

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

Name of person served: **Samuel Slagerman** For annual period: **November 2021 through November 2022**

CSSP Addendum developed by: Megan Duffy Designated Coordinator Date of development: 11.5.2021

Legal representatives: Scott and Kathy Slagerman Case manager: Vasana Yang

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:

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

**“Daily Sam will assist with his water flush in 85% or more of trials over the next 12 months.”**

It is important to Sam to be helpful and important for him to receive his fluids via g-tube due to his oral defensiveness. Sam would benefit from increasing his participation in tasks related to his water flush.

Outcome #2:

**“Weekly Sam will help with lunch dishes by bringing them to/from the dishwasher with assistance in 90% of trials over the next 12 months.”**

Sam enjoys being helpful and appears to take pride in being helpful to his staff and his peers. This outcome will provide intentional time for Sam to help with a routine task and further build his abilities with this daily living skill.

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:

Sam utilizes technology at PAI daily through the use of the iPad for choice making and hobby activities such as videos, music and other audio activities. Sam has access a television and computer in the program area for music, sensory or educational videos, in addition to the SMARTBoard for games and other audio activities. 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:** Sam has no known allergies, however due to his bleeding disorders, Sam avoids NSAIDs such as Ibuprofen, Naproxen or High-dose Aspirin; which act as blood thinners increasing his risk for bleeding and bruising.

**Choking / Special dietary needs:** Sam has a texture specific diet. Due to his oral defensiveness Sam does not drink liquids and eats only foods that are prepared to his preferred texture. Sam is assisted by a trained staff to administer all fluids via his g-tube. Sam's meals and snacks are sent to PAI from his home prepared according to his preferences. Sam sits in his wheelchair during meals at the lunch table. He uses a regular spoon and a Tupperware bowl to eat independently with staff supervision. Sam may need encouragement to eat independently when he is out of routine. Sam's intake will be communicated to his parents via phone, email or communication book daily. Should Sam exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

**Chronic Medical Conditions:**

**Jacobsen Syndrome:** is a condition characterized by the deletion of several genes on chromosome 11. Signs and symptoms vary among affected people but often include Paris-Trousseau syndrome (a bleeding disorder); distinctive facial features; delayed development of motor skills and speech; cognitive impairment; and learning difficulties. While at PAI Sam is supported in fine and gross motor tasks and in communicating his wants/needs.

**Paris-Trousseau Syndrome (PTS):** describes the congenital platelet disorder found in > 90% of patients with Jacobsen syndrome and is a blood clotting disorder that results in **Thrombocytopenia:** a condition in which a person has a low blood platelet count. Platelets (thrombocytes) are colorless blood cells that help blood clot. Platelets stop bleeding by clumping and forming plugs in blood vessel injuries. Sam is at an increased risk for easily bleeding and bruising. Staff are aware of Sam's condition and will follow Sam's medical guidelines if he were to become injured. Staff would not administer NSAIDs such as Ibuprofen, Naproxen or High-dose Aspirin to Sam as they are blood thinners and would increase his risk of bleeding.

**Severe Intellectual Disability (ID):** is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. Sam 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.

**Scoliosis:** A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. Sam has a personal wheelchair with a specially designed seat back, and support straps to aid in proper positioning of Sam's body. **Harrington Rod:** a surgical implant used to stretch the spine in order to correct abnormal curvatures. Care is taken when transferring and assisting Sam to roll that his body does not twist.

**Self-administration of medication or treatment orders:** Sam doesn't take any medications while at PAI. Should he require medications at PAI, Sam would need full assistance from staff. 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 Sam 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:** Sam utilizes the support of a disposable brief and a catheter. Due to his physical limitations, Sam is not able to complete his personal cares. Sam needs assistance to move from his wheelchair to the mat table to get freshened up using a sling and hoist/in-ceiling track system. Staff help Sam to wear clean and dry clothing throughout his day and are

trained to assist Sam with his catheter. All concerns and requests for supplies and eliminations are communicated to Sam's parents via phone, email or communication book.

**Risk of falling:** Sam's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Sam wears a seatbelt in his wheelchair. When Sam is on the mat table, the side rails will be up unless staff is standing directly next to him. Sam does not do any standing or weight bearing at PAI. Sam uses a sling and Hoyer or in ceiling track system to transfer. Any concerns or occurrence of falls will be communicated by PAI staff to Sam's parents via phone, email or communication book and noted in his Daily Progress Notes.

**Mobility issues:** Sam's chronic medical conditions and vision impact his ability to be safely mobile on his own. Sam uses both an electric wheelchair and a manual wheelchair for mobility depending on his ability levels. When using his electric wheelchair staff will give Sam verbal reminders to focus on his driving. Staff will operating Sam's electric chair for safety when outside of the Linden building; specifically when loading and unloading from the bus and during emergency evacuations. If staff notice Sam needs assistance driving his wheelchair they will ask if they can help. When using a manual wheelchair, Sam is unable to propel himself and relies on staff supports to move /position his wheelchair. Sam is able to reposition himself while in his wheelchairs, but requires the support of a sling, hoyer/in-ceiling lift and staff to transfer. Concerns regarding mobility or requested repairs of Sam's wheelchair will be communicated to his parents 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 Sam coming into contact with it. PAI does not offer swimming or bathing. Sam receives support when in the community and should he be near a body of water, staff will stay in physical contact/control of Sam's wheelchair and will verbally inform him the areas to stay in (on the path, middle of the dock, etc.) and where the water is. Staff will engage the breaks of Sam's wheelchair when not in motion.

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

#### **Sensory Disabilities:**

**Vision Impairments:** Sam has cataracts and a wandering left eye, Sam is also diagnosed with **Myopia** or near sightedness, a condition in which close objects appear clearly, but far ones don't. Sam does not tolerate wearing corrective lenses. Staff will offer visual items close to Sam and give him time to focus. Staff will report any changes in Sam's vision to his parents. Staff will also report any changes in Sam's behavior or demeanor that may indicate a change in his vision.

Sept2021 - Sam's vision has decrease to the point where he is only able to see light and shadows. Sam is unable to safely drive his electric wheelchair and may become fearful during routine tasks due to his decreased vision. Sam will have surgery 11.26.21 in hopes of improving his vision. It is though that Sam's vision decrease happened slowly and was not apparent to care givers due to Sam's ability compensate. Staff will support Sam by verbally describing what is happening around him.

**Mild Hearing Impairment:** Sam has bilateral sensorineural hearing loss in the mild (20-35dB) range. Sam does not tolerate wearing hearing aids. Sam's mild hearing loss is comparable to what one hears with both their ears plugged with a finger. Staff speak loudly and clearly when talking to Sam, they allow Sam time to locate their voice so he can look at who is speaking to him.

**Oral Defensiveness:** Sam has a texture specific diet due to his oral defensiveness and does not drink liquids at PAI. Sam eats only foods that are prepared to his preferred texture sent from home and is assisted by a trained staff to administer all fluids via his g-tube.

**Person-centered information**

**Important To Sam:** his family and friends, his books, iPad time, knowing what’s next, spending time outside, helping others with tasks, playing games, and spending time with certain staff.

**Important For Sam:** working with staff who are aware of his bleeding disorder, oral defensiveness, and preferences. Receiving fluids via his g-tube, and being supported in his routine.

**Good day:** A good day for Sam includes his wheelchair working properly, spending time outside, visiting with his brother, working with his preferred staff at PAI, being helpful and when he is active and involved throughout his day.

**Bad day:** A bad day for Sam includes his electric wheelchair not working, being tired or feeling unwell, when his friends are sad, and when he doesn’t feel understood when communicating.

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**:

- Sam enjoys being part of the group and spending time with peers, friends, and staff.
- Sam likes having a schedule and knowing what is coming next.
- Sam likes to have books and pictures with him, he prefers if people don’t touch these items unless he offers them.

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**?

Sam 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. Sam routinely chooses to engage in group social activities such as community outings, pet and music therapy and attending on-site enrichment groups.

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

Sam 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. Sam 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?

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

- Sam’s guardians and PAI staff collaborate in the exchange of information as it relates to Sam’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 Sam’s communication book. PAI works with Sam’s parents for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Scott and Kathy Slagerman are Sam’s private guardians and parents who advocates on his behalf as well as makes legal decisions with him. The legal representatives provides information and direction on Sam’s services and supports in collaboration with other members of this support team.
- Vasana Yang, contracted case manager for Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Sam and his legal representatives in advocacy and finding additional opportunities or resources and communicates with the members of Sam’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: Megan Duffy – Program Supervisor / Designated Coordinator  
Email: [MDuffy@PAImn.org](mailto:MDuffy@PAImn.org) Phone: 651-777-5622 Fax: 651-777-5633

Scott and Kathy Slagerman – Guardians  
Email: [Slagsk@comcast.net](mailto:Slagsk@comcast.net) Phone: 651-699-1970

Vasana Yang – Case Manager Redeemer Services  
Email: [Vasana@redeemerservices.com](mailto:Vasana@redeemerservices.com) Phone: 651-702-5580

Orion ISO – Self Directed Services  
Contact person: Paige McKenzie – Personal Supports Manager  
Email: [Pmckenzie@orionassoc.net](mailto:Pmckenzie@orionassoc.net) Phone: 612-400-6440

**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**: NA – Sam lives in his family home.

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**:

Sam and his team are not interested in transitioning from day services to employment services at this time. Sam 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”.

- Monitor Sam for changes in health / medical conditions while at program.
- Observe Sam for signs of injury or illness and provide first aid including CPR as needed to treat the concern.
- Administration of medications/treatments to Sam per physician’s orders. Request supplies and medication as needed from guardian

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: Sam receives his fluids via g-tube and medications by mouth or g-tube as ordered by his physician. Sam 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 Sam's parents.

**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**

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: **Sam is accepting of physical contact from staff. Sam may want a hug or to hold hands.**
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: **N/A**
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: **Sam has limited fine & gross motor abilities and may require varying levels of physical support to complete tasks including hand over or hand under hand supports 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.  
 Yes  No If yes, explain how it will be used: **Should Sam be driving his electric wheelchair unsafely staff may redirect his hand away from the controls to bring the chair to a stop until Sam is able to focus on safe driving.**
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: **N/A**

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: **N/A**

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: **When using his electric wheelchair Sam may become distracted or unsure what to do in an emergency, staff are able to take over driving Sam's chair or help him transfer as necessary. Sam is unable to propel himself when using his manual wheelchair and would need full assistance to evacuate safely.**

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: **Sam uses a seatbelt to aid in positioning when in either wheelchair. Due to his fine motor limitations Sam may require staff support to apply his seatbelt.**

9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: **N/A**

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: **N/A**

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: **Sam has both an electric and a manual wheelchair that he uses depending on his ability level. Sam wears AFO's and occasionally has his legs in casts due to medical procedures.**

Staff Information
Are any <b>additional requirements</b> requested for staff to have or obtain in order to meet the needs of the person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: <b>N/A</b>

Does a staff person who is <b>trained in cardiopulmonary resuscitation (CPR)</b> need to be available when this person is present, and staff are required to be at the site to provide direct service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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: <input checked="" type="checkbox"/> 1:4 <input type="checkbox"/> 1:6 <input type="checkbox"/> 1:8 <input type="checkbox"/> Other (please specify): <b>N/A</b> <input type="checkbox"/> NA
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Frequency Assessments
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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