

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

Name of person served: Terrell Monjeau

Date of development: 6.14.2021

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: Self until Monica Johnson (sister) is approved, in process.

Case manager: Sarah Vieau until Renee Busch returns

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: Terrell receives intensive support services in a day training and habilitation community-based programs and/or day support services at PAI. Support is provided in the most integrated and least restricted environment for Terrell. The program works with Terrell to develop and implement achievable outcomes that support him goals and interests and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Terrell’s physical, emotional and social functioning. Staff support Terrell 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 Terrell. PAI works with Terrell’s residence and transportation provider for continuity of care.

PAI

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

Outcome #1: Daily, staff will model an ASL sign and Terrell will use flashcards to identify the correct sign in 80% or more of all trials for the next 12 months.

Terrell enjoys learning and using new ASL signs, it is important to him that he be able to communicate with those around him. Over the next twelve months, Terrell would like to continue developing his ASL skills while learning new signs. This outcome will provide an opportunity for Terrell to strengthen his communication skills and self-advocacy.

Outcome #2: Daily, Terrell will identify which emotion he is feeling on the iPad in 70% of all opportunities over the next 12 months.

It is important to Terrell that he have opportunities to use his communication resources to express himself. This outcome will provide intentional time for Terrell to indicate how he is feeling.

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:

- Terrell utilizes technology at PAI daily through the use of the iPad for music and other audio activities. Terrell 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 each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

Allergies: Terrell is allergic to cigarette smoke. Staff will use caution when in the community and will remove Terrell if an individual smokes in his presence. Staff who smoke during their break are asked to leave their coats outside of the program room. Concerns with allergies will be communicated to Terrell's residence via phone, email or communication book and noted in his Daily Progress Notes.

Seizures: Terrell had 2 possible seizure experiences in November and December of 2006. Possible seizure activity includes arms jerking at the chest area, legs spreading outwards, head jerking from side to side, and incontinence. In both experiences Terrell was alert after the seizure activity. The seizure in December was noted to be 10 seconds long. Terrell's residence will be notified of seizure activity as soon as possible and within 24 hours via phone, email or communication book and a seizure report will be filled out. Staff are trained to the location of Terrell's seizure protocol.

Choking: Terrell has a physicians ordered bite sized diet to prevent choking. Staff assist in preparing snacks and meals per orders and Terrell is visually monitored during meals and helped as needed. Additionally, Terrell wears his shoulder straps while eating to promote good posture. Should Terrell exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Terrell has a physicians ordered bite sized diet. His meals and snacks are sent to PAI from his residence prepared according to his physician's orders. Terrell sits in his wheelchair during meals positioned at the lunch table. He uses a lipped plate, thick handled spoon, or fork to eat independently once his food has been set up and a spouted cup or a straw to drink. At times Terrell may need verbal cues or physical assistance if he refuses to eat independently and/or is experiencing high/low tone. Terrell will be allowed 10-15 minutes to eat independently before staff provide him with assistance. Terrell frequently requests food by signing "eat." He may do this when he is hungry, bored or wanting staff's attention. Terrell's request will be honored by staff offering him a healthy snack or by communicating when he will be eating next. Terrell has a limited intake of caffeine and sugary drinks. He should not be drinking more than 12 ounces per day. Should Terrell have caffeine or a sugary drink, PAI staff will communicate that with his residence. Terrell's intake will be communicated to his residence via phone, email, or communication book daily.

Chronic Medical Conditions:

- **Attention Deficit Disorder** (Inattentive ADHD): Terrell may have a difficult time focusing on tasks or may be easily distracted during activities. **Autistic like behaviors:** Terrell demonstrates Autistic like behaviors & may engage in repetitive body movements with his hands and arms. At times Terrell may also be hyper or hypo reactive to sensory input (reacts badly to certain sounds/textures or seems indifferent to temperature or pain). Terrell has a routine he follows while at PAI, when having difficulties in focusing Terrell will be redirected to the task at hand, offered a quiet space and ample time to complete tasks.
- **Baclofen Pump:** Terrell has a **Baclofen Pump** placed under his skin that uses intrathecal Baclofen which is injected into the spinal cavity to relieve spasms of Cerebral Palsy. Terrell's pump sounds an alarm in the event that the pump malfunctions or the battery becomes low. PAI staff listen for the pump alarm and observe Terrell for signs and symptoms related to Baclofen overdose such as light headedness, progressing to extreme drowsiness or sleepiness, very slow shallow breathing, and unconsciousness or under dosing such as high tone, discomfort, or agitation. In the event of overdose symptoms activate 911 systems immediately. Concerns regarding Terrell's pump will be reported to his residence as soon as possible via phone.

- **Cerebral Palsy (CP):** is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Terrell's ability to move and maintain balance and posture is impaired due to limited muscle control. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. Terrell may experience problems with sensations, vision, and hearing, swallowing, and speaking as a result of weakened muscles. Terrell is supported in all areas involving coordination.
- **Constipation:** Terrell is diagnosed with Constipation which could cause him pain, discomfort, decreased appetite, and stomach upset. Terrell is encouraged to drink fluids throughout his day. He has a Bowel Protocol he follows at home and PAI staff will report symptoms or concerns related to constipation to Terrell's residence in addition to his daily output while at PAI.
- **Spinal Stenosis:** A narrowing of spaces on the spine which causes pressure on his spinal cord and nerves. Terrell had a successful surgery to correct this in December 2016 and May 2016. Terrell will be observed for signs of pain such as shaking, facial expressions, vocalizations, and biting himself especially while being transferred or moved.

Self-administration of medication or treatment orders: Terrell takes his medications whole orally in soft foods followed by a drink. Due to his cognitive and physical limitations, Terrell is not able to self-administer his medications. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy or the prescription bottle. Each administration time, trained staff dispense the medication/treatment and administer it to Terrell. 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 and noted in Daily Progress Notes.

Other health and medical needs:

- **Personal Cares:** Terrell utilizes the support of a disposable brief and due to his physical limitations, is not able to complete his personal cares. Terrell needs assistance in repositioning or completing his personal cares every two hours & as needed. Terrell is transferred by two staff persons using a Hoyer lift. He wears a sling from home underneath him for the duration of his day. When Terrell 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. If Terrell attempts to self-stimulate, staff will ask him to stop by signing "stop" & "later" and help him roll onto his back if he has flipped to his stomach. Staff will let Terrell know he can do this at home "later", not at work. All concerns and requests for supplies and eliminations are communicated to Terrell's residence via phone, email, or communication book.

Risk of falling: Terrell's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Terrell is not able to bear weight and has limited balance; Terrell is able to remove his pelvic belts and unfasten his safety belt and can move himself out of a chair/recliner; this puts him at risk for bruises on his body because he will bump the floor, the wall, and furniture. When in his wheelchair, Terrell's seatbelt and pelvic strap are secured by staff. If he unbuckles it, staff will sign "no" and reconnect it. Should Terrell remove his seat belt again, he will be offered additional repositioning options. Terrell wears his shoulder straps during transportation or when leaning forward in his chair for prolonged periods. When in a recliner, Terrell wears a safety strap with the footrest up. When Terrell is not secured by a lap belt, his chair will be slightly reclined, and staff will stand in front of him to avoid his leaning / sliding forward out of his chair Any concerns or occurrence of falls will be communicated by PAI staff to Terrell's residence via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Terrell's chronic medical conditions impact his ability to be safely mobile on his own. Terrell uses a wheelchair as his main mode of mobility. Terrell is able to propel his wheelchair short distances; however, he is not able to propel his wheelchair extended distances or transfer himself from one position to another. Terrell is asked and encourage to propel his wheelchair when he is able. He is assisted in propelling his wheelchair long distances. Terrell is able to move himself out of a chair and crawl on his hands and knees. He experiences chronic knee wounds and at times will wear knee pads. Terrell is transferred by two staff persons and Hoyer lift and is able to reposition himself once in a seat. Due to safety, Terrell does not crawl on the floor at PAI. Concerns or requested repairs of Terrell's wheelchair will be communicated to his residence via phone, email or communication book and noted in his Daily Progress Notes.

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 Terrell coming into contact with it. PAI does not offer swimming or bathing. Terrell receives support when in the community and should he be near a body of water, staff will stay in physical contact of Terrell'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 Terrell's wheelchair when not in motion.

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

Sensory Disabilities:

- **Deaf:** Terrell is diagnosed as profoundly deaf in the high pitch areas. It is reported that he seems as though he can hear some sounds, but how much he can hear is unknown and not accessible through testing. Terrell uses limited and modified sign language, vocalizations, and hand gestures to communicate. Staff orient themselves in front of Terrell, so he is able to look at them when they address him and use sign language, hand gestures, and facial expressions to communicate with Terrell. Terrell does appear to feel vibrations as it relates to experiencing music and playing music, especially during Music Therapy.

Self-injurious behaviors: Terrell may communicate that he is upset, frustrated, hungry or in pain by biting himself. Staff will verbal ask Terrell to stop. He will be offered repositioning for comfort and his PRN Acetaminophen if he communicates, he is in pain using the ASL sign for pain. If this occurs during his personal cares or transfers, he will not be repositioned until he is calm. Terrell has a history of masturbation resulting in injury to himself. If Terrell attempts to self-stimulate, staff will ask him to stop by signing "stop" & "later" and help him roll onto his back if he has flipped to his stomach. Staff will let Terrell know he can do this at home "later", not at work.

PAI

Physical aggression/conduct: Terrell is unable to associate the consequences with his action due to his mental and physical disabilities. There are times that Terrell may attempt to hit, bite or pinch others. During transitions staff will communicate with Terrell using 1st/then language (1st cares/then recliner or 1st calm/then Hoyer) staff will orient themselves in front of Terrell so he can read their lips and if needed use pictures to communicate 1st/then. If he attempts to bite, hit/grab, or pinch a person, staff will sign “stop” to him and move the person away from him. Staff will redirect him when his actions are inappropriate.

Person-centered information

Important TO: It is important to Terrell that he have a snack every day, time to relax in a recliner, fun and engaging people to be around. He wants to be around familiar staff and friends who support his growth. Terrell wants to do things for himself. He wants to continue trying new things and going new places.

Important FOR: It is important for Terrell that he be supported in taking his medications and being physically active, that he continues to grow and expand his ability, to form friendships, communicate, and make choices. To get assistance in eating when his tone is high/low, that he be as independent as he is able.

Good day: A good day for Terrell includes lots of good snacks, being physically active, one to one time with staff, time spent socializing with peers playing games or doing projects, an opportunity to stretch out in the recliner and relax.

Bad day: A bad day for Terrell includes being in pain, experiencing high or low tone, having to wait for preferred activities, not having his communication understood, feeling hungry all day and not having enough snacks

Likes: Terrell or T enjoys using the Wii, playing tetherball, eating, van/bus rides, one to one time with staff, socializing with peers, being active (playing tetherball, propelling his wheelchair, etc.), art projects, relaxing in the recliner, watching sports and movies, being outside, playing games, balloons with helium, and sensory activities. He likes to spend time with his mom. He enjoys most outings in the community especially ones with a snack or meal. He also really enjoys outdoor outings such as fairs or walks around the park. Terrell really enjoys eating and will frequently use his ASL sign for “eat”. Some of his favorites are pizza, hot dogs, and homemade mashed potatoes, hamburgers, tacos, salads, French fries, and fast food. He also loves ketchup; he shows this by eating more quickly and food in its entirety.

Dislikes: Terrell does not like waiting to eat when hungry; he likes to eat frequently and can become irritated especially when it comes to food. Terrell doesn’t care for bananas, eggs, or vegetables. He shows this by refusing to eat them. He also doesn’t eat apples as they make him sick. He doesn’t like water and prefers juices or flavored water. He shows this by refusing to eat/drink or eating very slow.

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**:

- Terrell wants to continue to grow and expand his ability to form friendships, communicate, and make choices. He would like to participate in a structured and personalized program day that includes a balance of time to rest and relax, and time to be physically active, opportunities to try new things and go new places, encouragement to be independent and be support in socialization with peers and staff.
- For supports, Terrell prefers efficient care and clear communication from people that know him and his routine well. Terrell learns through routine, verbal cues, physical cues, model prompts, gestures and repetition. Terrell can read lips and may respond to verbal praise. Staff will orient themselves in front of Terrell when speaking and speak slowly so he may read their lips. Staff will also use ASL signs with Terrell when appropriate or known. He responds best to positive facial expressions & interactions with his staff such as fist bumps. When working on goals Terrell is best supported with short and distinct verbal phrases, modeling, limited sign language and physical cues.
- Terrell is non-verbal. He is able to communicate using some ASL signs (eat, drink, more, yes, no, pain, stop, later) Terrell may know more signs but does not functionally use them at this time. Terrell communicates with facial expressions, vocalizations, limited sign language, reaching for or pointing to items he wants and eye gazing. Terrell is deaf but able to read lips when staff stand in front of him and speak slowly and clearly. Staff will also use ASL signs with Terrell when appropriate or known.
- Terrell would like his communication to be honored and supported throughout his day. When talking with Terrell, it is important to stand in front of him and speak slowly and clearly. It is also helpful to use ASL signs and at times picture cards. Terrell makes choices about his schedule, community activities, and daily activities and is provided options throughout his day to make choices and decisions. Staff provide Terrell with choices using real objects or picture cards. Terrell'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:

NA

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

Terrell works on outcomes that are important to and for him. Terrell chooses the activities and groups he joins throughout out the day.

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

Terrell chooses the community outings he attends. Terrell is encouraged to interact with community members as he is comfortable.

PAI

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

Terrell is encouraged to interact with community members as he is comfortable.

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

Terrell and his team are not seeking competitive employment at this time. Should Terrell and his team decide that he would like to explore employment, his team would meet and discuss the next steps needed to fit Terrell's desires.

PAI

How will services be **coordinated across other 245D licensed providers and members of the expanded/support team** serving this person to ensure continuity of care and coordination of services?

- Terrell’s residence, guardian’s and PAI staff collaborate in the exchange of information as it relates to Terrell’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 Terrell’s communication book.
- PAI works with Terrell’s mother for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Terrell is his own guardian until his sister, Monica Johnson, is officially his guardian. His team is currently working together to advocate on his behalf as well as make legal decisions with him. The legal representatives provide information and direction on Terrell’s services and supports in collaboration with other members of this support team.
- Renee Busch, case manager from St. Louis County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Terrell and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Terrell’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 - Boutwell, Residential
Mai Youa-Vang – Residential Supervisor
Email: mai.youa.vang@acrhomes.com Phone: 612-567-1201

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

Terrell is his own guardian until his sister, Monica Johnson, is officially his guardian.
Monica Johnson
mrsmojo@mac.com Phone: 651-587-9223

Sarah Vieau – Case Manager, filling in for Renee Busch
Email: Sarah.Vieau@ThomasAllenInc.com Phone: 651-789-1227

Renee Busch – Case Manager
Email: Renee.Busch@ThomasAlleninc.com Phone: 651-240-1982

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: Terrell and his team are not seeking other opportunities at this time. Terrell lives at an ACR home, they help Terrell coordinate his services.

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

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: NA

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:

NA

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 Terrell's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Terrell 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: **NA**

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
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: Terrell enjoys having his head and upper back scratched lightly and light massage to his feet/calves/shoulders. He may seek out or initiate physical interactions such as hand holding, or fist bumps and 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: Terrell may require varying levels of physical contact while transferring to or from his wheelchair and requires support in applying his shoulder straps and lap belts.
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: Terrell may require varying levels of physical contact to complete and engage in tasks when distracted such picking up his fork and during 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: Terrell may require varying levels of physical contact to be redirected from striking at others or biting himself when experiencing hi tone or frustration.
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: Terrell may require varying levels of physical contact to be redirected from engaging in self-stimulation.
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: NA
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: Terrell 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: Terrell requires support in applying his shoulder straps, pelvic straps, safety belt while in his chair and his ankle straps during transportation.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Terrell utilizes verbal prompts from staff to be redirected from repetitive behavior and during instances of self-stimulation.
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: NA

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: NA

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: NA

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

Team will be meeting semiannually this year to introduce and connect as a new team and will discuss the meeting frequency then. The social worker should be returning, and it is anticipated that Monica will be guardian by then.

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