

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

Name of person served: Alex Jeldes

Date of development: 5.6.2021

For the annual period from: May 2021 to May 2022

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

Legal representative: Libby Johnson and Miguel Jeldes

Case manager: Sarah Schaefer

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: Alex 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 Alex. The program works with Alex 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 Alex’s physical, emotional and social functioning. Staff support Alex 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 Alex. PAI works with Alex’s residence and transportation provider for continuity of care.

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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, Alex will make a scheduled activity choice using the iPad in 95% or more trials over the next year.”**

Alex enjoys a variety of activities during his morning routine and at times wants to participate in multiple activities. Alex has benefited from using the iPad and the choice board app to plan his morning activities and communicate his preferences. This outcome will continue to provide an opportunity for Alex to engage in enjoyable activities and while strengthen his communication skills and self-advocacy.

Outcome #2: **“3 to 5 times weekly, Alex will identify which of the scheduled on-site group and community-based activities he would be interested in participating in using the iPad in 85% or more trials over the next year.”**

Alex 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 Alex 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:

Alex utilizes technology at PAI daily. Alex uses an iPad to access his communication boards via the ChoiceBoard app and for music and other audio activities. Alex 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: Alex is allergic to Codeine, Morphine, and related derivatives. Alex's allergies are listed on his Medication Administration Record and he will only receive medication that has been prescribed by his physician. Alex could develop respiratory distress or symptoms of an allergic reaction such as hives, rash, peeling or blistering of the skin. Concerns with allergies will be communicated to Alex's residence via phone, email or book and noted in his Daily Progress Notes.

Seizures: Alex is diagnosed with Epilepsy and experiences partially controlled Grand Mal seizures. He has a physician ordered seizure protocol. Staff are trained to the location of Alex's protocol and a trained medication passer would pass his seizure PRN in the event that he met the criteria for it. Alex is supervised and monitored for seizure activity. Alex's seizures typically occur in the early morning and range from 15 seconds to 1.5 minutes in duration. Alex's seizure may include blank expression, no response, and eyes rolling back or fluttering. Alex may have one or more grand mal seizure of longer duration per year and may experience an increase in seizure activity when ill, overheated, or dehydration. If Alex is warm, he is positioned near a fan or assisted in putting on cooler clothing. All seizure activity will be reported to Alex's residence via Seizure Report, email or phone call within 24 hours and noted in his Daily Progress Notes.

Choking: Alex has a physician's ordered bite sized diet to prevent choking. Alex does not thoroughly chew his food and has poor swallowing skills. He has a history of choking on raw vegetables and is diagnosed with GERD. Alex may have trouble swallowing and may rock his body back and forth while he is eating or after increasing his risk of choking. Alex may grab food on his plate and eat it quickly, which could cause him to choke. He has attempted to eat other's food when placed near him which may not be prepared to his needs and could cause him to choke. Alex's lunch is not set near him until staff are available to assist him. He uses a communication switch to request another bite and to help moderate his eating pace (Alex prefers to eat quickly). Staff remain in direct supervision while Alex is eating, offering him verbal cues to finish chewing prior to assisting him with another bite. Should Alex exhibit symptoms of choking, staff would administer abdominal thrusts and call paramedics to conduct an assessment.

Special dietary needs: Alex requires a physician ordered diet for bite sized foods and regular liquids. Alex sits in his wheelchair and eats at the table using a regular fork and a lipped plate. He drinks using a straw from a regular cup. Alex wears his chest straps during and for 30 mins after lunch to assist with positioning and his GERD. His lunch comes prepared by his residence and is checked to ensure it is prepared properly prior to serving. Alex is assisted from his left side and staff "load" his fork and offer it for him to grab. Alex is able to take the fork from staff's hand and bring it to his mouth then set it back down. Alex will use a communication switch to request another bite. He is offered verbal cues to finish chewing before he is offered another bite. Alex requires staff assistance to use a spoon. Alex is able to hold his cup when offered to him and drinks through a straw. Alex's needs staff assistance in setting his cup back on the table. Alex may refuse to eat, when this occurs, he is offered a supplement in accordance with his physician's orders. All meal refusals are communicated to Alex's residence via phone or communication book.

Chronic Medical Conditions:

- **Cerebral Palsy (CP):** is a developmental disorder occurring as a result of damage to the motor cortex of the brain that affects muscle control and coordination. Alex's ability to move and maintain balance and posture is impaired due to limited muscle control. Alex is supported in fine and gross motor tasks and in activities involving coordination. Concerns will be communicated to Alex's residence via phone or communication book and noted in his Daily Progress Notes.

- **Gastroesophageal Reflux Disease (GERD):** a digestive disorder that affects the ring of muscle between the esophagus and stomach. Alex may experience abdominal pain or have trouble swallowing. He may rock his body back and forth when upset or during/after eating causing his GERD to affect him. Alex may put his hands down his mouth and throat causing vomiting. Alex is visually monitored for coughing, vomiting and trouble swallowing. Alex will wear his chest strap and sit upright during lunch and 30 minutes afterwards. Alex will be asked to take his hands out of his mouth to reduce instances of vomiting. Any instances of vomiting will be reported to his residence via phone or communication book and noted in his Daily Progress Notes.
- **Hypogonadism:** is a condition in which the body does not produce enough testosterone. Decreased testosterone can cause mental and emotional changes in addition to physical changes such as hot flashes, decreased muscle mass or breast tissue development. Alex's hypogonadism is monitored by PRI nursing and his physician. PAI staff will relay any noted mental or emotional changes to his residence who manages his condition.
- **Neuromuscular Scoliosis:** is an irregular spinal curvature caused by disorders of the brain, spinal cord, and muscular system. Nerves and muscles are unable to maintain appropriate balance / alignment of the spine and trunk. Alex has a spinal fusion to stabilize and stop further progression of the curvature. Care is taken during transfers, positioning and when rolling to not twist Alex's spine.
- **Osteopenia:** is a condition that occurs when the body does not make new bone as quickly as it reabsorbs old bone. **Osteoporosis:** bones become weak and brittle; new bone creation does not keep up with old bone removal. This increases risk of fracture. **Vitamin D Deficiency:** Vitamin D is essential to healthy strong bones and aids the body in absorbing calcium to prevent the loss of bone density. When assisting Alex with moving, repositioning and transferring, staff will take care to be gentle and limit risks of him bumping into anything that may have impact on his bones. Concerns and any instances of Alex hitting anything will be reported to his residential provider via phone or email and noted in his Daily Progress Notes.
- **Psychomotor Delay:** an impairment that occurs when there is a disruption with the connections made between mental and muscle functions. Psychomotor impairment affects the way Alex is able to move. Alex is supported in fine and gross motor tasks and in activities involving coordination. Alex is allowed ample time to process options and reach out to touch his choice. Alex may be provided with hand over hand or hand under hand support to engage in activities.

Self-administration of medication or treatment orders: Alex takes his medications orally in soft food followed by a drink. Alex currently takes Lyrica at 11:00 for muscle and nerve pain. He also had Ensure or Boost if he eats less than 50% of his meal. 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 Alex and administer it orally in soft food such as a fruit cup or pudding then offer Alex a drink using a straw. 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 Alex's residence via phone, email or communication book and noted in his Daily Progress Notes.

Other health and medical needs:

Personal Cares: Alex wears briefs and needs support to provide for his personal cares and to maintain his skin integrity. Alex needs total assistance to transfer and complete all self-care. Alex is assisted with personal cares every 2 hours and more often as needed. Alex is transferred by one person using a Hoyer lift. He wears a sling from home underneath him for the duration of his day. When Alex is not secured by a lap belt, staff will stand in front of him to avoid his falling forward out of his chair. When on a mat table, the railing will be engaged whenever staff's body is

not in direct contact with the table. Alex may stick his hands in his brief and then in his mouth or rub his eyes during personal cares or when not wearing a one piece. All concerns and requests for supplies are communicated to Alex's residence via phone, email, or communication book.

Risk of falling: Alex's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. He is diagnosed with a seizure disorder which may cause him to fall if not supported. Alex has limited torso control and a history of falling out of bed and various chairs causing him to sustain fractured limbs. Alex utilizes a specialized wheelchair with a chest strap, pelvic strap, footrests, straps, and lap tray. When Alex is not secured by a lap belt, staff will stand in front of him to avoid his falling forward out of his chair. When on a mat table, the railing will be engaged whenever staff's body is not in direct contact with the table and when using a recliner for repositioning, Alex will be supported with a positioning belt and the footrest will be in the up position. Alex is transferred by one person using a Hoyer lift and will not be transferred if he is rocking or having high pitched loud vocalizations. Any concerns or occurrence of falls will be communicated by PAI staff to Alex's residence via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Alex's chronic medical conditions and vision impairments impact his ability to be safely model on his own. Alex uses a specialized wheelchair as his primary form of mobility and he is not able to propel his wheelchair, transfer or reposition himself. Alex's wheelchair is equipped with a chest strap, pelvic strap, and footrests. Alex also utilizes foot straps and lap tray during for transportation. Alex is transferred by one person using a Hoyer lift. He wears a sling from home underneath him for the duration of his day. When repositioning Alex in his wheelchair or during transfers, staff will stand in front of Alex when he is not secured by his lap belt to avoid his falling forward or out of his chair. Care is taken not to twist or pull-on Alex due to his spinal fusion & osteoporosis.

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 Alex coming into contact with it. PAI does not offer swimming or bathing. Alex receives support when in the community and should he be near a body of water, staff would maintain direct physical contact with Alex's wheelchair to navigate the environment. They will verbally inform Alex where they are walking and where the water is and will engage the breaks of Alex's wheelchair when not in motion.

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

Sensory Disabilities:

Visual Impairment: Alex is visually impaired, he is diagnosed with a mild astigmatism, and has a prescription for glasses. Alex does not tolerate wearing his glasses. Alex is believed to have functional vision; however, it is not known how much he can see. He appears to see best when presented with visual material at eye level or just below and paired with a verbal explanation. Alex is presented with choices on his tray or held in front of him slightly below eye level, staff support Alex by verbally explaining what each option is. When Alex communicates a choice by touching, he will be asked to confirm his communication to ensure his intended communication is being honored.

Auditory Sensitivity Overstimulation: Alex may become over stimulated when his environment becomes loud and busy or if having to wait to do something he enjoys. When Alex demonstrates loud vocalizations and rocking, he will be offered a sensory activity or music choice using his communication board on the iPad and staff will attempt to minimize the stimulation/noise level in the room. If overstimulated, Alex also responds well to noise cancelling

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headphones and being near the fan. When Alex forces his hand down his throat or attempts to bite himself, he will be asked to “stop” and take his hand out. Alex will be redirected to a sensory activity or music and assisted in cleaning up as needed.

Self-injurious behaviors: Alex may communicate that he is upset, overstimulated, or experiencing symptoms of GERD through forcefully rocking his body back and forth, hitting his ear with his hand and biting his hand which may cause injury. Alex may also force his hand down his throat to induce vomiting.

Verbal/Emotional Aggression: Alex communicates nonverbally and often becomes frustrated when his communication is not understood or responded to quick enough, when waiting for preferred items or for unknown reasons. Alex may communicate that he is upset, overstimulated, or frustrated through loud high pitched and repetitive vocalizations. When Alex becomes vocal, his communication will be acknowledged “Hey Alex, I hear you.” Alex will be assisted to access his choice boards on the iPad and presented with his communication board app while saying “What can I help you with?” When upset or overstimulated Alex may push the iPad away, when this happens staff remind Alex that they hear him but do not know what he wants and will ask him to can you show them using the iPad. Alex may cause himself to become overstimulated or over heated due to his vocalizing and rocking and is best supported by wearing noise cancelling headphones and being near the fan.

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Person-centered information

Important TO: It is important to Alex that his communication be acknowledged and honored. That he has access to his preferred sensory items throughout his day (weighted blanket, noise cancelling headphones, music) and an iPad to communicate his preference. It is important to Alex that he have opportunities to engage with others 1:1 and a variety of activities to observe during his day. Sensory activities offered prior to or during transitions help Alex adjust to the change and are important to him.

Important FOR: It is important for Alex that he use his iPad communication skills to advocate for his preferences, that he receive enough to eat & drink each meal, that he receives his medications on time, that he has a calm environment, that he not become overheated or overstimulated. That he be supported in socialization.

Good day: A good day for Alex includes his communication being understood and followed through on, a consistent routine with access to various sensory activities and music of his choosing, opportunities to observe and engage with others, time to rest and opportunities to try new things.

Bad day: A bad day for Alex includes seizure activity, being too warm or thirsty, having to wait for preferred activities, not having his communication understood or honored, not having his iPad with him or the battery being dead, being in a loud or overstimulating environment for too long.

Likes: Alex loves listening to music and participating in music activities. He enjoys most types of music but his favorites in addition to Barney are classical, rap, Latin, 90's hip hop, Electronic Instrumentals and Classical Rock. He really enjoys music with piano or guitar and to listen to varies throughout the day. Alex loves hearing people play the piano and playing it himself. Sensory activities are very important to Alex throughout his day, he uses the choice board on the iPad to communicate which sensory activities he needs (noise cancelling headphones, weighted blanket, fan, lotion massage, and aromatherapy). Alex enjoys eating and likes most foods. His favorites are macaroni and cheese, fruits, noodle salads, BBQ sauce and spicy foods. Alex enjoys going on community outings and observing others. At day program, he likes to relax in a recliner in the morning, take a short nap after lunch and has a favorite spot by the radio he likes to sit.

Dislikes: Alex does not like waiting to eat or sometimes participating in hand over hand art projects. He gets frustrated when he is in an environment that is too loud, and he wants to relax. Alex indicates he does not like things by vocalizing or pushing staff away.

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**:

- Alex prefers to have a consistent, structured, and 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. Alex 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, Alex prefers efficient care and clear communication from people that know him and his routine well and consistent interactions with staff. He responds best to short sentences and phrases paired with pictures or symbols. Alex learns best through repetition of an activity paired with verbal and or physical cues that has been incorporated into his daily routine.
- Alex communicates through vocalizations, body language, facial expressions, eye gazing, and his communication boards on his personal iPad. Alex will touch pictures or objects he wants and pushing away things he does not want. Alex has a visual impairment and does not tolerate wearing glasses. Alex appears to see well when images are presented in his lap or on his tray and paired with a verbal explanation or consistently placed in the same spot.
- Alex would like his communication to be honored and supported throughout his day. When talking with Alex, it is important to observe him closely for responses and when using the iPad ask him if there is "anything else" as Alex often has multipart requests or times wants to participate in an activity only for a short duration of time (such as visiting) and may want to do another activity for the remainder of activity time. He makes choices about his schedule, community activities, and daily activities though vocalizations, body language, facial expressions, eye gazing and his communication boards on the iPad. Alex 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**?

Alex works on outcomes that are both important to and important for him. Alex 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?

Alex has opportunities to choose to participate in community integration trips. While in the community, Alex is encouraged and supported with interactions and creating positive relationships with others he encounters.

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

Alex has the opportunity to spend time in the community, volunteer, and visit other preferred places. Alex 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?

Alex 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 Alex 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 Alex'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?

- Alex's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Alex'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 Alex's communication book. PAI works with Alex's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Libby Johnson & Miguel Jeldes are Alex'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 Alex's services and supports in collaboration with other members of this support team.
- Sarah Schaefer, case manager from Redeemer Service, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Alex and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Alex'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:

PRI – Newport, Residential

Karen Miller

Email: Carver@phoenixresidence.org Phone: 651-702-8995

Priscilla Shaw – LPN

Email: Pshaw@phoenixresidence.org Cell: 651-269-1824

PAI – Oakdale, Day Program

Emily Elsenpeter

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

Elizabeth Johnson and Miguel Jeldes– Legal Representative

Email: Mlal0131@MSN.com Phone: 612-200-7325

Sarah Schaefer – Case Manager Ramsey County

Email: Sarah@redeemerservices.com Phone: 651-646-8399

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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: Alex 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 Alex 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 Alex's desires.

Describe any further research or education that must be completed before a decision regarding this transition can be made: There is no further 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."

N/A

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: Alex is receptive to touch being initiated by familiar staff, particularly after seizure activity.
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: Alex requires support in applying his chest strap, pelvic and safety belts when positioned in his wheelchair and support in securing his lap tray during transportation.
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: Alex may require varying levels of physical contact to complete and engage in tasks and preferred program activities such as playing a game, the piano, 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: Alex may require varying levels of physical contact when being redirected for putting his hands in his mouth or down his pants.
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: Alex may require varying levels of physical contact when being redirected for putting his hands in his mouth or down his pants.
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: N/A
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: Alex 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: N/A
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Alex utilizes verbal prompts from staff to be redirected from putting his hands in his mouth or down the front of his pants and when he displays agitation related to environmental noise.
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
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: Alex utilizes ankle foot orthotics (AFOs) on both feet. They are applied and removed by his residence by may be removed while at PAI for sensory or to aid in body temperature regulation.

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