

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

Name of person served: Keith Buchman

Date of development: 5.21.2021

For the annual period from: June 2021 to June 2022

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

Legal representative: Richard and/or Randy and/or Brent Buchman

Case manager: Pa Kou Lee

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:

Keith 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 Keith. The program works with Keith 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 Keith’s physical, emotional and social functioning. Staff support Keith 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 his health, safety and wellbeing as needed by Keith. PAI works with Keith’s residence and transportation provider for continuity of care.

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

Outcome #1: Daily, Keith will indicate a staff and/or peer that he would like to visit (following COVID protocols) in 90% of all opportunities over the next 6 months.

Keith is a very social man. He finds value in socializing with both his staff and peers. Keith likes “kissy noises” and being included in conversations that are happening around him. This outcome allows Keith to continue to build strong relationships with his peers and his staff.

Outcome #2: Weekly, Keith will participate in music therapy in 80% of all opportunities over the next 6 months.

Keith really seems to enjoy listening to the drums and feeling the vibrations. This outcome allows Keith to explore different musical instruments as he would like. Keith likes to come and go from activities throughout his day, so this outcome also allows him the opportunity to participate in music therapy as he desires.

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:

- Keith utilizes technology at PAI daily through the use of the iPad for music and other audio activities. Keith 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.

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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:

Allergies: Keith is allergic to dust mites, grass, trees, cats, and weeds. He is also allergic to Alternaria, Hormodendrum, and Aspergillus's Fumigatus (3 types of mold). Keith's symptoms of environmental allergies range from runny nose & watery eyes to severe congestion with possibility of building mucus in his airway and resulting in a compromised airway. Keith takes daily medication at home for allergy symptoms including coughing and congestion. If symptoms are noted at PAI, Keith should drink a glass of juice/water and be administered his PRN to avoid mucus build up and choking. Keith is sensitive to milk; it may cause him stomach upset and he should not have grapefruit products as it may interact with his medication causing him to become ill. Concerns with allergies will be communicated to Keith's residence via phone, email or communication book and noted in his Daily Progress Notes.

Seizures: Keith is diagnosed with Epilepsy; his seizures are considered controlled as Keith has not had an observed seizure in over 16 years. Historically Keith's Tonic Clonic seizures present as gagging & foaming at the mouth and during Absence seizures staring for short periods. Keith takes daily medication at home & his residence works with his neurologist to monitor his seizure medications. If Keith were to have a Tonic Clonic seizure, 911 would be activated as soon as possible and be reported to his residence via Seizure Report, email, or phone call within 24 hours.

Choking: Keith has a physician ordered pureed diet to prevent choking. Keith's food is sent from home prepared according to his physician's orders & is visually checked before being offered to him. If his food is too thick, it may be moistened with water to the correct consistency. Keith receives physical assistance while eating and drinking. He is assisted with tablespoon size bites one at time with frequent sips of his beverage to promote safe swallowing and to slow down his eating pace. Staff will not leave food directly in front of Keith without being seated next to him. Should Keith exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Keith has a physician ordered pureed diet. His meals and snacks are sent to PAI from his residence prepared according to his physician's orders. Keith sits in which wheelchair or a typical chair with arms during meals at the lunch table. He uses an adapted hollow handled spoon and divided plate to eat; he uses a small cup with a wide mouth to drink. Keith is assisted from his right side by staff scooping food onto his spoon and tapping it on his plate to cue him to pick it up. Once his spoon is loaded Keith is able to bring it to his mouth with minimal hand over hand assistance to provide direction. Keith is not able to pick up or set down his cup but is able to hold it while he drinks, staff shadow his hand as he may drop the cup when he is finished instead of handing it to staff to set down. Keith may refuse meals if ill. He may throw his cup or plate during meals or once he is finished. If Keith refuses to eat with hand over hand assistance staff will offer Keith full physical assistance. Keith's intake will be communicated to his residence via phone, email, or communication book daily.

Chronic Medical Conditions:

Downs Syndrome: is a genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21. This extra genetic material causes the developmental changes and physical features of Down syndrome and contributes to intellectual disability and developmental delays. Individuals diagnosed with Downs Syndrome may also experience seizures, hearing, vision and spinal problems and an increased risk of dementia.

Gout: is a common, painful form of arthritis resulting from buildup of uric acid in the body. It causes swollen, red, hot, and stiff joints. Often, gout first attacks the big toe. It can also attack ankles, heels, knees, wrists, fingers, and elbows. At first, gout attacks usually get better in days. Eventually, attacks last longer and happen more often. Keith is monitored for symptoms of gout pain, he experiences gout attacks mainly in his left foot. When experiencing gout

related discomfort, Keith may refuse to wear his shoes and may need more physical assistance when transferring due to foot pain. Should Keith refuse to bear weight on his foot during a transfer; he may be assisted in a 2-person pivot or reverse basket transfer using a posey belt. Keith may be offered a PRN medication from his standing order list for discomfort. Any noted symptoms of discomfort or PRN medication administration will be reported to Keith's residence via phone, email, or communication book.

Microcephaly: A condition in which the head is significantly smaller than expected, often due to abnormal brain development. Symptoms vary and include intellectual disability and speech delay. In severe cases, there may be seizures and abnormal muscle functionality. Keith is supported in communicating his wants and needs and staff monitor Keith for seizure activity.

Pica: is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value. Keith has a history of swallowing inedible objects and things dangerous to him. Keith in the past has required surgical removal for ingesting inedible objects. Keith is at risk for swallowing latex gloves, loose pieces, or string from manipulatives. He has eaten part of a Nerf ball. Small, inedible objects are kept off the floor where Keith regularly sits. Staff will perform a visual inspection for loose items throughout the day and will visually check that garbage receptacles remain covered.

Spastic Diplegia: is a form of cerebral palsy (CP) a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Spastic Diplegia results in hypertonia and spasticity in the muscles of the lower extremities (legs, hips, and pelvis) above the hips typically retain normal muscle tone and range of motion. Symptoms include delayed motor movements, walking on toes, and a "scissored" style of walking. Keith is supported in areas of coordination and with walking.

Self-administration of medication or treatment orders: Keith takes his medications whole orally in soft food followed by a drink. Due to his cognitive and physical limitations, Keith is not able to self-administer his medications. 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 Keith and administer it. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of nonscheduled medication, concerns or requests for supplies will be communicated by PAI staff via phone, email, or communication book.

Other health and medical needs:

Personal Cares/Toileting: Keith utilizes the support of a disposable brief in conjunction with a toileting schedule. Keith is supported to access the restroom every 2 hours or more as needed. Staff note the time of each opportunity Keith is offered to use the restroom. Should Keith not void, he will be offered another opportunity in 30-60 minutes. Once his seatbelt is removed Keith is able to stand and transfer himself with minimal assistance to the toilet. While seated on the toilet Keith may void multiple time and may have a bowel movement. It is important to assist Keith in wiping his backside each time he uses the restroom regardless of output to maintain his skin integrity. Due to his physical limitations, he not able to complete his personal cares. Keith needs assistance to ensure he is seated properly on the toilet and aiming into the toilet bowl. Keith's bandana/shirt saver is changed during each restroom visit and his shirt is changed as needed. All concerns and requests for supplies and eliminations are communicated to Keith's residence via phone, email, or communication book.

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Risk of falling: Keith's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Keith has an unbalanced gait and could become unstable while transferring causing him to fall. Keith is able to unbuckle the seatbelt on his wheelchair putting him at an increased risk of falling. Keith is physically assisted in fastening his seatbelt when in his wheelchair. If he unbuckles his seatbelt, staff will offer to refasten it or offer him time on the floor. Any concerns or occurrence of falls will be communicated by PAI staff to Keith's residence via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Keith's chronic medical conditions and vision impact his ability to be safely mobile on his own. Keith uses a wheelchair as his primary mode of mobility, he can self-propel his wheelchair short distances and is able to climb into his chair without assistance when the breaks are engaged; however, he has acquired bumps and bruises doing so in the past. Keith also scoots about on the floor on his hands and knees to get where he would like to be and may sit in high traffic areas causing him to possibly be bumped by others. Keith receives verbal cues and physical assistance as needed to get around obstacles in his environment or when choosing to sit in a high traffic area. He is assisted in propelling his wheelchair long distances within the PAI program areas and whenever outside of the building. Concerns of Keith's wheelchair will be communicated to his residence via phone, email, or communication book.

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 Keith coming into contact with it. PAI does not offer swimming or bathing. Keith receives support when in the community and should he be near a body of water, staff will stay in physical contact of Keith's wheelchair and will verbally inform him the areas to stay in (on the path, middle of the dock, etc.) and where the water is. Staff will engage the breaks of Keith's wheelchair when not in motion.

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

Sensory Disabilities:

Vision Impairment: Keith has vision limitations; however, the extent of the impairment is unknown due to an inability to do an accurate vision screening. Keith refuses to wear glasses but is believed to have functional vision. Keith is verbally cued to what he will be doing. Activities, physical cues such as signs and projects will be set up/presented directly in front of Keith. Keith is verbally cued to obstacles in his path while he is self-propelling his wheelchair.

Hearing Impairment: Keith has hearing impairment; however, the extent of the impairment is unknown due to an inability to do an accurate hearing test. Although Keith is assumed to have functional hearing staff will speak to him in close proximity.

Sensory Processing Disorder - Oral: A seeking of sensory input through the mouth. This includes tactile, proprioceptive and taste. The need to chew, bite, and suck come from the proprioceptive input that we receive from the pressure in our jaws. Keith has a strong need for oral sensory input; this leads him to hand mouthing, chewing on his shirt, shoes, and nearby furniture/surfaces. Keith puts his hands in his mouth almost constantly without redirection, and frequently bites them; he experiences chronic inflammation and wounds on his hands and is prone to skin breakdown. Keith is offered oral sensory activities throughout his program day. Keith is verbally redirected (by asking him to "stop" or ask him to take his hands out of his mouth) and physically redirect (by signing "stop" or

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applying light pressure to his arm) to remove his hands from his mouth as much as possible. Keith is offered a drink, provided with manipulatives and other activities throughout the day to help decrease episodes of hand mouthing.

Person-centered information

Important TO: It is important to Keith that he be able to greet his friends daily, that he spends time socializing with favorite peers and staff during the day, that he has opportunities to spend time out of his wheelchair on the floor, have sunny windows to sit near, that he eats early in the lunch hour and that he has a snack in the afternoon.

Important FOR: It is important for Keith that he have opportunities to be physically active during his day and that he drinks adequate fluids and maintain the integrity of the skin on his hands. That he does not bump his feet causing a gout flair ups, that he uses his communication skills to advocate for his preferences, that he be supported and encouraged to be social and engage in activities with others, that he be as independent as he is able with daily living tasks.

Good day: A good day for Keith includes propelling his wheelchair between sunny windows, time spent socializing with peers and familiar staff, hugs and funny noises, music to listen and dance to, meals at routine times, opportunities to attend live music and plenty of time with his electric toothbrush.

Bad day: A bad day for Keith includes not feeling well or experiencing gout pain, getting his wheelchair stuck, not having his friends to visit with or when his electric toothbrush is broken and there are no sunny spots top sit in.

Likes: Keith enjoys dancing with staff and giving hugs. He likes to maneuver his wheelchair around and sit in any sunny spot he can find. Keith enjoys listening to music, especially live music. Keith likes most music but Bluegrass, Jazz and Classical are some of his favorites. Keith also likes the Dave Mathews Band and Bruce Springsteen. Keith lets you know he is enjoying the music by dancing or humming along. Keith likes when others make silly noises near his ear and likes anything that vibrates (like toothbrushes or massagers). Keith enjoys sensory activities and one to one time with staff. Keith enjoys eating and drinking, Keith likes all foods, but really enjoys spicy foods and desserts. Ice cream, pie, brownies, or any sort of pudding are his favorites. Keith lets you know he is enjoying eating with you by resting his head on you and smiling. He likes to interact with his peers and experience different environments. Keith indicates he likes these things by vocalizing, choosing them and staying engaged by participating or observing.

Dislikes: Keith does not like to do anything that requires him to sit in one place for too long, he has a short attention span and does better with quick activities. Keith also really does not like having to wear hats or gloves and will get frustrated if he cannot take them off. Keith gets frustrated when he has to wait for his lunch or snack, or if he wants to use his toothbrush and when experiencing gout pain or allergy symptoms. It seems to make Keith sad when a friend from his room is gone for a few days, he misses him. Keith also gets frustrated when he gets his chair stuck and he is unable to independently maneuver his way out or if he cannot find his chair when he is spending time on the floor. Keith lets you know he is upset by making loud vocalizations, biting his hand, kicking walls and doors, or banging his head.

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**:

- Keith would like to participate in a consistent and personalized program day. He would like to continue to pursue recreation and leisure activities with staff and work on effective communication and choice making. Keith would like 1:1 activity such as going for walks, giving hugs, sensory activities, dancing with staff or playing with balls to be part of his day. Keith would like to listen to music and participate in music activities. He would like to continue going on community outings and socializing with peers. Keith has developed a strong relationship with one peer in particular and also seeks out affection from other peers and staff throughout his day. Keith's peer interactions & relationships will be encouraged and supported by staff. Keith would prefer a barrier free environment where he can maneuver his chair about the program area and move from program area to program area freely to socialize with his peers. Keith prefers to engage in activities one to one or in a small group and with positive, supportive staff. Keith prefers quick activities that do not require him to sit in one place for too long, he has a short attention span.
- For supports, Keith prefers efficient care and clear communication from people that know him and his routine well. Keith responds best to staff who are upbeat and animated. Keith communicates non-verbally and responds best to verbal and physical cues once a routine is established. Keith makes choices using eye gazing and continues to work on touching the item he wants instead of throwing the less preferred item. Keith will also go toward things or activities he would like to do. Keith will be laughing and looking up when he likes something. When not interested in an activity Keith will wheel or pull away from things, he is disinterested in.
- Keith would like his communication to be honored and supported throughout his day. Keith makes choices about his schedule, community activities, and daily activities and is provided options throughout his day to make choices and decisions. Keith makes choices using communication switches and objects. Staff respect his choices by following through on what he has chosen. When offered two choices, Keith will grab & then throw the option he does not want on the ground. Keith has been working to strengthen his communication skills by touching the item he wants instead of throwing the item he does not want. Keith's choices and refusals are honored.

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

Yes No

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

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

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

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What are the opportunities **for community access, participation, and inclusion** in preferred community activities?
Keith has opportunities to choose to participate in community integration trips. While in the community, Keith is encouraged and supported with interactions and creating positive relationships with others he encounters.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?
Keith has the opportunity to spend time in the community, volunteer, and visit other preferred places. Keith is encouraged and supported in interacting with members with those in the community.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?
Keith 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 Keith and his team were to decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to meet Keith's desires.

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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?

- Keith's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Keith'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 Keith's communication book.
- PAI works with Keith's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Richard Buchman is Keith's private legal representative and parent who advocates on his behalf as well as makes legal decisions with him. Keith's brother Randy and Brent Buchman are in the process of allying for joint guardianship. The legal representatives provide information and direction on Keith's services and supports in collaboration with other members of this support team.
- Pa Kou Lee, case manager from Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Keith and him legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Keith'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:

ACR Homes - Fox Run Bay, Residential
Contact person: Annie Lo – Residential Supervisor
Email: Annie.Lo@ACRhomes.com Cell: 612-567-2180
Contact person: Isa Karsten – RN
Phone: 612-418-2381

PAI – Oakdale, Day Program
Contact person: Emily Elsenpeter– Designated Coordinator
Email: eelsenpeter@PAImn.org Phone: 651-748-0373 Fax: 651-748-5071

Richard Buchman – Legal Representative
Email: R-cBuchman@comcast.net Phone: 651-402-3146

Randy Buchman – Legal Representative
Phone: 651-247-7985

Brent Buchman – Legal Representative
Phone: 651-210-7079

Pa Kou Lee – Case Manager Ramsey County
Email: Pakou.Lee@allina.com Phone: 763-843-7079

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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: Keith 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 Keith and his team were to decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to meet Keith'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

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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 Keith's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Keith is at PAI with team members 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

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

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On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.
 Yes No If yes, explain how it will be used: Keith enjoys having his head and upper back scratched lightly. Keith may seek out or initiate physical interactions such as hand holding or hugs. Keith 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: Keith may require varying levels of physical contact while transferring to or from his wheelchair.
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: Keith may require varying levels of physical contact to complete and engage in tasks such as putting away or picking up his spoon or putting on a shirt 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: Keith may require varying levels of physical contact to be redirected from banging his head against walls or furniture; kicking walls, furniture or other wheelchairs and biting his hands.
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: Keith may require varying levels of physical contact while maneuvering his wheelchair should he become stuck or when he puts his friends' fingers in his mouth.
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: Keith 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:
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Keith utilizes verbal prompts from staff when engaging in hand mouthing or chewing on his shirt.
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?

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Yes No If yes, explain how it will be used: Keith utilizes adaptive shoes while transferring.

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