

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

Name of person served: Sara Felling

Date of development: 11/2/2021

For the annual period from: 11.2021 To: 11.2022

Name and title of person completing the *CSSP Addendum*: Emily Elsenpeter, Designated Coordinator

Legal representative: Chris and Mel Felling

Case manager: Emma Nelson

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 Sara is intensive support services in a day training and habilitation community-based program and/or day support services. The program works with Sara to develop and implement achievable outcomes that support her goals and interests and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Sara’s physical, emotional, and social functioning. Staff support Sara in completing activities of daily living and instrumental activities of daily life, outcome development and implementation, supervision, medication administration, data tracking and daily support related to her health, safety and wellbeing as needed by Sara. Support is provided in the most integrated and least restricted environment for Sara. PAI works with Sara’s residential provider and transportation provider for continuity of care.

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, Sara will choose another programming room to visit in 80% of all trials until her next review.

Sara has enjoyed having the 1:1 time with staff while visiting her peers. It is important to Sara that she has opportunities to interact with those around her when she wants to. It is important for Sara to get up and move throughout her day and to advocate for her preferences.

Outcome #2: “Daily, Sara will use switches during lunchtime to communicate in 80% of all opportunities until her next review.”

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It is important for Sara to continue to strengthen her communication skills and advocate for herself. Sara has been successful recently with using switches and this is a skill that is important to continue to further explore and develop.

Outcome #3: Daily, Sara will work with staff to wipe her face after lunch in 80% of all trials until her next review.

It is important for Sara to work on the skills needed to be independent. Sara and her team would like to keep an outcome consistent with the house to continue routine.

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:

- Sara may utilize technology at PAI daily using the iPad for choice making, music, and videos.
- Sara can access the television in her program area for sensory videos and to play games on the Wii.
- Sara can use switches for communication with her staff and/or peers.
- 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:

Seizures: Sara has partially controlled Generalized Tonic-Clonic and Tonic Seizures. She has a physician ordered seizure protocol. Staff are trained to the location of her seizure protocol. She may have drop seizures, with sudden stiffening movements resulting in a fall if standing, and typically last less than 20 seconds. She may also experience seizures with a loss of consciousness and muscle contractures. Due to seizures and/or seizure medications, Sara may be tired during her day and spend time resting. Sara's VNS magnet is located on her left ankle and an additional magnet is in the side pocket of her duffle bag. Sara also has a PRN medication. Staff are trained to her protocol and a trained medication passer would pass her seizure PRN if she met the criteria for it. Sara wears a safety helmet when walking, eating and while in a vehicle. Her helmet may be removed during periods of rest and staff are seated next to Sara. All seizure activity will be reported to Sara's residence via Seizure Report within 24 hours. Staff may also email or provide a phone call.

Choking and Special dietary needs: Sara requires a physician ordered diet for bite sized foods. Sara sits in a chair with arm supports at the table while eating, uses a Sports Bottle to drink from, and typical eating utensils. Sara's lunch comes prepared by her residence and is checked to ensure it is prepared properly prior to serving. Staff check to ensure she is not pocketing food in her cheeks before offering her another bite. Sara is independent in drinking her liquids. Sara may refuse to eat when food is offered during meal or snack times. Due to Sara's low weight, her doctor has ordered that staff patiently feed Sara with encouragement, and snacks will be continued to be offered. During a mealtime, Sara will be offered preferred foods and time to eat. She will be offered her meal three times and if she refuses after the third time and/or eats less than the physician ordered amount of her meal, she will be provided with a nutritional supplement. Sara will be offered snacks outside of her mealtime, one-two times per day.

Chronic Medical Conditions:

- o Congenital Lack of Myelin in her brain – Myelin is made of protein and fatty substances and is the insulating layer that forms around nerves in the brain and spinal cord. Lack of myelin causes cognitive deficits, visual impairments, and balance concerns. Concerns with potential symptoms will be communicated to Sara's residential provider via phone or email and noted in her Daily Progress Notes.
- o Microcephaly - a condition where the head (circumference) is smaller than normal. Symptoms vary and

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include intellectual disability, speech delay, seizures and/or abnormal muscle functionality. Concerns with potential symptoms will be communicated to Sara's residential provider via phone or email and noted in her Daily Progress Notes.

Self-administration of medication or treatment orders: PAI receives Sara's medication, toothpaste, and nutritional supplements from her residential provider, PRI and/or her guardians, and set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle/bubble pack. Sara takes a Boost Supplement or Instant Carnation if eats less than 75% of her meal, as well as Felbatol (Felbamate) at 12:00 (noon) for seizures. Each medication administration time, trained staff dispense the medication for Sara and place the medication in a portion of her meal (ex. applesauce). Staff offer her the medication on her spoon with full assistance to limit the risk of the medication dropping. Once she swallows the medication in her food, she is offered her beverage. Sara may not open her mouth to accept medications, may push the medication away, and/or spit them out. She will be offered her medications consistently throughout her allotted medication passing time. If Sara were to continue to refuse her medication after past the allotted time period, staff will contact her guardians or her residential provider if her guardians are not available. If staff are unable to contact her guardian or residential provider, the medication refusal will be documented and communicated to her guardian and house manager via phone and/or email. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding medication will be communicated by PAI staff to staff at her residential provider via phone, email, or communication book.

Other health and medical needs:

- o Personal cares: Sara receives full support to complete her personal cares. Sara utilizes the support of briefs due to incontinence. She is supported in completing cares every two hours and as needed throughout the day. She is assisted by one staff in walking to the restroom and fully supported in completing her personal cares.
- o Dental Hygiene: Sara is fully supported in brushing her teeth mid-day, following her lunch daily. PRI and/or her guardians supply her toothbrush and toothpaste. Sara will be offered and encouraged to brush her teeth once daily, up to three times. Following the third time, if she refuses, it will be documented in the Medication Administration Record. Concerns with Sara's dental hygiene and supply requests will be reported to her residential provider via phone, email, or communication book.
- o Nausea and Vomiting: If Sara is vomiting, she will be supported in titling her head forward into a container and supported in remaining clean. Staff will check her temperature and will assist her in a wheelchair to a rest away from her peers in privacy with a support staff. Staff will contact her residential provider via phone to report the vomiting and to notify them of her need for a ride home. Staff may also report her temperature to her residential provider. If Sara is displaying signs of nausea, they will be reported to her residential provider via phone or email. Nausea and vomiting will be noted in her communication book.

Risk of falling and Mobility: Due to Sara's chronic medical conditions, visual impairments, and seizure disorder, she is at risk of falling. Sara ambulates independently in the program areas at PAI while wearing her helmet. She has attempted to walk through obstacles in her path; if attempting to move through an area which could be unsafe for her, she will be offered physical support and verbal cues to safely walk. Outside of the program rooms, Sara walks next to staff and is offered a hand when needed. Sara wears a transfer belt outside of the building at PAI. She is offered a wheelchair when she is ill or experiencing seizure activity, with the seatbelt applied. When loading and unloading the bus, staff offer Sara physical assistance by placing her hands on the handrails of the bus to cue her to walk up/down the stairs. When walking, Sara will be redirected to take staff's arm if she attempts to put her arm around staff's neck. Should Sara refuse to bear weight, she may be assisted by two staff persons' using a Hoyer lift to move to a wheelchair.

Regulating water temperature: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Sara encountering it.

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Water safety skills: PAI does not offer swimming or bathing. When near bodies of water, Sara will be physically supported in staying a safe distance away.

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

## Sensory disabilities:

- o Nearsightedness: faraway objects appear blurry. Staff will place items closer to Sara and look for her to visually track them, indicating she is able to see more clearly.
- o Astigmatism: vision condition that causes blurred vision. It occurs when the cornea (the clear front cover of the eye) is irregularly shaped or sometimes because of the curvature of the lens inside the eye. Staff will place items closer to Sara and look for her to visually track them, indicating she is able to see more clearly. She will be assisted with walking outside of the building with a gait belt, and staff will offer her a hand for physical support.
- o Poor depth perception: Depth perception is seeing in three dimensions and the ability to judge how far away people or objects are from you. Poor depth perception impairs this ability. She will be assisted with walking with a gait belt outside of the building, and staff will offer her a hand for physical support and guidance.

## Person-centered information

- o Important to Sara: Things that are currently important to Sara are her family, hugs, access to a comfy place to rest throughout her day, having preferred foods and beverages, having her hair brushed, sitting close to familiar staff, and spending 1:1 time with them, and going for walks.
- o Important for Sara: Things that are currently important for are eating and drinking, brushing her teeth, taking her medications and time to be social and engaged in activity with others.
- o Balance of important to and for: Providing Sara with a variety of options of her preferred food and beverages throughout her day and encouraging her to eat is an important daily routine. Spending one to one time with Sara doing things she enjoys like sensory and going for a walk, as well as encouraging her to sit at the table with her peers to participate or observe activities is important. Supporting Sara in getting rest and engaging in her social environment is also an important daily balance.
- o Good day for Sara: A good day for Sara includes a good appetite with preferred foods. She has a balance of rest, and time to be social with people she likes to be around, going for walks or spending time in the community. A good day is also seizure free and not feeling ill.
- o Bad day for Sara: A bad day for Sara is when she is experiencing high seizure activity or nausea/vomiting, when she does not have her preferred foods, or when she is not able to rest.
- o How to have more good days: Sara can have more good days by communicating (vocalizations, communication switches in her environment, eye pointing, going toward/reaching for things she wants and pushing away items she does not want) what she might like to do, and spending time with preferred people participating in those things. She can have more good days by taking her required seizure medication and brushing her teeth to limit potential dental related pain.
- o Likes: Sara likes hugs, ranch dressing, sandwiches, music, sensory and 1:1 time with preferred staff. She likes music and spending time resting in a sunny place.
- o Dislikes: Sara may become frustrated or impatient when she must wait. Sometimes Sara dislikes taking her medication, especially with less preferred foods. She dislikes being ill and experiencing seizure activity. She dislikes brushing her teeth.
- o Preferences: Sara prefers to observe, rather than participate; however, she does enjoy being talked to and included in activities. She prefers kind staff who give her gentle cues and communication.

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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**:

- Sara prefers to have plenty of opportunity to rest and relax on a mat table or a recliner.
- She prefers to observe activities, generally, rather than directly participating in them.
- For supports, Sara prefers gentle reminders and physical cues.
- Sara communicates through vocalizations, communication switches in her environment, eye pointing, going toward/reaching for things she wants and pushing away items she does not want. Sara responds to short verbal requests and physical prompts.
- Sara makes choices about her community activities, visiting peers, and daily groups using picture cards. She is provided choices throughout her day to make choices and decisions and her decisions are honored.

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**?

Sara works on outcomes that are both important to her and important for her. Sara is offered a variety of choices throughout her day regarding her preferred activities.

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

Sara has the opportunity to choose community integration trips. While in the community, Sara is supported and encouraged to interact with those she encounters and create positive relationships.

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

Sara has opportunities to spend time in the community, volunteer, and visit other preferred places. Sara is encouraged to interact with others in the community and create relationships.

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

Sara and her team have decided not to seek out competitive employment at this time. She is content with where she is at and finds value in the enrichment activities that she is currently participating in. If Sara and her team decide that they would like to seek out competitive employment, her team will hold a meeting and discuss the steps needed to fit Sara's desires.

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?

- Sara's residential staff, guardians, and PAI staff collaborate to share necessary information as it relates to Sara's services and care. Meetings and reports are shared, and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Sara receives residential services through Phoenix Residence. PAI works with her home staff for supplies needed at PAI, as well as medications and corresponding orders.
- Chris and Mel Felling are Sara's guardians and advocate on her behalf as well as make legal decisions. Her legal

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guardians provide information and direction on Sara's services and supports in collaboration with other members of her support team.

- Emma Nelson, case manager at Redeemer Services, develops the Coordinated Service and Support Plan, participates in service direction for PAI and PRI, and assists Mel, Chris and Sara in advocacy and finding additional opportunities for community involvement. Emma also completes Sara's service agreements and communicate with members of the 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-Oakdale, Day Program

Emily Elsenpeter

eelsenpeter@paimn.org

Phone: 651.748.0373

Fax: 651.748.5071

PRI - Furness, Residential Provider

Shirlena Wilson

furness@phoenixresidence.org

Phone: 651.777.6349

Case Manager

Emma Nelson

emma@redeemerservices.com

Phone: 651.219.4502

Fax: 651.291.5244

Guardians

Chris and Mel Felling

melfelling@comcast.net

Chris Cell: 651-238-6992 (Call First)

Mel Cell: 651-238-6993 (Call Second)

Phone: 651.773.0195 (Call Third)

**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**: Sara and her team are content with her services. They are not interested in pursuing other opportunities.

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**: Sara and her team are content with the services she receives at PAI. She is not interested in pursuing employment services at this time.

Describe any further research or education that must be completed before a decision regarding this transition can be

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made: No additional research is needed.

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:

N/A

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: N/A

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: N/A

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".

- Monitoring of Sara's medical conditions including microcephaly and congenital Lack of Myelin in her brain and the related symptoms, and communication with team members as needed.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Monitor for seizure activity, follow physician ordered seizure protocol and communicate seizures to team members as appropriate.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Sara's residential provider.
- Set up and administration of medication following the prescriber's order.
- Administration of PRN medication if Sara meets the criteria for her seizure PRN.
- Provide first aid and CPR, as needed.

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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:

### 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

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:

N/A

### Permitted Actions

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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: Sara enjoys giving and receiving hugs and is given them when she initiates.
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: Due to unsteady gait and her seizure disorder, Sara is assisted in walking with gait belt to limit her risk of falling. Sara may use a wheelchair when experiencing seizure activity or is ill or for long distances and utilizes the seatbelt.
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: Sara may choose to eat independently; however, frequently requires hand over hand or full assistance. Sara may also require hand over hand assistance to complete and engage in preferred recreation/leisure activities such as playing a game, painting, or using the iPad.
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: N/A
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: Sara will be physically assisted in walking or provided a wheelchair, if needed, to quickly and safely evacuate or move away from an emergency.
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: Sara utilizes a gait belt when she walks outside of the facility. Sara may use a wheelchair when experiencing seizure activity or is ill or for long distances and utilizes the 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: Sara wears a helmet to protect her head, due to her seizure disorder.

**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): [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