

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

Name of person served: Mark Sneep

For annual period: **April 2021 through April 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator

Date of development: 10.7.2021

Legal representatives: Mark and Maureen Sneep

Case manager: Chantelle Heifort-Adams

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:

Mark receives intensive support services in a DSS (Day Services and Supports) community environment. The program works with Mark 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 Mark to encourage activities, outings, and visiting with peers. Staff support Mark 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 Mark. 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: *Suggested outcomes; to be discussed by team during semiannual meeting.*

Outcome #1:

“ Mark will press a mac switch to visit another program room a minimum of once weekly in 85% or more of trials until his next review.”

Mark is a very social man and likes to experience activities in the other program rooms. This outcome will provide intentional time for Mark to engage in something he enjoys while continuing to strengthen his communication skills using mac switches.

Outcome #2:

“ Mark will choose a video to watch in 85% or more of trials until his next review .”

Mark enjoys watching certain shows such as Barney & the Wheel of Fortune alone and in the company of his friends. Mark would benefit from finding more shows of varied interests. This outcome helps to strengthen Mark's choice making and nonverbal communication skills.

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:

Mark uses technology at PAI daily through the use of the iPad for choice making and music. Mark 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.

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: N/A – Mark has no known allergies.

Seizures: Mark has Grand Mal and Petit Mal seizures. When Mark has a petit Mal seizure, he will “freeze” or get stuck in a position. He will become quiet and appear to be “stuck”. There are no known triggers to Mark’s seizures, however, they tend to occur more often in September and October. The team believes it is due to the change in barometric pressure and the weather changes. Staff are trained on Mark’s seizure protocol and will assist him as needed.

Choking: Mark is diagnosed with dysphagia which makes it difficult to swallow food, Mark also dislikes chewing putting him at an increased risk of choking. Should Mark exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report. Mark prefers his food to be pureed and will not eat if there are any “chunks” in his food. Mark drinks nutritional supplements throughout the day to increase his caloric intake. Mark drinks using a straw and is able to help hold the drink.

Special dietary needs: Mark is diagnosed with dysphagia and dislikes chewing. Mark prefers his food to be pureed and will not eat if there are any “chunks” in his food. Mark drinks nutritional supplements throughout the day to increase his caloric intake. Mark drinks using a straw and is able to help hold the drink. Mark’s intake will be communicated to his guardians via phone, email or communication book daily.

Chronic Medical Conditions:

Hypotonic Cerebral Palsy: a form of cerebral palsy that causes low muscle tone. Muscles that are too relaxed can make everyday movements difficult as well as exhausting. While at PAI Mark is supported in all motor tasks and in any activity involving coordination. Staff monitor Mark for any changes in his condition and inform his guardians.

Contractures: the permanent tightening of tissues including muscles, tendons, ligaments, and skin making it hard or impossible to move the nearby joints. Mark is supported with fine motor skills as it relates to in activities of daily living and instrumental activities of daily life. Staff monitor Mark for any changes in his condition and inform his guardians.

Self-administration of medication or treatment orders: Mark does not take medications at PAI. Should Mark require medication at PAI he takes his medication orally in soft food. Medications / treatments would be administered according to the prescriber’s orders and as directed by the pharmacy/prescription bottle. Each administration time, a trained staff dispense the medication/treatment for Mark and administer it. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of nonscheduled medication, concerns or requests for supplies will be communicated by PAI staff via phone, email or communication book and noted in Daily Progress Notes.

Other health and medical needs:

Personal Cares: Mark utilizes the support of a disposable brief and the mat table for his changing needs. Due to his physical limitations, Mark is not able to complete his personal cares. Staff help Mark to wear clothes that are clean and dry. Mark is assisted with personal cares and repositioning every two hours or more frequently as needed. Mark often tries to grab different cords or may scoot himself on the mat table. Staff will be aware and help keep Mark safe. If staff step away from Mark on the mat table, they will be sure the rails are up. Mark has a history of constipation. All concerns, requests for supplies and eliminations are communicated to Mark’s guardians via phone, email or communication book.

Risk of falling: Mark's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Mark uses a wheelchair for mobility and requires support to ensure his lap belt is secured. On occasions when Mark is upset, if he is seated on a couch or chair that is not his wheelchair, he may attempt to slide himself out of it. Staff will be aware of Mark's mood and will help him back to his wheelchair if he attempts to slide out of a recliner. If staff step away from Mark on the mat table, they will be sure the rails are up as Mark often tries to grab different cords or may scoot himself on the mat table. Any concerns or occurrence of falls will be communicated by PAI staff to Mark's guardians via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Mark's chronic medical conditions impact his ability to be safely mobile on his own. Mark uses a manual wheelchair for mobility which he is unable to propel. Staff assist Mark to go where he wants to by propelling his wheelchair. Mark is unable to reposition himself without staff support. Mark is transferred using a 2 person Hoyer transfer or a 1 person ceiling lift. Concerns or requested repairs of Mark's wheelchair will be communicated to his guardians via phone, email or communication book and noted in his Daily Progress Notes.

Regulating Water Temperature and Water Safety Skills: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Mark coming into contact with it. PAI does not offer swimming or bathing. Mark receives support when in the community and should he be near a body of water, staff will stay in physical contact with Mark's wheelchair and will engage the breaks of Mark's wheelchair when not in motion.

Community Survival Skills: Mark utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Mark while in the community to practice all pedestrian and traffic safety skills. He is supported in safely engaging with the community activities and people of his choice. Staff observe what is occurring around Mark and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Mark's behalf in the event of an emergency.

Sensory Disabilities:

Visual Impairment: Mark is diagnosed with an Astigmatism, Oculomotor Apraxia and Exotropia, which causes blurry vision. Mark chooses not to wear his glasses. Staff verbally explain what they are showing Mark.

Sound & Tactile Sensitivities: Mark does not like certain noises that are loud, particularly things like loud vacuum cleaners. Staff will warn Mark when using louder appliances or offer him another space to spend time in. Mark is sensitive to textures, he does not wear hats and is particular about the texture of his food. Staff will offer Mark his hat during colder temperatures but will respect his refusal.

GI Discomfort: Mark has times of stomach discomfort that greatly affect his mood. Staff will be aware this is something that is upsetting to Mark. Staff will offer Mark different positioning in his wheelchair and offer him different activities that may be distracting to him.

Self-injurious behaviors: When Mark is frustrated he may bite his finger and vocalize. Staff will be aware of his environment and assist with problem solving when frustrated. Staff will help redirect Mark or offer him a different environment.

Physical aggression/conduct: Mark may grab or push others that are in his personal space. Mark may grab a person and choose not to let go if he wants them closer to him or enjoys them. Mark may push someone in his space if they are too close or upsetting him. Staff will be aware of Mark's positioning with other peers. Staff will help Mark redirect to a preferred activity or offer him more personal space.

Person-centered information

Important to: His family, being active, having a lot attention, having people around him, seeing others have fun and laughing, listening to TV or music, Wheel of Fortune, being sung “Happy Birthday”, action movies, swinging and movement, and female staff.

Important for: Seizure protocol, family who cares for him, eating pureed foods, drinking nutritional supplement, and using a Hoyer for transfers.

Good day: A good day is when Mark is free of pain or discomfort, spending time walking outside, watches his favorite TV shows like Wheel of Fortune and Barney, when he can spend time with dogs, and is able to go into the community.

Bad day: A bad day for Mark is when he has pain or discomfort or is having bowel issues. Mark would also dislike if he was not around people or was not being engaged with.

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:**

Mark prefers female staff

Mark enjoys loud, joyous environments

Mark enjoys people pushing his chair or using a swing

Mark likes to be engaged and receive a lot of attention from others

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:

Click or tap here to enter text.

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

Mark works on outcomes that are important to and for him. He makes choices throughout his day of what activities he would like to participate in. Mark routinely chooses to engage in group social activities such as community outings, pet and music therapy and attending on-site enrichment groups such as Science and Reading Groups

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

Mark is supported to engage with the greater community. He chooses the outings he would like to attend and is encouraged to make choices the duration of the experience. Mark is encouraged to interact with community members as he comfortable.

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

Mark is supported in developing and maintain relationships with staff and peers at the Linden site. Mark is encouraged

to interact with community members, volunteers and contracted vendors as he is comfortable.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?
PAI offers employment service supports, however Mark and his team are not seeking competitive employment at this time. Should Mark and his team expresses interest in finding a job in the community, competitive employment opportunities would be explored at that time.

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?

- Mark’s guardian’s and PAI staff collaborate in the exchange of information as it relates to Mark’s services, health and care. Meeting and reports are shared and the team works together to ensure continuity of service through in-person conversations, phone calls, emails and Mark’s communication book.
- PAI works with Mark’s guardians for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Mark and Maureen Sneep are Mark’s private legal **representatives and parents** who advocates on **his** behalf as well as makes legal decisions with **him**. The legal representatives provides information and direction on Mark’s services and supports in collaboration with other members of this support team.
- Chantelle Heifort-Adams, case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Mark and **his** legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Mark’s support team to ensure continuity of care.

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:

PAI – Linden, Day Program
Contact person: Mitch Gunderson-Palmer – Program Director
Email: MGunderson-Palmer@PAImn.org Phone: 612-446-3687 Fax: 651-777-5633

Mark and Maureen Sneep – Legal Representative
Email: TheSneeps@msn.com Phone: 651-464-6003

Chantelle Heifort-Adams – Case Manager Washington County
Email: Chantelle.HeifortAdams@co.washington.mn.us Phone: 651-430-8339

The person currently receives services in (check as applicable):

- Residential services in a community setting controlled by a provider
- Day services
- Neither

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 (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: [Click or tap here to enter text.](#)

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**:

Mark and his team are not interested in transitioning from day services to employment services at this time. Mark is best served in a recreation and leisure environment.

Describe any further research or education that must be completed before a decision regarding this transition can be made: N/A

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 rights are being restricted the Rights Restrictions form must be completed.

If yes, please indicate what right(s) are restricted: NA

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 manual restraint to be used for the person.

Health Needs

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 guardians
- Administration of medications to Mark
- 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: **N/A**

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: [Click or tap here to enter text.](#)

Medication assistance: [Click or tap here to enter text.](#)

Medication administration: Mark does not currently receive medications at PAI. Should Mark require medication he would receive it orally with soft food. Mark would require full assistance in the administration of his medications.

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:
[Click or tap here to enter text.](#)
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

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> <p>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: Mark may accept a staff to hold his hand or rub his arm with upset.</p> <p>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: Click or tap here to enter text.</p> <p>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: Mark has limited fine motor skills and may need assistance to work on a task as tolerated.</p> <p>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: Click or tap here to enter text.</p> <p>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: Click or tap here to enter text.</p> <p>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: Click or tap here to enter text.</p> <p>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: Mark may not respond appropriately to emergency situations, which could hinder him in safe evacuation. Mark will be physically assisted to evacuate the building or seek shelter in the event of an emergency as needed.</p> <p>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: Mark is not able to position himself, he uses a seatbelt in his wheelchair.</p> <p>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: Click or tap here to enter text.</p> <p>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: Click or tap here to enter text.</p> <p>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: Click or tap here to enter text.</p>

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: [Click or tap here to enter text.](#)

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 1:6 1:8 Other (please specify): [Click or tap here to enter text.](#) 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): [Click or tap here to enter text.](#) NA