

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

Name of person served: Phillip Patet

Date of development: 3.29.2021

For the annual period from: April 2021 to April 2022

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

Legal representative: Janelle and Rankin Patet

Case manager: Paula Maxon

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: Phil 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 Phil. The program works with Phil 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 Phil’s physical, emotional and social functioning. Staff support Phil 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 Phil. PAI works with Phil’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: *Suggested outcomes; to be discussed by team during annual meeting.*

Outcome #1:

“Daily, Phil will indicate a sensory activity he would like to participate in by eye pointing at his preferred activity or responding yes/no in 95% or more of trials until his semiannual review.”

Phil is tactilely defensive but enjoys some sensory activities such as aromatherapy or head massages. Sometimes Phil would prefer to listen to music or an audio activity such as sports radio or an audio book during sensory time, it is important to him that he be engaging in daily in the sensory activity of his choosing. This outcome will provide an opportunity for Phil to engage in enjoyable activities while continuing to strengthen his communication skills and self-advocacy.

Outcome #2:

“Daily, Phil will identify which of the scheduled on-site activities he would be interested in participating in by responding yes or no to each activity in 95% or more of trials until his semiannual review.”

Phil enjoys 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 Phil to indicate what experiences he would be interested in participating in and build his choice making skills while continuing to advocate for his preferences.

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:

- Phil utilizes technology at PAI daily through the use of the iPad for music and other audio activities. Phil 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.
- No further exploration of technology is needed at this time.

PAI

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: Phil has seasonal allergies, which may increase his respiratory secretions, causing him respiratory distress and discomfort. Phil is sensitive to Latex; the type of reaction is not known but could include hives, rash, anaphylactic shock, and respiratory distress. Phil takes daily medication at home for his seasonal allergies. Phil receives limited “in mouth” oral suctioning provided by a trained staff as needed to remove sputum and secretions. Phil carries a portable suctioning machine on his wheelchair during the program day. No latex is permitted in Phil’s program area at PAI; there is a sign outside the building and program area that warns of a latex allergy. Concerns with allergies will be communicated to Phil’s parents via phone, email, or communication book and noted in his Daily Progress Notes.

Seizures: Phil’s seizures are partially controlled with medication. He is diagnosed with Epilepsy and experiences seizures in the form of 10-15 second myoclonic jerks that may occur throughout his day and/or Tonic Clonic seizures that may last up to 3 minutes or more, which occur less frequently. Phil will be supervised and monitored for seizure activity. During a seizure, note the time and stay next to Phil to comfort him. Staff are trained to Phil’s seizure protocols and where to locate his PRN medication and the supplies needed to administer the medication. A trained medication passer will administer Phil’s PRN medication for cluster or continued seizure activity per his seizure protocol in the event that he met the criteria. All seizure activity will be reported to Phil’s parents via Seizure Report, email, or phone call within 24 hours. Phil’s seizure medications and seizure activity may cause him to become tired and his team would like him to rest daily as needed.

Choking & Special dietary needs: Phil has a G-tube and takes nothing by mouth as he is at risk of aspiration. Phil requires oral suctioning, as needed, when ill or experiencing seasonal allergies, as he coughs up secretions that sit at the back of his mouth near the entrance of the throat. He could aspirate on secretions putting him at an increased risk of choking. Phil receives limited “in mouth” oral suctioning provided by a trained staff as needed to remove sputum and secretions. Phil carries a portable suctioning machine on his wheelchair during the program day. Phil receives nothing by mouth and has a physician ordered diet for nutrition and fluids. Phil receives complete physical assistance from staff in administering daily bolus nutrition and fluids. Phil receives his feeding and water flush bolus while in his personal wheelchair. Complete physical assistance is provided to Phil by staff in administering his daily nutrition, fluids, and PRN medications. Phil’s upper body will be elevated 45° to 90° during and for 30 minutes following receiving his nutrition. When receiving his nutrition Phil’s g-tube site may leak onto his clothing. This may occur during or after a feeding, while lying down or for unknown reasons. At times Phil may experience discomfort, agitation, or excessive leaking during feedings; should this occur, his feeding will be held for 1 hour and attempted again. If leaking continues, the feeding will be stopped and will be made up at home. Concerns and supply requests are relayed to Phil’s parents via phone, email or communication book and noted in his Daily Progress Notes.

Chronic Medical Conditions:

- **Cerebral Palsy (CP):** is a developmental disorder as a result of damage to the motor cortex in the brain, the part that affects muscle control and coordination. Phil’s ability to move and maintain balance and posture is impaired due to limited muscle control. Phil is supported in fine and gross motor tasks and in activities involving coordination. Concerns will be communicated to Phil’s parents via phone or communication book and noted in his Daily Progress Notes.
- **Spastic Quadriplegia:** is a specific type of CP that refers to difficulty in controlling movements in the arms and the legs. Phil’s arms may make jerking motions that are not to be confused with seizure activity and

may tap his toe repeatedly as a result of stiffness and of muscle tightness. When Phil is positioned near a table for an activity, staff will ensure his arms are not under the table to prevent injury should his arms jerk.

- **Gastroesophageal Reflux Disease (GERD):** a digestive disorder that affects the ring of muscle between the esophagus and stomach. Phil is visually monitored for coughing, regurgitation, chest discomfort and nausea which may be symptoms of GERD. Any symptoms will be reported to his parents/guardians who support him in managing his GERD.
- **Risk of Aspiration:** Phil requires oral suctioning as needed when ill and/or experiencing seasonal allergies as he coughs up secretions that sit at the back of his mouth near the entrance of the throat and his reduced tongue control or poor swallowing reflexes put him at an increased risk of aspiration. Phil should be kept in an upright position when in his chair. When positioned on the mat table, Phil will be laid on his side or back with his head and upper body elevated to prevent potential aspiration and is provided “in mouth” oral suctioning as needed to remove visible sputum and secretions. Phil carries a portable suctioning machine on his wheelchair for his use during the program day. Staff are trained to the use and maintenance of Phil’s device in accordance with policies developed and updated by the company RN. Frequent suctioning needs missed suctioning opportunities, and supply requests will be communicated by PAI staff to Phil’s parents via phone, email or communication book and noted in his Daily Progress Notes.

Self-administration of medication or treatment orders: Phil takes his medications and treatments bolus via g-tube followed by a water flush. Medications, treatments, and supplies are provided by Phil’s parents and are administered according to the prescriber’s orders/as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Phil and administer it bolus via g-tube followed by a water flush. 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 Phil’s parents via phone, email or communication book and noted in his Daily Progress Notes.

Other health and medical needs:

- **Personal Cares:** Phil utilizes the support of disposable briefs and a urinary straight catheter. He is supported in intermittent catheterization at home. Phil may require support in changing his disposable brief in the event that it becomes soiled due to his g-tube site leaking. Phil has a spinal fusion and care is taken during transfers, positioning and when rolling to not twist Phil’s spine. Should Phil require support in this area he is transferred using the in-ceiling lift; however, if that were to be unavailable to him, he would be assisted by two staff using a Hoyer lift to change his brief only as needed using his blue 3-point cross under leg sling for transfer that is removed when he is in his wheelchair. When positioned on the mat table, Phil will lay on his side or back with his head and upper body elevated to prevent respiratory difficulties and potential aspiration and the railing will be engaged when staff are not in direct contact with his body. All concerns and requests for supplies are communicated to Phil’s parents via phone, email, or communication book.
- **History of Skin Breakdown:** Phil has a history of skin breakdown and no longer utilizes recliners for repositioning while at PAI. Phil has areas of breakdown on his left and right hip that are being treated by his guardians. During personal cares Phil is visually check for skin integrity concerns. His guardian requests the gauze and/or bandages stay in place unless soiled to protect the wound from infection. Phil seeing a wound care specialist every 6 weeks. All concerns are relayed to Phil’s parents via phone, email, or communication book.

PAI

Risk of falling: Phil's chronic medical conditions put him at a high risk of falling. He is diagnosed with a seizure disorder which may cause him to fall if not supported and does not have upper body control or balance with decreased tone in his trunk and shoulders. Phil has a specialized wheelchair with a chest strap, pelvic strap, and safety belt that he wears at all times for positioning. Staff will visually check to see that these components are engaged on Phil's chair when he is in it. When on the mat for cares or repositioning, the railing will be engaged when staff are not in direct contact with Phil's body. Any concerns or occurrence of falls will be communicated by PAI staff to Phil's parents via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Phil's chronic medical conditions and vision impairments impact his ability to be safely mobile on his own. Phil uses a specialized wheelchair for mobility with head and footrests to support his neck and elevate his feet, a chest strap, pelvic strap, and safety belt. Phil needs ongoing total physical assistance from staff to maneuver and propel his wheelchair as well as applying and disengaging the breaks as needed. Phil has asymmetric tonic in his neck (orients head to his right) and limited joint mobility in all major joints (especially his hips and knees) with decreased tone in his trunk and shoulders and high tone/spasticity in his extremities. He has a spinal fusion in addition to a strong startle reflex. Phil is supported to move and position his body Phil uses a blue 3-point cross under leg sling for transfer that is removed when he is in his wheelchair. He is supported in transferring by two staff using a Hoyer lift.

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

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

Sensory Disabilities:

- **Mild Optic Atrophy:** is a condition that affects the nerve that carries impulses from the eye to the brain and is a result of damage to the optic nerve.
- **Nystagmus:** is a vision condition in which the eyes make repetitive, uncontrolled movements resulting in reduced vision and depth perception. Phil's involuntary eye movements generally occur from side to side, but may also go up and down, or in a circular pattern.
- **Exotropia:** is a form of eye misalignment in which one or both of the eyes turn outward. It is the opposite of crossed eyes.

Phil is believed to have functional vision; however, it is not known how much he can see. Phil is supported by staff verbally telling him what they are doing with him as they assist him and modeling with hand over hand assistance. When offering Phil choices staff will present options in Phil's field of view. Phil's best visual field in his upper left quadrant.

- **Tactile Defensive:** aversive, negative, and out of proportion reactions to certain types of tactile stimuli that most people would find to be non-painful. Phil experiences tactile defensiveness to his hands. He may be offered opportunities to participate in tactile sensory input to his hands, refusal as noted by facial grimacing

or flushed skin tone and confirmed with a yes or no response will be respected. Phil is receptive to lotion rubs to his hands and will be offered one as an alternative.

Person-centered information:

- **Important TO:** It is important to Phil to be around his family (he is a proud son/brother/twin/uncle), to spend time with his friends and familiar staff that support him in recreation and leisure activities. To continue to grow and expand his abilities and to try new things with the support of familiar staff who are trained to his suction machine. It is important to Phil that he participates in activities, that others talk with and engage him and that his privacy is respected.
- **Important FOR:** It is important for Phil that he be repositioned frequently to prevent further skin breakdown, that he has access to staff trained to use his suction machine and that he uses his communication skills to indicate preferences and make choices throughout his day.
- **Good day:** A good day for Phil is one where he feels good and does not have any seizure activity or suctioning needs. It includes the opportunity to relax and to visit with friends, participate in active treatment activities, reading or audio activities and sensory activities in a calm routine environment where he can make choices and spend 1:1 time with preferred peers and staff.
- **Bad day:** A bad day for Phil includes not working with familiar staff, having seizure activity, high suctioning need or unproductive coughing. Loud sounds, upset peer vocalizations, overstimulating environment, and peers that get in his personal space.
- **Likes:** Phillip likes to be called Phil, he enjoys visiting with family (he is a proud uncle), staff and friends. He is a big sports fan (Twins baseball is his favorite) Phil enjoys relaxing in his wheelchair, people watching, and head massages. He also likes to do 1:1 painting activities with staff, look at books about cars and motorcycles, go for walks outside and play Wii games. Phil likes sensory activities such a hand massages, head rubs and aromatherapy. Phil really likes to watch what is going on around him and he enjoys accompanying staff on errands around the building and to go to Music Therapy. Phil enjoys a variety of outings where he is able to watch others or select 1:1 activities to work on with staff. Phil enjoys going to St Peters School & listening to the children read to him. Phil communicates that he like these things by smiling, laughing, choosing to do these activities, and making some vocalizations.
- **Dislikes:** Transferring appears to stress Phil out; he will grimace and turn red/blotchy during transfers. Giving Phil the opportunity to participate in his transfer by eye pointing to his sling or picking how he will be repositioned seems to decrease his stress. Phil does not like to lay flat on his back, to be the center of attention or to participate in tactile sensory input to his hands (beans, cornstarch, and sensory boards). He also does not like having chap stick applied or peers that get in his personal space. When Phil does not like something, he will turn red and have a panicked look. He may also grimace and close his eyes or pretend to sleep if he is not interested.

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**:

- Phil 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 or audio related activities. Phil 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, Phil prefers efficient care and clear communication from people that know him and his routine well. He responds best to short sentences and short succinct phrases paired with pictures or symbols. Phil learns best through repetition of an activity paired with verbal and or physical cues that has been incorporated into his daily routine.
- Phil communicates though vocalizations such as "yeah", expressions, eye gazing, body language and a communication board. Phil uses a yes/no communication board and an activity board with picture cards to indicate what he would like to do by eye pointing. Phil may indicate his interest by smiling, vocalizing, being attentive or by choosing to do an activity. When Phil does not like something, he may turn red/blotchy and have a panicked look. He may also grimace and close his eyes or pretend to sleep if he is not interested.
- Phil would like his communication to be honored and supported throughout his day. Phil makes choices about his schedule, community activities, and daily though vocalizations such as "yeah", expressions, eye gazing, body language and a communication board. Phil uses a yes/no communication board and an activity board with picture cards to indicate what he would like to do by eye pointing. Phil makes choices about his schedule, community activities, and daily though vocalizations such as "yeah", expressions, eye gazing, body language and a communication board. Phil uses a yes/no communication board and an activity board with picture cards to indicate what he would like to do by eye pointing. 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:

NA

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

Phil can choose to participate in community integration trips. While in the community, Phil is supported and encouraged in having positive relationships with others in the community.

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

Phil can choose to participate in community integration trips. While in the community, Phil is supported and encouraged in having positive relationships with others in the community.

PAI

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

Phil can spend time in the community, volunteer, and visit other preferred places. He is encouraged to interact with other members of the community and create relationships.

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

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

- Phil's guardian's and PAI staff collaborate in the exchange of information as it relates to Phil'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 Phil's communication book.
- PAI works with Phil's parents for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Janelle & Rankin Patet are Phil'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 Phil's services and supports in collaboration with other members of this support team.
- Paula Maxson, case manager from Dakota County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Phil and his legal representatives in advocacy and finding additional opportunities or resources and communicates with the members of Phil'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, Day Program

Contact person: Emily Elsenpeter – Designated Coordinator

Email: eelsenpeter@PAImn.org Phone: 651-748-0373 Fax: 651-748-5071

Janelle & Rankin Patet – Legal Representative

Email: Jmpatet31@comcast.net Phone: 651-457-9332 Cell: 651-235-8150

Paula Maxson – Case Manager Dakota County

Email: Paulam@thomasalleninc.com Phone: 651-789-5177

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:

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

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

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: 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 Phil's medical conditions and the related symptoms. Including knowledge of Phil's seizure protocol, wound care, g-tube, and oral suctioning.
- Communication of medical related concerns observed during the time Phil is at PAI with team members as needed.
- CPR/First Aid

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:
NA
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 N/A
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: NA

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:
 - Phil enjoys having his head and upper back scratched/lightly massaged.
 - Phil is receptive to touch being initiated by familiar staff.
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:
 - Phil requires support in applying his chest strap chest strap, pelvic strap, and safety belt while in his chair.
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:
 - Phil may require varying levels of physical contact to complete and engage in tasks and preferred program activities such as playing a game, 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:
 - Phil may require varying levels of physical contact to prevent injury when his arms jerk near a table or other hard surface.
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:
 - Phil receives nursing service visits. Should a visit occur during his program day, Phil may require varying levels of physical contact from staff to have his blood drawn.
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:
 - Phil will be physically assisted to evacuate the building or seek shelter in the event of 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:
Phil requires support in applying his chest strap chest strap, pelvic strap, and safety belt while in his chair.
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

PAI

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: N/A

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