

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

Name of person served: **Matthew Bealka**

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

CSSP Addendum developed by: Megan Duffy Designated Coordinator

Date of development: 10.20.2021

Legal representatives: James Bealka

Case manager: Patrick Hiland

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:

Matt receives intensive support services in a DSS (Day Services and Supports) community environment. The program works with Matt 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 Matt to encourage activities, outings, and visiting with peers. Staff support Matt 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 Matt. 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 annual meeting.*

Outcome #1:

**“ Matthew will participate in a group activity for 2 minutes or longer, 3 times a week in 75% or more of trials in a 12 month recording period..”**

Matt enjoys being part of a group and participating in activities, but requires encouragement to participate even in activities of interest. Matt has been working on participating for longer periods of time and would benefit from increasing the duration he is able to participate in activities of interest. This outcome will provide an opportunity for Matt to engage in enjoyable activities and while continuing to strengthen his social and communication skills.

Outcome #2:

**“ Daily, Matthew will independently greet a peer or staff with his “hello song” after being greeted in 80% or more of all trials during a 12 month recording period.**

Matt enjoys is a social person and it is important to him that he have relationships with those around him. This outcome will provide intentional time for Matt to practice his social skills by responding when greeted by others.

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:

Matt uses technology at PAI daily through the use of the iPad for choice making and music. Matt is able to access the television in the room for sensory videos and to play games. Not 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:** Matt is allergic to Absorbable Sulfonamides, Sulfa, Ceclor, and Augmentin. Staff are aware of Matt's allergies. Staff will not give Matt medications with these ingredients. Staff will inform Matt's residence and doctor if he is prescribed medications with these ingredients.

**Seizures:** Matt is diagnosed with Epilepsy and his seizures are controlled with medication. He has a physician ordered Seizure Protocol. Matt will be supervised and monitored for seizure activity. Staff are trained to Matt's seizure protocol and provide support/comfort as needed. All seizure activity will be reported to his residence via Seizure Report, email or phone call within 24 hours.

**Choking:** Matt has a history of choking and putting non-nutritive items in his mouth increasing his risk of choking. When completing activities or using small objects, staff will remain in close proximity to Matt and offer assistance as tolerated. Staff will remove small objects from his reach and lap tray when not immediately next to Matt completing activity. If Matt chooses to pull at his brief lining, staff will offer a cares room visit to freshen his brief and offer an alternative activity. Matt also has a physicians ordered puree diet to prevent choking. Matt is visually monitored during meals and offered assistance as needed. Should Matt exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

**Special dietary needs:** Matt has a physicians ordered pureed diet. His meals and snacks are sent to PAI from his residence prepared according to his physician's orders. Matt sits in his wheelchair during meals at the lunch table. He uses a built up spoon/fork to eat and a plastic cup to drink. Staff place food on a built up spoon/fork and Matt will reach for utensil and bring to his mouth. Matt uses a plastic cup and drinks with minimal assistance from staff. Matt's intake will be communicated to his residence via phone, email or communication book daily.

**Chronic Medical Conditions:**

**Chorea Athetoid Cerebral Palsy (CP):** is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Matt's ability to move and maintain balance and posture is impaired due to limited muscle control. While at PAI Matt is supported in fine and gross motor tasks and in any activity involving coordination. He is provided with 1:1 supports during meal times.

**Cerebellar Hypoplasia:** a disorder where the cerebellum does not fully develop which results in lack of balance, disrupted vision or hearing, and/or limited use of motor skills. Matt is provided assistance as need with all fine motor and vision tasks.

**Severe Intellectual Disability (ID):** is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ under 20, and is often accompanied by a neurological disorder. Matt is supported in all areas of basic self-care and communication. He is provided with opportunities to develop skills with appropriate supports and provided with a high level of structure and supervision.

**Self-administration of medication or treatment orders:** Matt takes his medication orally with soft food such as applesauce; Matt requires full assistance with medications. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Matt 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:** Matt utilizes the support of a disposable brief and due to his physical limitations, is not able to complete his personal cares. Matt needs assistance to transfer to the mat table and with being freshened up. When Matt is on the mat table, staff will remain by the side of the table to prevent falls. Matt does not like waiting when being freshened up and may become upset if he is asked to wait to be transferred. Matt prefers staff he is comfortable with assisting him with his cares. All concerns and requests for supplies and eliminations are communicated to Matt's residence via phone, email or communication book.

**Risk of falling:** Matt's seizure disorder and chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Matt's wheelchair is equipped with a lap belt, pelvic strap, and lap tray. Matt can remove his own lap belt and seat belt and at times will push his lap tray off by himself even when it is fastened. Matt will be encouraged to wear his seatbelts and lap tray to promote safety. When on the mat table, staff will remain by the side of the table. Any concerns or occurrence of falls will be communicated by PAI staff to Matt's residence via phone, email or communication book and noted in his Daily Progress Notes.

**Mobility issues:** Matt's chronic medical conditions and functional blindness impact his ability to be safely mobile on his own. Matt uses a manual wheelchair for mobility which he will self-propel his chair with his right hand/arm for short familiar distances. Matt's chair is equipped with a lap belt, pelvic strap, and lap tray, staff visually check to ensure these components are engaged while Matt is in his chair. Matt is physically able to army crawl on the floor. Matt is transferred using a two person Hoyer lift or a one-person in-ceiling track system and arrives at program with his own sling. Changes in Matt's mobility or requested repairs of Matt's wheelchair will be communicated to his residence 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 Matt coming into contact with it. PAI does not offer swimming or bathing. Matt receives support when in the community and should he be near a body of water, staff will stay in physical contact with Matt's wheelchair when in motion and will engage the breaks of Matt's wheelchair when not in motion.

**Community Survival Skills:** Matt utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Matt 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 Matt and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Matt's behalf in the event of an emergency.

**Sensory Disabilities:** Matt is diagnosed with Functional Blindness. Matt is believed to have some vision as he is able to locate objects in his environment. Staff approach Matt from his right side and remain at an arm's length away so he may see who is approaching him. Staff present items for choice making at distance of 2-3 feet and verbally describe the options for Matt. Staff will approach in front of Matt from the right side and move to stand on his left side when presenting choices as Matt may choose to reach for staff's hair/clothing when staff/others stand on his right for more than a few seconds.

**Physical aggression/conduct - Grabs peers:** Due to Matt's limited vision he often explores his environment using his hands. Matt may reach out and make overly assertive physical contact with others who are unable to defend themselves. Staff will ensure Matt is positioned at least an arm's length of distance from peers. Staff will offer Matt an alternate activity and verbally redirect Matt to another activity. Matt is strongest on his right side and has only made physical contact with others using his right arm and hand. Staff will approach at an arm's length away on Matt's right side so he may see who is approaching him. Staff will approach in front of Matt from the right side and move to stand on his left side. Matt is likely to reach for others hair or clothing if staff stand on his right for more than a few seconds.

**Person-centered information**

**Important TO:** Things important to Matt are his rocker, sitting by the window, walks, and bus rides.

**Important FOR:** Things important for Matt are his diet, seizure protocol, and being encouraged to participate.

**Good day:** A good day for Matt is when there are a lot of trucks moving outside, long bus rides, taking many walks, spending time outside, and having a quiet environment.

**Bad day:** A bad day for Matt includes when he is pushed to do tasks, he isn't able to go for walks, or when people move him without asking.

**Likes:** Matt likes to sit by windows and listen to music, particularly rock-n-rock as evident by his smiling, singing and making positive vocalizations. Matt likes to go on outings and enjoys riding the bus. He likes to go for walks outside with his favorite staff and enjoys using the rocker while at PAI.

**Dislikes:** Matt does not like eating sandwiches or bananas, having to wait for events or tasks to occur and may struggle with HOH tasks beyond a few seconds. Matt indicates his dislike through upset or negative sounding vocalizations and shaking his head "no". Matt may become frustrated during the day when having to wait to board the bus, when staff leave the room for their personal lunch breaks and when he does not know what to expect next. Matt communicates his frustration through "yelping" vocalizations and rapid, forceful rocking in his wheelchair.

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:**

Matt prefers to sit by the windows.

Matt likes using his "rocker" and enjoys walking outside.

Matt looks forward to riding the bus home.

Matt does not like to wait.

Is the current service setting the **most integrated setting available and appropriate** for the person?

Yes  No

If no, please describe what action will be taken to address this: N/A

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

Matt 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. Matt is able to show staff what he prefers and when he does not want to participate in an activity.

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

Matt 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. Matt is encouraged to interact with community members as he is comfortable.

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

Matt is supported in developing and maintain relationships with staff and peers at the Linden site. Matt 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 Matt and his team are not seeking competitive employment at this time. Should Matt 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?

- Matt’s residence, guardians and PAI staff collaborate in the exchange of information as it relates to Matt’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 Matt’s communication book.
- PAI works with Matt’s residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- James Bealka is Matt’s private guardian and legal representative who advocates on his behalf as well as makes legal decisions with him. The legal representatives provides information and direction on Matt’s services and supports in collaboration with other members of this support team.
- Patrick Hiland, case manager from Phoenix Service Crop, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Matt and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Matt’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:

Axis - Eldridge, Residential  
Contact person: Nicole Lester – Residential Supervisor  
Email: [Nlester@axis-mn.com](mailto:Nlester@axis-mn.com) Phone: 651-488-2237 Cell: 612-802-7089

PAI – Linden, Day Program  
Contact person: Mitch Gunderson-Palmer – Program Director  
Email: [MGunderson-Palmer@PAImn.org](mailto:MGunderson-Palmer@PAImn.org) Phone: 651-777-5622 Fax: 651-777-5633

James Bealka – Guardian / Legal Representative  
Email: [James.bealka@usfamily.net](mailto:James.bealka@usfamily.net) Phone: 651-343-9882

Patrick Hiland – Case Manager Phoenix Service Corporation  
Email: [Philand@phoenixservicecorp.org](mailto:Philand@phoenixservicecorp.org) Phone: 651-219-0774

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:**

Matt and his team are not seeking other providers or options at this time. Matt lives in an Axis group home. Matt would need to learn skills in hygiene, medication administration, dietary skills, and self-preservation skills prior to leaving a provider controlled setting.

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:**

Matt and his team are not interested in transitioning from day services to employment services at this time. Matt 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: None needed at this time.

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".

- PAI staff observe Matt for signs of injury or illness and provide first aid and CPR, as needed.
- Administration of medications to Matt and request medical supplies and medication refills from residence

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 & 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: **N/A**

Medication assistance: **N/A**

Medication administration: Matt receives his medications orally with applesauce and requires full assistance in the administration of his medications. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle by a trained staff. All orders and necessary supplies are provided by Matt's residential provider.

### 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: **N/A**
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: **N/A**

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> <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:  When upset, Matt is accepting of staff holding his hand for comfort.</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: <b>N/A</b></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:  Matt has limited vision, staff can assist Matt with hand over hand or hand under hand 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used:  Matt may reach out and grab peers or staff, staff are able to redirect Matt's hand.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain how it will be used:  Matt may reach out and grab peers or staff, staff are able to redirect Matt's hand.</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: <b>N/A</b></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:  Matt may become confused in an emergency, staff are able to assist Matt to transfer away from the emergency.</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: Matt may fall out of his chair if he chooses not to wear his seatbelts or lap tray. Staff will encourage Matt to wear his seatbelts and lap tray.</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: <b>N/A</b></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: <b>N/A</b></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 type="checkbox"/> No If yes, explain how it will be used:  Matt uses a seatbelt, chest strap, and AFO's.</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: **N/A**

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): **N/A**  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): **N/A**  NA