

PAI

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:

Andrew has a device that he uses for communication, however, he does not bring it to PAI.

Andrew uses a device to receive remote services.

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

- **Allergies:** Andrew has seasonal allergies. Staff are aware and trained on Andrew's allergies.
- **Choking and Special dietary needs:** Andrew is on a gluten-free diet. Staff ensure that Andrew remains on his gluten-free diet while at PAI. Andrew may need assistance cutting up his food. Staff ensure that his food is presented in a manner that he can independently consume (i.e. meats will be cut into small, bite sized pieces).
- **Chronic Medical Conditions:** Andrew has a diagnosis of Celiac Disease. Staff ensure that Andrew remains on his gluten-free diet while at PAI.
- **Risk of falling/Mobility:** Andrew may be unsteady on hills and going up and down stairs without a hand rail. Staff offer hand-to-hand assistance when on staircases and hills.
- **Community Survival Skills:** Andrew utilizes the PAI transportation provider to safely access the community. Staff provide supervision and physical support of Andrew 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 Andrew and intervene on his behalf if a potentially dangerous situation were to arise. Staff will call 911 on Andrew's behalf in the event of an emergency.
- **Water safety skills:** PAI does not offer swimming or bathing. When near bodies of water, staff will stay within arm's reach of Andrew.
- **Person-centered information:**
 - Important to Andrew: It is important to Andrew that he is able to follow his routines. It is also important to Andrew that he is able to be active. It is also important for Andrew that he can have snacks.
 - Important for Andrew: It is important for Andrew that is able to be independent. It is also important for Andrew that he does not consume any foods that contain gluten.
 - Balance of important to and for: It is important to Andrew that he is able to follow routines, however, it is also important for Andrew that he is able to do things independently. It is important to Andrew that he is able to have snacks, but it important for Andrew that his snacks do not contain gluten.
 - Good day for Andrew: A good day for Andrew includes laughing, smiling, and being engaged.
 - Bad day for Andrew: A bad day for Andrew is when he does not feel well.
 - How to have more good days: In order for Andrew to have more good days, staff will encourage Andrew to participate and be active. Staff will also laugh and be silly with him.
 - Likes: Andrew likes having warm hands, pet therapy and snacks.
 - Dislikes: Andrew does not like small, dark, closed spaces. He also does not like low hanging branches or mazes.
 - Preferences: Andrew is a happy-go-lucky guy. He is content both observing and participating. Andrew likes being active and prefers being around happy people.

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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:

Andrew is a happy-go-lucky guy. He is content both observing and participating. Andrew likes being active and prefers being around happy people.

Andrew has a variety of routines that he follows daily. Andrew prefers assistance with these routines.

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**?

Andrew has daily opportunities to develop and maintain skills.

PAI offers a large variety of leisure and skill building group/activities. Andrew is able to work on outcomes that are important for and to him. Andrew makes choices throughout the day of what activities, outings, and groups he would like to participate in.

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

With staff support, Andrew chooses what outings or community activities he wants to participate in. Andrew is encouraged to interact with community members as he is comfortable.

Due to COVID-19, Andrew has not been into the community.

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

Andrew has the opportunity to volunteer and spend time in the community. Andrew is encouraged to interact with community members as he is comfortable. Staff support Andrew in building and maintaining relationships in the community.

Due to COVID-19, Andrew has not been into the community.

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

Andrew's guardians have communicated that they are not interested in competitive employment at this time.

Opportunities to seek competitive employment are available via enrollment in Employment Services.

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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?

- Andrew's guardians, residential staff and PAI staff collaborate to share necessary information as it relates to Andrew'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.
- Andrew receives residential services through Northeast Residence. PAI works with his home staff for supplies needed at PAI.
- Val and Bob are Andrew's guardian and advocate on his behalf as well as makes legal decisions. His legal guardians provide information and direction on Andrew's services and supports in collaboration with other members of his support team.
- Ana Kotchevar, county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and Northeast Residence and assists Val and Bob in advocacy and finding additional opportunities for community involvement. Ana also completes Andrew's service agreements and communicates 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-Parkway, Day Program
Kennedy Norwick
knorwick@paimn.org
Phone: 651-426-2484
Fax: 651-426-3789
- Northeast Residence
Lauren Velasco
lvelasco@nerinc.org
Phone: 612-807-2160
- County Case Manager
Ana Kotchevar
akotchevar@co.carver.mn.us
Phone: 952-361-1905
- Guardian
Val Flynn
vflynn@mcg.net
Phone: 952-797-2337
- Guardian
Bob Flynn
bob@flynnconst.com
Phone: 612-508-1251

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:

A. Andre’s guardians have stated that they are not interested in employment services at this time.

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

1. There is no further research to be completed 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) are 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

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.”

- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Provide first aid and CPR, as needed.

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

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If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

Medication set up Medication assistance Medication administration

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.

Psychotropic medication monitoring and use

Is this person prescribed psychotropic medication?

Yes No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

Yes No

If yes, the following information will be maintained by the company:

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 and procedures

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:
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:
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:
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:

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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:
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:
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?
 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 what these requirements are: 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

Staff ratio: For facility-based day services only

NA for residential services

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): 1:5

Frequency of reports and notifications

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*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:
 Quarterly Semi-annually Annually
2. Frequency of service plan review meetings, at a minimum of annually:
 Quarterly Semi-annually Annually
3. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:
 Quarterly Other (specify): NA
4. Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):
 Quarterly Other (specify): NA
5. The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed. Please indicate any changes regarding this notification:
N/A
6. 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
7. Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here).
 Quarterly Semi-annually Annually Other (specify): NA