

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

Name of person served: April Guzman

Date of development: 07/06/2021 For the annual period from: July 2021 to July 2022

Name and title of person completing the *CSSP Addendum*: Beth Blackorbay, Designated Coordinator

Legal representative: Phyllis Guzman

Case manager: Becca Langaard

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 April is intensive support services in a community DTH program and community environment. The program works with April to develop and implement achievable outcomes that support her goals and interests including meeting quality of life indicators, health, and safety. PAI supports this by working with April to encourage activities, outings, and visiting with peers. Staff support April in doing activities of daily living (ADLs), outcome implementation, supervisions, medication administration, data tracking, and daily support related to her health, safety, and well-being as needed by April. Support is provided in the most integrated and least restrictive environment.

The person’s **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes (Service Outcomes and Supports):

Outcome 1: Daily, April will eat her lunch using a fork 75% of trials over a 6 month period.  
*“It is important for April to maintain her skills”*

Outcome 2: Once a week, April will put her dishes in the designated location 75% of trials over a 6 month period.  
*“It is important for April to maintain her skills”*

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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:

- April can utilize an iPad to make choices and listen to music in her program room.
- April and her peers have a computer and television monitor in the program room that is used to watch sensory videos, play interactive games, and listen to music. There is also a Smartboard at the Linden site in another program room.
- Further technology exploration is not needed at this time.

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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:

**Choking and Special Dietary Needs:** April has a history of high cholesterol and has a doctor ordered low cholesterol diet. April has no “full sensation” and requires staff assistance for portion control. Due to April’s diagnosis of Alzheimer’s, she sometimes does not recognize foods or may not like the taste or texture from one day to the next. April’s residence will provide April’s lunches. She is not able to independently cut her food into bite sized pieces putting her at risk for choking. If needed, remind April to use her silverware. April may also need encouragement to eat slowly and recognize when she is full. Staff support April by ensuring that her meals come in to PAI prepared according to her dietary guidelines. If her meals are not prepared correctly, staff will do so, and will notify April’s residence. Due to April’s diagnosis of Alzheimer’s Disease, swallowing may become more difficult, and April would not be able to communicate to staff should she choke which would require first aid/abdominal thrusts. Staff are present with April when she eats. Staff should cut April’s food in to bite sized pieces and monitor her while she is eating.

**Chronic Medical Conditions, Risk of Falling, and Mobility Issues:** April is diagnosed with Down Syndrome, which is a genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21. Down Syndrome causes a distinct facial appearance, intellectual disability, and developmental delays. April is diagnosed with Intellectual disability (ID) moderate, which is a generalized neurodevelopmental disorder characterized by impaired intellectual (such as learning, problem solving, judgement) and adaptive functioning (activities, of daily life such as communication and independent living) accompanied by noticeable motor impairments and developed central nervous systems. Alzheimer’s disease, which is a progressive disease that destroys memory and other important mental functions. Brain changes associated with Alzheimer’s disease lead to growing trouble with: memory – repeat statements and questions over and over again; forget conversations; having trouble finding the right words to identify objects, express thoughts or take part in conversations thinking and reasoning – difficulty concentrating and thinking; multitasking changings in personality and behavior – depression; social withdrawal; mood swings; distrust in others; irritability and aggressiveness; changes in sleeping habits; wandering; delusions, such as believing something has been stolen. Dementia, which is a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with your daily life. April is diagnosed with chronic constipation, which is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Symptoms: passing fewer than three stools a week, having lumpy or hard stools, straining to have bowel movements, feeling as though there is a blockage in your rectum that prevents bowel movements, feeling as though you cannot completely empty the stool from your rectum. April has a History of Blood Clots, which is a clump of blood that has changed from liquid to a gel-like or semisolid state. Clotting is a necessary process that can prevent you from losing too much blood in certain instances, such as when you’re injured or cut. When a clot forms inside one of your veins, it won’t always dissolve on its own. April has had reoccurring blood clots. April relies on staff to notice non-verbal signs of discomfort/color changes/swelling that would indicate a blood clot. April is diagnosed with Sleep Apnea, which is a potentially serious sleep disorder in which breathing repeatedly stops and starts. Symptoms are: snoring; fatigue; somnolence. April chooses not to wear her CPAP. Staff provide support to April by assisting her when needed in managing her chronic medical conditions and concerns related to her chronic medical conditions will be reported to her residence via phone, email, or communication book. April is able to walk, but can be unsteady if she is confused and prefers if staff would offer an arm or hand for assistance or remind her to use railings. April does not display the understanding to know what is safe or unsafe. Staff will provide supports to April by being 1:1 with her while in the community and providing her assistance when needed in displaying proper community safety skills. If April were to fall, she may attempt to get help but would not be able to communicate her needs fully. Staff would provide first aid, as needed, and notify her team. When communicating with April, it is best to use short statements. Do not overwhelm her with a lot of information at

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once. When you ask her a question, give her time to answer. It may take her a longer time to process. Use simple, one step directions. She has difficulty remembering things and may repeatedly ask questions. Answer her questions again, even if you are repeating yourself. Give April options, but try not to give her too many options at once, which can become overwhelming.

**Personal Cares:** April may ask for the bathroom and/or may need reminders to use the bathroom throughout the day. April wears a brief. Staff assist April with wiping and freshening up after toileting. Staff will provide assistance to April while washing her hands and regulating the water temperature. Staff encourage April to be as independent as possible while completing her cares to help prevent her from losing the skills she currently has. At times, April will not understand what staff are asking of her and other times she understands. While on community outings, April may not be able to get out of a public bathroom stall, so staff reassure her that they are there and hold the door closed for her to allow for privacy.

**Self-administration of medication or treatment orders:** April does not presently have any physician prescribed medications that she will be administered at PAI. Staff have received training on medication administration and complete medication administration record review to ensure no medication errors have occurred, should April be prescribed medications.

**Regulating water temperature:** Staff support her by assisting April with the regulation of water temperature. She may tell staff that the water is too hot or too cold, but she may not tell them right away. Staff should always check the water temperature.

**Community Survival Skills:** April enjoys spending time in her community and relies on staff to ensure she is safe. Due to her diagnosis of Alzheimer's disease, she is easily disoriented, confused and scared, so staff is with her at all times to provide support while in the community. April accepts verbal redirection from staff and she will hold staff's arm or hand for safety when necessary. April has some pedestrian skills but needs verbal alerts to obstacles and to be aware of her surroundings. April might need arm in arm assistance when in crosswalks, curbs and in heavy traffic areas. April can be difficult to understand when she talks, cannot distinguish between safe and unsafe people or situations, putting her at a higher risk. April may need assistance navigating connections in the community. April may not implement pedestrian safety skills consistently due to her cognitive ability. Staff observe the environment and verbally warns of dangers. Staff will tell April when it is safe to cross the street. Staff will provide supports to April by being 1:1 with her while in the community and providing her assistance when needed in displaying proper community safety skills.

**Water safety skills:** April is able to swim. April continues to need supervision around water due to her disability. PAI does not offer community outings that would require April to display water safety skills independently. PAI does have outings to local parks that may have bodies of water. Staff will provide support to April by assisting her 1:1, and in staying clear of potential water risks.

**Sensory disabilities- Bilateral hearing loss:** April has bilateral hearing loss and requires the use of hearing aids in both ears. She chooses not to wear them. Staff assist April in speaking clearly to her if she is having difficulty hearing.

**Other personal safety needs- Being aware of surroundings:** Due to April's diagnosis of Alzheimer's disease, she often has little awareness of her surroundings and anything that might be dangerous. providing her assistance by giving her verbal cues and/or guiding her when needed.

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**Other personal safety needs- Elopement:** April has a history of leaving her program room unannounced. April relies on staff's verbal cues and assistance to keep safe. April does not always respond to verbal cues to return to her room. Staff will be aware that April might leave the room unannounced and will seek appropriate help.

**Physical aggression/contact:** April will accept verbal redirection from staff when she is starting to become upset. April has demonstrated the ability to follow redirection when engaging in physical aggression by allowing staff to place their hand on the small of her back, step in between her and the individual she is physically aggressing towards and redirect her away from the situation.

**Verbal/emotional aggression:** April will accept verbal redirection from staff when she is starting to become upset. April has demonstrated the ability to follow redirection when engaging in verbal aggression by allowing staff to place their hand on the small of her back and redirect her away from the individual she is verbally aggressing towards.

**Mental or emotional health symptoms and crises (Anxiety):** April is diagnosed with an Anxiety disorder, which is a category of mental health diagnoses that lead to excessive nervousness, fear, apprehension and worry. Anxiety is your body's natural response to stress. It's a feeling or fear or apprehension about what's to come. Restlessness and agitation, inability to sit still and remain calm, social withdrawal and isolation, irritability, and exaggerated startle reflex. Due to April's diagnosis of Anxiety, she often times will cry, whine or whimper when staff are not paying attention to her, paying attention to others, or are completing other tasks. Staff will be mindful of April's diagnoses. If April shows any signs of anxiety, staff will attempt to re-direct her to an activity she particularly enjoys, such as coloring, music, dancing, being around cheerful caregivers. Any concerns will be communicated to residence via phone, email or communication book, and/or noted in her Daily Progress Notes.

### **Person-centered planning:**

**Important to:** It is important to April to have the opportunity for listen to music, watch television, watch movies, dance, and sing. Her family and friends are very important to her. Her routines are also important.

**Important for:** It is important for April to maintain her skills and to have caregivers that know how support her well.

**Good Day:** A good day for April would involve having the opportunity to play games, sing, dance, listen to music, bowling, be able to be involved in fun activities, plus arts & crafts activities.

**Bad Day:** A bad day for April would be when she is anxious or upset.

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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**:

April makes choices about her schedule, community activities, and daily activities. She is provided options throughout her day to make choices and decisions. Her decisions are honored.

April would like to make her own choices, but it is important for staff to limit the choices offered at one time to not overwhelm her.

April enjoys music, arts and crafts project, music, and games like bowling.

April enjoys being part of the group and spending time and socializing with peers, friends, and staff.

April communicates verbally, and via facial expressions, and body language.

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

Yes  No

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

NA

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

April has the opportunity to work on outcomes that are important to and for her. April makes choices throughout the day of what activities and groups she prefers to participate in.

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

April chooses which outings and community activities she prefers to participate in. April is encouraged to interact with community members as she wants.

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

April is encouraged to interact with community members. April can choose to participate in volunteer activities and other opportunities she chooses.

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

April and her team are not interested in seeking competitive employment at this time. April appears content participating in enrichment activities.

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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?

- April's guardian, residence, contracted case manager, and PAI staff will share necessary information as it relates to her services and care. Needed supplies and medications will be provided by April's residence, with whom she lives. Meetings and reports are shared and the team works together to ensure the continuity of service. In person conversations, phone calls, emails and faxes may be used to discuss information.
- Becca Langaard, April's, case manager, will create the Coordinated Service and Support Plan, participate in meetings, and assist April in other supports as requested.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Beth Blackorbay, PAI Designated Coordinator  
3595 Linden Ave. White Bear Lake, MN 55117  
612-446-3685  
[bblackorbay@paimn.org](mailto:bblackorbay@paimn.org)

Phyllis Guzman, Guardian  
3608 Cottonwood Springs Drive  
The Colony, TX 75060  
469-412-3913  
[phyllguzman@hotmail.com](mailto:phyllguzman@hotmail.com)

Northeast Residence (NER)- Currie  
1616 Currie St N, Maplewood, MN 55119  
651-486-6452

Holly Hofland- NER Program Coordinator  
651-486-6452 (NER Currie)  
Cell: 605-881-2282  
Fax: 1-833-629-0956  
[HHofland@nerinc.org](mailto:HHofland@nerinc.org)

Kirsten Bernard- NER Community Program Manager/Designated Coordinator  
651-210-5659  
Fax: 1-833-629-0956  
[kbernard@nerinc.org](mailto:kbernard@nerinc.org)

Becca Langaard, Thomas Allen Case Manager  
3030 Harbor Lane N. Suite 102  
Plymouth, MN 55447  
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Fax: (763) 415-3620  
[becca.tronick@thomasalleninc.com](mailto:becca.tronick@thomasalleninc.com)

# PAI

**The person currently receives services in** (check as applicable):  community setting controlled by a provider (residential)  community setting controlled by a provider (day services )  NA

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider or for transitioning from day services to an employment service:

April and her team are not interested in seeking competitive employment, as she is retired. April and her team feel she is content participating in enrichment activities.

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

Does the person require the **presence of staff** at the service site while services are being provided?

Yes  No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide: NA

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

Yes  No

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

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

Does this person use **dangerous items or equipment**?

Yes  No

**If yes, address any concerns or limitations:**

NA

Has it been determined by the person's physician or mental health provider to be **medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety?  Yes  No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

| Health Needs  |
|---|
| <p>Indicate what <b>health service responsibilities</b> 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.”</p> <ul style="list-style-type: none"> <li>• Observation of signs of injury or illness and provision of first aid or care to treat the concern.</li> <li>• Request medical supplies and medication refills from April’s residence.</li> <li>• Administration of medications and assistance with mealtime.</li> <li>• Provide first aid and CPR, as needed.</li> </ul> <p>If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person’s physical and mental health needs affecting the health service needs, unless otherwise specified here: NA</p> <p>The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.</p> <ul style="list-style-type: none"> <li>• Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)</li> <li>• The person’s refusal or failure to take or receive medication or treatment as prescribed</li> <li>• Concerns about the person’s self-administration of medication or treatments</li> </ul> |

|   |
|---|
| <p>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:</p> <p><input type="checkbox"/> Medication set up:</p> <p><input type="checkbox"/> Medication assistance:</p> <p><input checked="" type="checkbox"/> Medication administration:</p> |
|---|

| Psychotropic Medication Monitoring and Use  |
|---|
| <p>Does the license holder administer the person’s psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, document the following information:</p> <ol style="list-style-type: none"> <li>1. Describe the target symptoms the psychotropic medication is to alleviate:<br/>NA</li> <li>2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</li> <li>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:<br/>NA</li> </ol> |

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## 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: April can become easily upset or frightened. Staff will put an arm around her or a hand on her hand or arm to comfort her and reassure her that she is safe.
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.  
 Yes  No If yes, explain how it will be used: NA
3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:  
 Yes  No If yes, explain how it will be used: April may need assistance to work on a tasks, 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: NA
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.  
 Yes  No If yes, explain how it will be used: NA
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.  
 Yes  No If yes, explain how it will be used: April is easily confused and frightened. She often reaches for staff's hand during medical procedures for reassurance.
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: April is easily confused and has difficulty following verbal instructions. If she were in danger and needed to be evacuated, staff would hold her hand or gently hold her arm to assist her in knowing where to go.
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: NA
9. Is positive verbal correction specifically focused on the behavior being addressed?  
 Yes  No If yes, explain how it will be used: NA
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: NA
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: April has doctor orders to use hearing aids and a CPAP machine, but she does not like to use either. April has chosen to not use either for years.

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## Staff Information

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?

Yes  No If yes, please specify: NA

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present, and staff are required to be at the site to provide direct service?  Yes  No

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person’s service recipient record:

1:4  1:8  1:6  Other (please specify):  NA

## Frequency Assessments

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:

Quarterly  Semi-annually  Annually

2. Frequency of service plan review meetings, minimum of annually:

Quarterly  Semi-annually  Annually

3. Request to receive the *Progress Report and Recommendation*:

At the support team meeting  At least five working days in advance of the support team meeting

4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:

Quarterly  Other (specify):  NA