

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

Name of person served: Alexander Subiaga

Date of development: 9/10/21 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: Michael and Debra Subiaga, Parents

Case manager: Yasmin Algosaiibi

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 Alex is intensive support services in a community DTH program and community environment. The program works with Alex 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 Alex to encourage activities, outings, and visiting with peers. Staff support Alex 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 Alex. 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, Alex will greet his peers using a pre-recorded communication switch 85% or more of all trials over a 12-month period.

Alex enjoys being involved and it is important for him to have relationships with others.

Outcome #2: Weekly, Alex will choose a video to watch 80% of all trials over a 12-month period.

It is important to Alex to be able to watch videos of things he enjoys, Alex is working on choice skills and finding other videos he may prefer.

## 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:

- Alex can utilize an iPad to make choices or watch sensory videos in his program room. He likes watching train videos. He also likes listening to music and watching music videos on the iPad.
- Alex and his 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 that resides in Alex's homeroom. Alex likes to participate in various groups and activities that are being run utilizing the Smartboard such as games and art exploration. The Smartboard is used for similar purposes as the computer, but with a much larger screen.
- 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 (state specific allergies):** Alex is allergic to medications: Amoxicillin and Ceftriaxone Sodium. The extent of Alex's reaction to these medications is unknown but may include rash and/or difficulty breathing. Alex is administered medications in accordance with his physician's orders; his allergies are listed on his Medication Administration Record (MAR) and on his Face Sheet.

**Seizures (state specific seizure types):** Alex is diagnosed with a seizure disorder that is partially controlled with medication. Alex has a seizure protocol in place and a rescue medication for seizures over three minutes in length. Alex has drop seizures, putting himself at risk of injury if he is not properly secured in his chair. His seizures present as his head dropping down. Alex tends to have more frequent drop seizures when excited, especially related to eating. Alex's parents and guardians have requested PAI not track drop seizures due to the frequency and short duration, however extended seizures will be reported to Alex's guardians via a seizure report, phone, or email within twenty-four hours of occurrence.

**Choking:** Alex is at risk of choking due eating too fast, drop seizures while eating and if his food should not be prepared correctly. Alex receives assistance in cutting his food into bite-sized pieces and eating foods that require the use of a spoon or fork. Alex is given reminders to slow down when eating finger foods too fast. Staff are near Alex while eating to monitor his seizure activity.

**Special Dietary needs (State specific need):** Alex has a regular calorie diet with bite size pieces. Alex can eat finger foods such as sandwiches independently. Alex receives full physical assistance when food he is eating requires the use of a utensil such as a fruit cup or pasta. Alex may have an increase in drop seizures prior to and while eating as he becomes very excited about food. Staff support Alex by ensuring that his lunches are according to his dietary guidelines.

### **Chronic medical conditions:**

- **Atypical Rett Syndrome:** Alex is diagnosed with Atypical Rett Syndrome which is a neurodevelopmental disorder that is diagnosed when a child has some of the symptoms of Rett Syndrome but does not meet all the diagnostic criteria. (Rett Syndrome is a progressive, neuro-developmental condition that primarily affects girls. Affected individuals appear to have normal psychomotor development during the first 6 to 18 months of life, followed by a developmental "plateau", and then rapid regression in language and motor skills).
- **Hypotonia:** Alex has hypotonia which results in generalized muscle weakness. This has caused him to have difficulty with fine and gross motor tasks. Alex could experience an increase in hypotonia which would result in him losing or losing current fine and gross motor skills. Should staff note a change in Alex's ability, his guardians will be notified.

**Self-administration of medication or treatment orders:** Alex requires assistance in the administration of his 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 Alex's guardians, and any orders or instructions will be followed.

**Risk of falling:** Alex is at risk of injury from falling when he is bearing weight, as he can be unsteady. Alex uses the ARJO for transfer and does need assistance from staff while bearing weight. Alex utilizes a manual wheelchair for his primary mobility. He needs assistance from staff in the propulsion of his wheelchair. Alex uses the support of the ARJO, sit to stand lift, to transfer in the restroom. When moving into a recliner, Alex is assisted by one to two staff persons in a standing pivot transfer.

**Mobility issues:** Alex uses a manual wheelchair as his primary mode of mobility. He is not able to propel his wheelchair; staff assist in navigating his environment with his wheelchair. Alex wears a lap belt and chest strap when using his wheelchair. Alex is assisted in transfers by one staff using an ARJO sit to stand lift or one to two staff in a standing pivot transfer. Not able to move his chair independently.

## **Other Health and Medical Needs**

- **Personal Cares:** Receives full physical support in completing his personal cares needs every two hours or as needed. Alex will sit on toilet for up to fifteen minutes as it makes take some time for him to have a bowel movement. Alex wears pull-up briefs for occasional incontinence.

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

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

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

## **Sensory disabilities:**

- **Visual Impairment:** Alex has a vision impairment but does not tolerate glasses. It appears Alex has functional vision. Alex can make choices when items are offered to him in close visual range.
- **Tactile defensive:** Alex is sensitive to touch as he feels certain sensations more strongly than others. Alex will pull-away from hand over hand activities, his choice will be honored. When interacting with Alex, staff let him know before touching him.

## **Person-Centered Information:**

- **Important to:** Alex enjoys watching videos on the computer and smartboard. He particularly likes videos of trains and music videos. Alex likes to sit in a recliner. He enjoys music, and displayed no real genre preference, he is a lover of all kinds of music. It is important for Alex to be involved in groups and activities in a passive manner, through listening and observing. He is not keen on receiving hand over hand assistance from staff in participating in activities, but he does enjoy being part of the group. He enjoys socializing with peers and staff. It is important to Alex to eat foods that he enjoys, as mealtime is an important time for him. He likes people watching while out in the community.
- It is **Important for:** It is important for Alex to receive care from providers and staff that are trained in how best to serve him. It is important for Alex to continue to bear weight in the Arjo during transfers to maintain muscle/bone strength and tone. It is important for staff and caregivers to continue to encourage Alex to eat meals with minimal assistance to promote independence.
- A **Good day** for Alex would involve him participating in activities that he enjoys, getting to watch videos and play games that interest him. Being out in the community to observe people would also be a part of a good day for Alex. Alex

# PAI

A **Bad Day** for Alex would be him not feeling rested, a lot of hand over hand assistance from staff would also cause Alex to have a bad day, as he does not like to be helped with hand over hand assistance. Does not care for physical touch.

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**:

Alex enjoys socializing with peers, friends, and staff. He likes to be able to have the opportunity to be part of the group when activities are being run. He prefers not to receive hand over hand assistance from staff when participating in a group activity.

Alex communicates his preferences via hand gestures, vocalizations, and body language.

Alex prefers to participate in activities that interest him, and that will keep him 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

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

Alex works on outcomes that are important for and to him. Alex makes choices throughout his day on what activities, outings, and groups he is a part of.

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

Alex chooses the outings he prefers to attend. Alex is encouraged to interact with community members as he feels comfortable.

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

Alex is encouraged to interact with others as he is comfortable.

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

Alex and his team are not seeking employment 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?

- Alex's guardian, and PAI staff will share necessary information as it relates to his services and care. Needed supplies and medications will be provided by Alex's parents 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.
- Yasmin Albosaibi, Alex's case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist Alex 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 Designated Coordinator  
3595 Linden Ave.  
White Bear Lake, MN 55117  
651-777-5622 Ext 202  
[Bhinzman@paimn.org](mailto:Bhinzman@paimn.org)

Debra and Michael Subiaga-Guardians  
1489 23<sup>rd</sup> Ave NW #4  
New Brighton, MN 55112  
651-210-2583 (Debra Cell)  
651-271-9388 (Michael Cell)  
[mdsubiaga@comcast.net](mailto:mdsubiaga@comcast.net)

Yasmin Algosaibi-Case Manager  
Ramsey County Human Services  
160 E. Kellog Blvd Room 7800  
St. Paul, MN 55101  
[yasmin.algosaibi@co.ramsey.mn.us](mailto:yasmin.algosaibi@co.ramsey.mn.us)

**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: Alex and his team are not currently seeking other providers or options. Alex lives with his parents/guardians. Alex would need to learn skills in self-preservation, bathroom and hygiene skills, meal preparation, and medication administration prior to being able to stop receiving provider services.

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 Alex's parents and guardians.
- Administration of medications and assistance with meal time as needed.
- Provide first aid and CPR, as needed.

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here: **NA**

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication set up, assistance or medication administration, the license holder will provide that support according to procedures listed here as applicable:

- Medication set up:
- Medication assistance:
- Medication administration:

## Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication?  Yes  No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:
2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?  
 Yes  No
3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

## Permitted Actions

On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.  
 Yes  No If yes, explain how it will be used: NA
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.  
 Yes  No If yes, explain how it will be used: NA
3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:  
 Yes  No If yes, explain how it will be used: Alex may need assistance from staff with some fine motor skills. Staff can briefly assist Alex during these times of need with hand over hand assistance, but this assistance must not be prolonged, per Alex's wishes.
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: Alex may not respond appropriately to emergency situations, which could hinder him in safe evacuation. Staff will assist him in transferring or evacuating during an emergency as needed.
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: Alex utilizes a wheelchair as his primary means of mobility. He uses a lap seat belt to keep him safely secured in his chair.
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used:
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:
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: Alex wears ankle braces. Alex wears a chest strap during transport.

# 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