

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

Name of person served: Deanna Hanggi

Date of development: 07/08/2021

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: JR Hanggi and Barbara Wylie

Case manager: Jill Schaeppi

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 Deanna is intensive support services in a community DTH program and community environment. The program works with Deanna 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 Deanna to encourage activities, outings, and visiting with peers. Staff support Deanna 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 Deanna. Support is provided in the most integrated and least restrictive environment.

8/3/2020 - Deanna will be utilizing remote services with PAI staff. Staff will support Deanna remotely to work on outcome implementation, data tracking, and daily support related to her health, safety, and well-being as needed by Deanna. Support is provided in the most integrated and least restrictive environment.

PAI

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, Deanna will make a sensory activity choice by touching the object she would like in 75% of opportunities over the next year.

Outcome #2: Two times per week, Deanna will select per preferred music to or a book to read in 90% of opportunities over the next year.

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:

- Deanna uses technology at PAI daily through the use of the iPad for choice making and music.
- Deanna 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: Deanna is lactose intolerant; she takes medication multiple times a day to minimize the effects of lactose. Deanna is supported in limiting her daily lactose intake. Deanna's allergies are documented on her Medication Administration Record and Face Sheet.

Choking and special dietary needs: Deanna eats a regular calorie diet cut into bite sized pieces. Deanna's lunch is prepared and sent from home. Deanna needs assistance in warming her food, putting it on her plate, and her food that is consistent with her dietary plan. Staff will give Deanna reminders to slow down and take small bites while eating. Deanna uses adaptive equipment to support her in eating independently.

Chronic medical conditions:

- **Rosacea:** Deanna is diagnosed with Rosacea a common skin disease. It often begins with a tendency to blush or flush more easily than other people. The redness can slowly spread beyond the nose and cheeks to the forehead and chin. Even the ears, chest, and back can be red all the time. Deanna's residence will be notified of concerns.
- **History of Urinary Tract Infection:** Deanna has is prone to Urinary Tract Infections (UTI). Symptoms of a UTI include discomfort/pain will urinating, frequent need to urinate, cloudy, dark, or strange smelling urine. Deanna may also show symptoms of being tired, shaky, fever or chills. Deanna is assisted to the restroom to use the toilet and have her brief changed every two hours and as needed. Deanna's residence will be notified of concerns related to potential UTIs.
- **History of Yeast Infection:** Symptoms of yeast infection include rash, irritation, redness and swelling in the vaginal area. Deanna is assisted in changing her brief every two hours and as needed and noted symptoms of a yeast infection will be reported to Deanna's residence.
- **History of Blood Clots:** Deanna is diagnosed with a history of blood clots in both lungs and her leg. A blood clot a leg may cause swelling in the affected leg, red or discolored skin on the leg, feeling of warmth in the affected leg and/or pain in the affected leg. The pain often starts in an individual's calf and can feel like cramping or soreness. A blood clot in a lung may cause chest pain, shortness of breath, cough that may produce bloody or blood-streaked sputum. Other signs/symptoms that may occur are rapid or irregular heartbeat, lightheadedness or dizziness, excessive sweating, fever, clammy or discolored skin (cyanosis), and/or leg pain or swelling (or both), usually in the calf by a deep vein thrombosis. Deanna's residence will be notified if she is displaying any symptoms of blood clots.

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

Other Medical Needs:

- **Prone to bruising:** Staff will watch for signs of injury or bruising and inform her residence of any bruising. Deanna may begin to sit down quickly into a chair without looking behind her, this may cause bruising or injury if she were to sit abruptly on something or on the arm of the chair. Staff will assist Deanna by offering verbal cues when Deanna may be about to sit on something, or on the arm of the chair.
- **High risk for excessive bleeding:** Deanna is on blood thinners due to her history of blood clots; this puts her at a high risk for excessive bleeding. Her doctor states that if she were to have bleeding, she should be taken

PAI

to the hospital. If she were to start bleeding, her residence should be notified immediately so that she can be taken to the hospital. If she had a large amount of blood, 9-1-1 should be called and her team should be notified.

- **Personal Cares:** Deanna receives full support to complete her personal cares. Deanna utilizes the support of briefs due to incontinence. She is supported in completing cares every two hours and as needed throughout the day. She is assisted by one staff in walking to the restroom. She may sit on the toilet to void and then is fully supported in completing her personal cares by changing her brief.

Risk of falling and mobility issues: Staff will provide support to Deanna by telling her where obstacles and changes in terrain are. If needed, staff will offer their arm to Deanna for her to hold onto to navigate stairs, curbs, or uneven terrain. Deanna will also be supported by staff by staff assisting her in avoiding the use escalators if possible. Staff may remind Deanna to hold onto railings when walking up and down stairs. Staff assist Deanna when using stairs by following behind her while ascending upstairs, and going in front of her while descending down stairs.

Regulating water temperature: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Deanna coming into contact with it.

Community survival skills: Deanna is accompanied by staff 1:1 while in the community. Staff model appropriate social behavior and assist Deanna in following 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. Deanna is 1:1 while in the community.

Physical aggression/conduct: Deanna may pinch or scratch when anxious, frustrated, or under distress. Staff will monitor Deanna and offer her a different activity or environment if she exhibiting signs of being anxious, frustrated, or distressed.

Person-centered planning:

- Things important to Deanna are family, being involved, music, dancing, music therapy, looking nice, and having support persons who are upbeat and friendly. It is important to Deanna to hold hands, getting her nails done, and being involved in things that are going on around her. It is important to Deanna to have new experiences and be introduced to new things. Food is important to Deanna.
- Things important for Deanna are her following her dietary orders, feeling safe, reminders to provide others space, structured routine, choices during transitions, and assistance when walking.
- A good day for Deanna would consist of having her hair and nails done, listening to music, and having someone fun to dance with, going bowling, spending time with her family, and staying active all day.
- A bad day for Deanna would be being around people who are less upbeat, walking on many uneven pathways, to few choices, and not having enough activities to participate in.

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**:

- Deanna prefers fun, upbeat staff.
- Deanna likes to have her hair and nails done. She enjoys looking nice.
- Deanna likes fast upbeat music to dance to.
- Deanna enjoys hand over hand activities.
- Deanna likes to attend music therapy.
- Deanna prefers to hold someone's hand while walking for support.

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**?

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

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

Deanna is encouraged to interact with community members. Deanna 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?

Deanna and her team are not interested in seeking competitive employment at this time. Deanna 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?

- Deanna's guardian, residence, and PAI staff will share necessary information as it relates to Deanna'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.
- Jill Schaeppi, county case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Deanna, 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:

Beth Blackorbay, PAI DC
3595 Linden Ave. White Bear Lake MN, 55110
612-446-3685
bblackorbay@paimn.org

Linnea Residential Services
8191 Pioneer Road, Wyoming, MN 55092
763-486-5718
Kyle Bisbee, House Manager Office: 651-462-7300 Cell: 763-486-5718
pioneerhc@linnearesidential.com
Rachel Beenken, Designated Coordinator/Manager Office: 651-257-2211 Cell: 651-270-0861
rbeenken@linnearesidential.com

Francis B. Hanggi, Guardian
7035 N. 170th St. Hugo MN, 55038
763-464-0027
jranggi@yahoo.com

Barbara Wylie, Guardian
15684 Hallmark Way Apple Valley MN, 55124
952-212-3056

Jill Schaeppi, Case Manager
13000 Ravine Parkway S. Cottage Grove MN, 55106
651-497-8650
Jill.schaeppi@co.washington.mn.us

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:

Deanna and her team are not interested in seeking competitive employment at this time. Deanna 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 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.”</p> <ul style="list-style-type: none"> • 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 Deanna • First aid/CPR as needed <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"> • 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

<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>

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"> 1. Describe the target symptoms the psychotropic medication is to alleviate: NA 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 type="checkbox"/> No <input checked="" type="checkbox"/> NA 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

Permitted Actions
<p>On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:</p> <ol style="list-style-type: none"> 1. To calm or comfort a person by holding that person with no resistance from the person. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Deanna enjoys hugs, holding hands, and having her arms rubbed. 2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Deanna may be unstable when walking, staff are able to offer Deanna a hand or put their arm under hers. 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: Deanna may not be able to follow the instructions, staff are able to assist Deanna 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used: Deanna may not respond in an emergency, staff are able to assist her to a safe place. 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 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 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 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

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