAI is communicated to her residence daily via her communication book.

### **Chronic medical conditions:**

- **Autism:** Charlotte is diagnosed with Autism, which refers to a broad range of conditions characterized by challenges with social skills (limited eye contact and connections with others), repetitive behaviors and communication delays. Charlotte needs support in a consistent routine during her program day at PAI as well as access to sensory activities to support her symptoms of autism.
- **Bruxism:** This is a condition that causes grinding and gnashing of the teeth, sometimes unknowingly or unconsciously. Charlotte could experience pain and discomfort in her jaw or mouth due to the grinding of her teeth. Her oral hygiene is managed by her residence and PAI will communicate any concerns to them.
- **Scoliosis:** Charlotte has a curvature in her spine which is likely caused by her cerebral palsy. Charlotte may experience back pain due to this condition and it may also affect her balance. Charlotte's chair has specialized seating supports to provide her comfort. Concerns are reported to her residence.
- **Spinal fusion:** Charlotte has undergone spinal fusion surgery to permanently connect two or more vertebrae in her spine to eliminate the motion between them. When assisting Charlotte during personal cares and while assisting with transfers, caution will be used to avoid twisting her torso. Concerns with Charlotte's posture or spine will be reported to her residence.
- **Constipation:** Charlotte experiences constipation which occurs when someone has infrequent bowel movements, or it is difficult for them to have a bowel movement. Charlotte may experience pain and discomfort due to this; however, she takes daily medication at her residence to elevate systems of constipation. Charlotte's eliminations are tracked and sent home daily in her communication book.
- **Allergic Rhinitis:** This is associated with a group of symptoms affecting Charlotte's nose. These symptoms occur when she breathes in something, she is allergic to, such as dust, animal dander, or pollen. She may experience nasal drainage and will need support in wiping her nose.
- **Chromosome 22 Abnormality:** is a disorder caused when a small part of chromosome 22 is missing. This deletion results in the poor development of several body systems. Medical problems commonly associated with chromosome 22 syndrome include heart defects, poor immune system function, a cleft palate, complications related to low levels of calcium in the blood, and delayed development with behavioral and emotional problems.)

**Risk of Falling and Mobility issues:** Charlotte can bear weight but has poor balance putting her at risk of injury from falling. Charlotte may move very quickly when transferring putting her at risk of injury if she were to fall. Due to Charlotte's spinal fusion, staff are careful to avoid twisting her during transfers. Charlotte can propel her wheelchair for very short distances but does not always have enough strength, energy, or motivation to get to her destination

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putting her at risk of injury because she may not move to an area of safety. Charlotte also has poor vision/depth perception and may not see obstacles or changes in terrain (curbs or stairs) putting her at risk of injury from falling or bumping into objects or people. Charlotte can bear weight for transfers, but displays poor balance. Charlotte can move very quickly when transferring and she may not be able to see her transfer destination (i.e.- recliner) putting her at risk of injury if she were to fall.

**Personal Cares:** Charlotte needs assistance and support from staff in transferring and changing her brief during her cares. Charlotte holds on to the mat table during cares. Charlotte could experience skin integrity issues due to use of briefs and requires assistance in her personal cares routine every two hours and as needed. Staff will help Charlotte wear clothes that are clean and dry.

**Self-administration of medication or treatment orders:** Charlotte 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 Charlotte's residential provider, and any orders or instructions will be followed.

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

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

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

**Sensory disabilities:** Charlotte has a vision impairment and will not wear glasses. Charlotte is at risk of falling when transferring if she cannot see her destination (chair/toilet) and self-propelling her chair into objects or people that she cannot see putting her at risk for injury.

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## Person-Centered Information:

- **Important to:** Charlotte enjoys receiving massages. She will often reach for staff's hands and put them on her neck to signal she would like a massage. She likes to sit in program chairs and recliners, and rest/nap while sitting in recliners. Charlotte enjoys spending time in and around musical instruments, and in Music Therapy. Charlotte likes listening to music while in the program room and will clap and laugh when she hears a song that she likes. She enjoys mealtimes, it is important to her to have food that she enjoys eating. Charlotte can eat most finger foods independently, and it is important to her to continue to have the opportunity to do so. Charlotte enjoys going out into the community, particularly going out to a restaurant to eat a meal outside of her house or day program.
- **Important for:** It's important for Charlotte to receive care from providers and staff that are trained in how best to serve her. It is important for Charlotte to continue to bear weight when she can maintain muscle/bone strength and tone. It is important for staff and caregivers to continue to encourage Charlotte to eat her meals with minimal assistance to promote independence.
- **Good day:** A good day for Charlotte would be her having the opportunity to sit and relax in a recliner for part of the day, while listening to music that she enjoys. A good day for Charlotte would also involve her eating foods that she enjoys, both in the community and at home or while at day program.
- **Bad day:** A bad Day for Charlotte would be her not feeling rested, not having the opportunities to participate in groups and activities that she enjoys, and not being able to eat foods that she prefers. Charlotte does not like yogurt, so a bad day for her would be as simple as being expected to eat yogurt.

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**:

Charlotte 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, usually in a passive manner. She will sit at the table with her peers and observe the group or activity being run. She prefers not to receive hand over hand assistance from staff when participating in a group activity.

Charlotte communicates her preferences via hand gestures, vocalizations, and body language.

Charlotte 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:

NA

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

Charlotte has the opportunity to work on outcomes that are important to and for her. Charlotte 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?

Charlotte chooses which outings and community activities she prefers to participate in. Charlotte 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?

Charlotte is encouraged to interact with community members. Charlotte 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?

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

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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?

- Charlotte'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 Charlotte'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.
- Joanna Karas, Charlotte's contracted case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Charlotte 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:

Beth Blackorbay, PAI Designated Coordinator  
3595 Linden Ave.  
White Bear Lake, MN 55117  
612-446-3685  
[bblackorbay@paimn.org](mailto:bblackorbay@paimn.org)

Jim and Lorie Jensen-Parents and Guardians  
171 Yorkton Ridge  
Little Canada, MN 55117  
651-493-0754 (Jim)  
651-202-7318 (Lorie)  
[jamesjensen127@comcast.net](mailto:jamesjensen127@comcast.net)  
[lorannjensen@hotmail.com](mailto:lorannjensen@hotmail.com)

Joanna Karas, Case Manager  
Ramsey County Human Services  
160 E. Kellogg Blvd.  
St. Paul MN, 55101  
651-728-2563  
[Joanna.karas@co.ramsey.mn.us](mailto:Joanna.karas@co.ramsey.mn.us)

Gardoe Cephas-Dungarvin Chippewa House Manager  
2366 Chippewa Circle  
Maplewood, MN 55109  
651-770-0971

Richelle Harris – Dungarvin Program Director  
612-249-3519 Ext. 5603  
[rharris@dungarvin.com](mailto:rharris@dungarvin.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:

Charlotte and her team are not interested in seeking competitive employment at this time. Charlotte 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 Charlotte’s residential provider, as needed.</li> <li>Administration of medications (when assigned) and assistance with mealtime, 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: <b>NA</b></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 type="checkbox"/> Yes <input checked="" 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: Charlotte 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: Charlotte 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Charlotte utilizes a wheelchair as her primary means of mobility. She uses a lap seat belt to keep her safely secured in her chair.</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