

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

Name of person served: Stuart Helgason (Austin)

Date of development: 2.25.2021

For the annual period from: March 2021 to March 2022

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

Legal representative: Laurie and Stuart Helgason

Case manager: Cara Tuominen

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

PAI

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, Austin will meaningfully use his yes/no vocalizations to communicate a sensory choice in 85% or more trials over the next year.

Austin enjoys sensory and has preferences as to which activities he participates in, it is important to him that sensory experiences be a part of his day. Austin is not able to seek out sensory experiences and relies on others to provide him with choices. Over the next twelve months, Austin would like to continue to work on using his yes/no vocalizations meaningfully by communicating yes or no when asked about different sensory activities or items in his personal sensory box. This outcome will provide an opportunity for Austin to engage in enjoyable activities and continuing to strengthen his communication skills and self-advocacy.

Outcome #2: Daily, Austin will meaningfully use his yes/no vocalizations to plan for community & group experiences in 85% or more trials over the next year.

Austin enjoys spending time in the community and attending on-site activities. It is important to him that he have opportunities to participate in experiences he would like and requires support to explore new areas of interest. This outcome will provide intentional time for Austin to indicate what experiences he would be interested in participating in and build his choice making & communication skills while continuing to advocate for himself.

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:

- Austin utilizes technology at PAI daily through the use of the iPad for music and other audio activities. Austin enjoys using the iPad sound board app to be a DJ and make personalized mixes of music and sounds.
- Austin has access to 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.
- Due to his vision, using the iPad for communication or choice making has not been effective.
- 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: Austin has seasonal allergies which may cause scratchy eyes and runny nose. He is sensitive to the sun due to his seizure medication he takes making him more susceptible to sunburn. Austin will be assisted in applying sunscreen prior to being outdoors for greater than 10 minutes. Austin wears a hat & sunglasses when outdoors and will be assisted to the shade, when available. Austin has a mild allergy to bug bites and is assisted by PAI staff in applying bug spray when he participates in outdoor outings. Austin also carries a bug pen in his backpack which can be applied if he should get bitten. Austin is allergic to Keflex, Keppra, Cephalosporin, Penicillin, Sulfa Drugs, Cephalexin, Latex, Strawberry Extract and Citrus Foods which may cause hives, rash anaphylactic shock respiratory distress. Concerns with allergies will be communicated to Austin's parents via phone, email or communication book and noted in his Daily Progress Notes.

Seizures: Austin experiences partially controlled seizures. He is diagnosed with Lennox-Gastaut Syndrome which causes early onset of motor seizures including myoclonic, atypical, absence and A-tonic seizures. He will be supervised and monitored for seizure activity. During a seizure, Austin will typically move his arms up quickly. Staff are trained to Austin's seizure protocol and where to locate it. A trained medication passer would pass his seizure PRN in the event that he met the criteria for it. All seizure activity greater than 30 seconds will be reported to Austin's parents via Seizure Report, email, or phone call within 24 hours.

Choking: Austin receives nothing by mouth and in the event of emesis could choke. If Austin has any seizure activity while receiving his feeding, he may develop hiccups/spit up a portion of his feeding as a result of the contractions. While receiving his feeding and for a minimum of forty-five minutes after, Austin's upper body will be elevated 45° to 90°. If Austin were to have a seizure while receiving his feeding staff would pause his feeding until the seizure has stopped. Upon resuming his feeding staff will give Austin an opportunity to push out any air bubbles by lowering the syringe for 10-15 seconds.

Special dietary needs: Austin has a physician ordered diet and receives complete physical assistance from staff in administering daily bolus nutrition and fluids. Austin receives his feeding and flush split into 2 parts with approximately an hour between to prevent his stomach from becoming over full. Austin receives his feeding while in his wheelchair or while repositioned in a recliner. Austin's upper body will be elevated 45° to 90° during and for 30 minutes following receiving his nutrition. When receiving his nutrition in a recliner, Austin is supported in applying a positioning belt to help maintain upper body positioning. Concerns and supply requests are relayed to Austin's parents via phone, email or communication book and noted in his Daily Progress Notes.

Chronic Medical Conditions:

- **Cerebral Palsy:** (CP) is a group of disorders that affect Austin's ability to move and maintain balance and posture. *Cerebral* means having to do with the brain. *Palsy* means weakness or problems with using the muscles. CP is caused by abnormal brain development and affects Austin's ability to control his muscles. Austin is supported in all activities that involve coordination and is monitored for stiff or weak muscles, and tremors in addition to problems with vision, hearing and swallowing. Concerns are reported to Austin's parents via phone, email, or communication book.
- **Hyperthermia & Hypothermia:** Austin is not able to regulate his body temperature. He does not participate in outings on days when the weather is below zero or it is above 85° and/or high humidity. Austin wears layers and has a blanket available for his use throughout the year. He requires support to add/remove layers for comfort. Austin's hands become cold year-round and he wears adaptive mitts for warmth. His hands, nail beds & feet will periodically be checked for warmth, as this may indicate a lower body temperature and that

warming measures (extra or heated blankets, hat) may be needed. Austin is supported in a climate-controlled environment and requires access to a fan/air conditioner in the summer. Concerns are relayed to Austin's parents via phone, email, or communication book.

- **Lennox-Gastaut Syndrome:** (LGS) is a type of epilepsy with multiple different types of seizures. The most common seizure type is tonic seizures, which cause the muscles to stiffen (contract) uncontrollably. These seizures typically occur during sleep; they may also occur during wakefulness and cause sudden falls. Also common are atypical absence seizures, which cause a very brief partial or complete loss of consciousness. LGS seizure episodes are usually brief. Austin is supervised and monitored for seizure activity. During a seizure, Austin will typically move his arms up quickly. Staff are trained to Austin's seizure protocol and where to locate it. A trained medication passer would pass his seizure PRN in the event that he met the criteria for it. All seizure activity greater than 30 seconds will be reported to Austin's parents via Seizure Report, email, or phone call within 24 hours.
- **Microcephaly:** Austin's brain did not develop properly, resulting in a smaller-than-normal head. Often, people with this disorder have an intellectual disability, poor motor function, poor speech, and seizures. Austin is supported in all fine and gross motor activities and is monitored for any nonverbal communication or seizure activity.

Self-administration of medication or treatment orders: Austin takes his medications crushed via g-tube followed by a water flush. 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 Austin and administer it medications crushed via g-tube followed by a water flush. Austin receives FiberSource for his feeding at 11:00. PAI will also change his syringes Friday after feeding, as well as his extension tube monthly. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns and supply requests will be communicated by PAI staff to Austin's parents via phone, email or communication book and noted in his Daily Progress Notes.

Other health and medical needs:

- **Ceasing to Breathe:** Austin has a history of stopping breathing for many minutes, for unknown reasons. Should Austin stop breathing, EMS/911 will be contacted immediately. Staff will assess whether his heart is beating & will perform CPR as appropriate. CPR may be performed while Austin is in his wheelchair or by removing his headrest, tilting his chair back and sliding him out of his chair to the floor.
- **Personal Cares:** Austin wears adult briefs and requires total physical assistance in providing for toileting cares. Austin will use the in-ceiling lift, unless, for some reason, it was out of commission. He would then use a cross leg sling with a hood for transfers and be assisted in putting on/removing his sling and transferred by two staff using a Hoyer. While being transferred, Austin has a history of seizures causing him to swing his arms up quickly hitting the Hoyer bar and causing injury. Staff will hold onto the arm of the Hoyer to prevent it from turning if it were to be hit by Austin's arm. Austin is assisted by 2 staff in changing his brief as needed. Austin's team requests his brief only be changed when soiled. During personal cares, Austin uses a pillow behind his head. If Austin were to spit up, he would be assisted in rolling onto his side to prevent choking. Requests for supplies and any concerns are communicated to Austin's parents via phone, email, or communication book.

PAI

Risk of falling: Austin's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Austin has limited trunk control and minimal to no ability to balance his body. Austin has a specialized wheelchair with shoulder straps, head rest, in addition to a pelvic belt. Staff will visually check to see that these components are engaged when Austin is in his wheelchair. When repositioned in a recliner, Austin is supported in applying a positioning belt to help maintain upper body positioning and the footrest will be up. Austin uses pillows for support to his right side, under his knees and a neck pillow for his head when in the recliner. When on the mat table, for personal cares or repositioning, the railing will be up when staff are not in physical contact with Austin. Any concerns or occurrence of falls will be communicated by PAI staff to Austin's parents via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Austin's chronic medical conditions impact his ability to be mobile on his own. Austin utilizes a specialized wheelchair that he is unable to independently. Austin is provided with total physical assistance to maneuver his wheelchair & to apply/disengage his breaks/safety straps. Austin's shoulder straps, head rest, and safety straps are visually checked to ensure they are secured when he is in his chair. Austin uses a cross leg sling with a hood for transfers. He is assisted in putting on/removing his sling and is transferred by two staff using a Hoyer. While being transferred, Austin has a history of seizures causing him to swing his arms up quickly hitting the Hoyer bar and causing injury. Staff will hold onto the arm of the Hoyer to prevent it from turning if it were to be hit by Austin's arm.

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 Austin coming into contact with it. PAI does not offer swimming or bathing. Austin receives support when in the community and should he be near a body of water, staff would maintain direct physical contact with Austin to help him navigate the environment and will engage the breaks of Austin's wheelchair when not in motion.

Community Survival Skills: Austin utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support to Austin 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 her/his choice. Staff observe what is occurring around Austin and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Austin's behalf in the event of an emergency.

Sensory Disabilities:

- **Visual Impairment:** Austin is considered legally blind. He is believed to have functional vision as Austin is able to track large, colorful, textured items, or pictures and is believed to be able to see lights & shadows. Activities will be explained to Austin prior to and as he is doing them. Austin will be offered verbal and physical supports and large, colorful, textured items, or pictures will be used when working with Austin on skills and outcomes.

Person-centered information

- **Important TO:** It is important to Austin that he be called by his middle name "Austin", that he be warm & comfortable, have meaningful one to one interaction with peers and caregivers and a balance of social time and rest, that he be offered opportunities to make choices and participate in activities of his choosing.
- **Important FOR:** It is important for Austin that he is supported in regulating his body temperature and that he is in a climate-controlled environment. It is important for Austin to use his nonverbal communication skills and adaptive vocalizations to communicate choices and preferences throughout his day. It is important for Austin that PAI staff work closely with his family & communicate any illness or medical concerns that may affect Austin health.

PAI

- **Good day:** A good day for Austin includes limited seizure activity, one to one time, singing and music, hand holding, socializing/interacting with peers and staff and time to rest in a recliner or his wheelchair when tired.
- **Bad day:** A bad day for Austin includes seizure activity, particularly while receiving his feeding, not feeling well, needing to be adjusted frequently in his wheelchair or recliner, cold temperatures, loud over stimulating places, and anxious people.
- **Likes:** Austin enjoys relaxing in a recliner or being tilted back in his chair, listening to music (classical, instrumental, swing, live music with a guitar, Madonna, BB King), sensory activities (aromatherapy, hand massages, weighted blanket, flavored chap sticks, sensory gloves), being with friends and family, petting animals, Music Therapy, hand under hand activities, holding hands, playing Wii Games and going on community outings as indicated by a positive response of vocalizing, smiling, awake and be attentive. At home Austin enjoys the Ellen show & loves listening to the cheers and applause. Austin indicates his like or enjoyment by a positive response of vocalizing, smiling, be awake and attentive.
- **Dislikes:** Austin does not like to listen to boy bands such as N*SYNC or Backstreet Boys, use candy corn flavored chap sticks, participate in cold water sensory, touch paint, shaving cream or dirt, be moved around/adjusted a lot (rolling for cares, adjusting in chair or recliner), & too much noise or stimulus. Austin indicates his dislike by making loud extended vocalizations, disinterest (sleeping), facial grimaces and lots of hand movements and pushing/moving staff out of his space.

PAI

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**:

- Austin prefers to have a personalized routine that includes time to rest and relax, opportunities to make choices and participate in activities both on site and in the community, supported socialization with peers and staff, sensory experiences and engaging in music related activities. Austin prefers to engage in activities one to one or in a small group and with positive, supportive staff that know him and his communication abilities well.
- For supports, Austin prefers efficient care and upbeat communication from people that know him and his routine well. Austin responds best to short, succinct phrases in English and physical cues. Austin appears to be motivated by 1:1 interaction and will respond to verbal praise and upbeat tones of voice. When receiving praise Austin often lift his head and may smile or vocalize. Austin appears to learn best through repetition of activity paired with verbal & physical supports.
- Austin communicates nonverbally through vocalizations, body motions, facial expressions, eye pointing and adaptive yes and no vocalizations. Austin consistently vocalizes "ah, huh" for yes & "uuh, uuh" for no although at time it can be challenging to differentiate between his yes and no. It is okay to ask him for confirmation that you have understood him correctly. Austin also is able to eye point using a yes/no board to confirm his adaptive yes and no vocalizations. When interested in an activity Austin is alert, attentive, and smiling.
- Austin would like his communication to be honored and supported throughout his day. When talking with Austin, it is important to observe closely for his responses. When attending to you, Austin will turn his head to orient his ear towards the speaker. Austin makes choices about his schedule, community activities, and daily activities through vocalizations, body motions, facial expressions, and other types of body language. He is provided options throughout his day to make choices and decisions.

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**?

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

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

Austin has opportunities to choose community integration trips. While in the community, Austin is encouraged and supported in creating positive relationships with others.

PAI

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

Austin has the opportunity to spend time in the community, volunteer, and visit other preferred places. Austin is encouraged in maintaining positive interactions with those he encounters in the community.

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

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

PAI

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?

- Austin's parents/guardian's and PAI staff collaborate in the exchange of information as it relates to Austin'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 Austin's communication book.
- PAI works with Austin's parents for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Stuart & Laurie Helgason are Austin's private legal representatives and parents who advocates on his behalf as well as makes legal decisions with him. The legal representatives provide information and direction on Austin's services and supports in collaboration with other members of this support team.
- Cara Tuominen, case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Austin and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Austin'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 – Oakdale
Emily Elsenpeter
Email: eelsenpeter@PAImn.org
Phone: 651-748-0373
Fax: 651-748-5071

Legal Representatives
Stuart and Laurie Helgason
Email: Lfhelgason@aol.com
Stuart Cell: 651.755.2702
Laurie Cell: 651.755.2708

Case Manager Washington County
Cara Tuominen
Email: Cara.Tuominen@co.washington.mn.us
Phone: 651-243-0881
Fax: 651-998-0844

Lifeworks Services, Inc.
Jamie Kauppi
Email: jkauppi@lifeworks.org
Phone: 651-454-2732
Fax: 651-454-3174

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: Austin and his team have decided not to seek out competitive employment at this time. He is content with where he is at and finds value in the enrichment activities that he is currently participating in. If Austin and his team decide that he would like to seek out competitive employment, his team will hold a meeting and discuss the next steps needed to fit Austin's desires.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no additional research 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:
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 the behavioral intervention/manual restraint to be used for the person.

Health Needs

PAI

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 Austin's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Austin is at PAI with team members as needed.
- Providing copies of incident/accident reports, medication error reports & seizure reports as requested.
- Completion of semi-annual written reports and participation annually and as needed in IDT meetings to keep the team updated on Austin's progress.

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:
- Medication assistance:
- 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

PAI

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: Austin enjoys having his head and shoulder lightly scratched/massaged. Austin enjoys and may initiate physical interactions such as hand holding and is receptive to touch being initiated by familiar care givers.
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: Austin requires support in applying/removing his shoulder straps, head rest and positioning belts prior/after transferring.
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: Austin may require varying levels of physical contact to complete and engage in preferred program activities such as playing a game, using tactile sensory items, painting, or using the Wii.
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: Austin may require varying levels of physical contact when participating in tactile sensory without his mitts on as he may inadvertently scratch his face/eyes.
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:
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:
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: Austin will be physically assisted to evacuate the building or seek shelter in the event of an emergency by staff propelling his wheelchair.
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: Austin utilizes a head/neck support, shoulder straps, and a pelvic strap on his wheelchair at all times. Austin utilizes a foot box strap on his wheelchair during transportation and when experiencing recurrent seizure activity during his day. Austin utilizes a safety strap for positioning when sitting in a recliner.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used:
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:
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?

PAI

Yes No If yes, explain how it will be used:

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 1:8 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