

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

Name of person served: Kim Varness

Date of development: 9.27.2021

For the annual period from: September 2021 to September 2022

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

Legal representative: Yvonne Kutzer

Case manager: Jayme Branstner

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: Kim receives intensive support services in a day training and habilitation community-based programs and/or day support services at PAI. Kim is also eligible to receive remote services through PAI. Support is provided in the most integrated and least restricted environment for Kim. The program works with Kim to develop and implement achievable outcomes that support her goals and interests and develop skills that help her achieve greater independence and community inclusion. PAI works to increase and maintain Kim’s physical, emotional, and social functioning. Staff support Kim 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 Kim. PAI works with Kim’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, Kim will hand her drink to staff when she is done in 70% of all opportunities over the next 6 months.

It is both important to and important for Kim to work and continue to develop the skills needed to be independent with daily tasks.

Outcome #2: Daily, Kim will take off her shirt protector after lunch in 80% of all opportunities over the next 6 months.

It is both important to and important for Kim to work and continue to develop the skills needed to be independent with daily tasks.

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:

- Kim utilizes technology at PAI daily using the iPad for music and other audio activities. Kim 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: Kim is allergic to sulfa medications; reactions may include rash, respiratory distress, or anaphylactic shock. Kim experiences seasonal allergies, which include sneezing, runny nose, and itchy, watery eyes. Kim's skin is sensitive to all bug sprays and some sunscreens; reactions include rash and itchy watery eyes. PAI staff are trained to Kim's allergies. Kim receives daily medication at her residence for her seasonal allergies. Kim uses a portable bug repelling device from home when out in the community and there is the potential for bug bites. Kim will wear long sleeves and a hat or carry an umbrella for shade when outdoors for greater than 10 minutes. Concerns with allergies and requests for bug repelling refills will be communicated to Kim's residence via phone, email, or communication book.

Seizures: Kim is diagnosed with epilepsy; she has not had a seizure since 1998. Kim does not have a seizure PRN; in the event Kim has a seizure, 911 will be called per guardian. All seizure activity will be reported to her residence via Seizure Report, email, or phone call within 24 hours.

Choking: Kim has a physician ordered diet to prevent choking. Kim does not chew her food thoroughly and may eat foods she enjoys quickly, increasing her risk for choking. Kim may attempt to sample her peer's food items, putting her at further risk of choking. Staff remain in direct supervision while Kim is eating and ask her to slow down / chew her food, as needed. Kim is offered physical support in eating when the food is not appropriate to be eaten with her hands. Kim will not be seated within arm's reach of peer's food while at PAI unless a staff is seated beside her. Should Kim exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Kim has a physician ordered diet and requires her food to be cut into dime sized pieces. Her meals and snacks are sent to PAI from her residence prepared according to her physician's orders. Kim sits in a chair with arm supports at a personal table adjacent to her peers during meals. She uses a scoop dish and a sippy cup or a spouted cup during meals. Kim tends to eat most foods with her hands; but does accept full physical assistance from staff with a spoon. Kim can independently drink with a sippy or spouted cup; she may throw her cup on the floor after taking a sip instead of setting it on the table. When finished with her meal Kim often will push her table away to indicate she is done. Kim is offered a supplemental nutritional drink when eating less than 50% of her meal. Kim's intake will be communicated to her residence via phone, email, or communication book daily.

Chronic Medical Conditions:

Cerebral Palsy (CP): is a developmental disorder because of damage to the part of the brain that affects muscle control and coordination. Kim'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. Kim may experience problems with sensations, vision, hearing, swallowing, and speaking because of weakened muscles. Kim is supported in all areas involving coordination and motor skills.

Cervical Spine Spondylosis: affects the joints and discs of Kim's cervical spine (neck). It is also known as cervical osteoarthritis or neck arthritis. It develops from the wear and tear of cartilage and bones. It can cause chronic, severe pain and stiffness. However, many people who have it can conduct normal daily activities.

Chronic Constipation: Kim is diagnosed with chronic constipation; she may experience infrequent bowel movements, and small, hard-to-pass, stool. Kim is encouraged to drink fluids throughout her day and is monitored

PAI

for signs of discomfort such as swollen or painful abdomen and increase in agitation. All eliminations and any concerns will be reported to Kim's residence, who manages her bowel protocol.

Dysmenorrhea: is painful menstrual periods caused by uterine contraction. Kim takes birth control daily at home to control symptoms of dysmenorrhea. Symptoms include throbbing or cramping pains in the lower abdomen which can be severe enough to interfere with everyday activities, pain that radiates from the lower back to thighs, nausea, loose stools, headache, and dizziness. When not feeling well Kim typically will cry and may yell for prolonged periods.

Intellectual Disability (ID) Severe: is a generalized neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning accompanied by noticeable motor impairments and developed central nervous systems. Kim is supported in all areas of daily living and communication. She is encouraged to develop basic self-care and communication skills with appropriate supports through training and is provided with a high level of structure and supervision while at PAI.

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. Kim is supported in all areas involving coordination and mobility.

Spinal Cord Stenosis: occurs when the small spinal canal, containing the nerve roots and spinal cord, becomes compressed. This causes a "pinching" of the spinal cord/nerve roots, which leads to pain, cramping, weakness or numbness. Depending on where the narrowing takes place, these symptoms may be felt in the lower back and legs, neck, shoulder, or arms. Symptoms of spinal stenosis often start slowly and get worse over time.

Self-administration of medication or treatment orders: Kim takes her medications with soft foods and is encouraged to take a drink afterwards. Due to her cognitive and physical limitations, Kim is not able to self-administer her 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 Kim 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 and noted in Daily Progress Notes.

Other health and medical needs:

Personal Cares/Toileting: Kim utilizes the support of disposable briefs and requires additional support during her menses should she experience spotting. Kim is not able to complete her own personal cares or ensure her own privacy and at times, can be resistant to having her personal cares completed. She may clench her legs together making it challenging to clean her properly. Kim has a history of experiencing redness/skin irritation in her peri-area as a result. Kim responds best when given transitional first/than cues for less desired tasks such as First restroom Then a walk outside. At PAI Kim is assisted in using the restroom every two hours and as needed; she is provided full assistance in changing her brief and washing her hands by staff (female when available). All concerns and requests for supplies and eliminations are communicated to Kim's residence via phone, email, or communication book.

Prone to bruising: Kim has an unsteady gait and may bump into furniture and/or tables while walking causing clusters of bruises to appear. Kim is assisted in walking using a gait belt and Kim may walk short distances independently when staff are within arm's reach. Staff provide verbal cues to obstacles in her path and will guide Kim gently using the gait belt or by providing pointing/gestural cues. Should Kim require redirection while walking staff will orient themselves in front of her and physically guide her to turn using the belt. Kim will not be guided by her arm as she may bruise. All bruises will be reported to Kim's residence. Bruises that repeatedly appear in the same area and bruises that cannot be reasonably explained will be reported to her guardian and noted in Daily Progress Notes.

Risk of falling: Kim's chronic medical conditions put her at a high risk of falling and impact her ability to be safely mobile on her own. These conditions often worsened over time and can cause increase in balance related issues due to pain, tingling, numbness, and muscle weakness. Kim is unsteady when walking/standing and has a history of falling. Kim has fallen while walking with assistance. Kim may attempt to walk without assistance further increasing her risk of falling. Additionally, Kim can unfasten her seatbelt and may do so at unsafe times. Kim wears a gait belt with a plastic buckle throughout her day; it is put on by her residence in the morning and then taken off prior to her going to bed at night. Kim is assisted in walking using a gait belt with staff positioned on her left side to discourage her leaning back on staff for support. Kim may also walk short distances independently when staff are within arm's reach such as from a recliner to the activity table or counter. Staff provide verbal cues to obstacles in her path and will guide Kim by providing pointing/gestural cues or by gently using the gait belt as needed. When Kim is walking staff remain next to her, Kim will be guided by her gait belt only and not by her arm as she may bruise. During periods of unsteadiness Kim will be offered the use of her wheelchair. When using her wheelchair, Kim receives full assistance in propelling and navigate her environment. She is physically assisted by staff in fastening her lap belt whenever she is in her chair and they will periodically check to ensure Kim has not unfastened it. Any concerns or occurrence of falls will be communicated by PAI staff to Kim's residence via phone, email or communication book and noted in her Daily Progress Notes.

Mobility issues: Kim's chronic medical conditions impact her ability to be safely mobile on her own. Kim experiences ongoing changes in her ability to walk or stand. Kim walks/stands with the support of a gait belt with plastic buckle and staff for balance. Prior to walking, Kim will be assisted in putting on her shoes or no-slip socks. Kim is assisted in walking using a gait belt with staff positioned on her left side to discourage her leaning backwards while walking. Kim may walk short distances independently such as from a recliner to the activity table or counter when staff are within arm's reach. Staff provide verbal cues to obstacles in her path and will guide Kim by providing pointing/gestural cues or by gently using the gait belt as needed. When Kim is resistant to walking or having balance concerns (significantly leaning in a specific direction), she is offered her wheelchair. Kim receives full assistance in propelling and navigate her environment. She is physically assisted by staff in fastening her lap belt whenever she is in her chair and they will periodically check to ensure Kim has not unfastened it. Kim's residence utilizes a seatbelt cover to prevent Kim from pinching her fingers while manipulating the belt. Concerns or requested repairs of Kim's wheelchair will be communicated to her residence via phone, email or communication book and noted in her 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 Kim encountering it. PAI does not offer swimming or bathing. Kim receives support when in the community and should she be near a body of water, staff will stay in physical contact with Kim or her wheelchair should she be using it. Staff will verbally inform Kim of the areas to walk (on the path, middle of the dock, etc.) and where the water is. Should Kim be utilizing her wheelchair, staff will engage the breaks when not in motion.

Community Survival Skills: Kim does not communicate verbally is not able to navigate the community without support. Kim utilizes the PAI transportation provider to safely access the community. Staff provide supervision and

physical support to Kim while in the community to practice all pedestrian and traffic safety skills. She is supported in safely engaging with the community activities and people of her choice. Staff observe what is occurring around Kim and intervene on her behalf if a potentially dangerous situation were to happen. Staff will call 911 on Kim's behalf in the event of an emergency.

Sensory Disabilities:

- **Visual Impairments:** Kim has an **Astigmatism**, which causes her to see things blurry or wavy and is **Near Sighted**, which causes her to have difficulty seeing items that are further than 2 feet away. Kim does not tolerate wearing glasses but appears to have functional vision. At PAI choices should be offered near Kim (12-24 inches in front of Kim). Kim will be verbally informed of what staff will be doing and the choices they are offering.
- **Overstimulation:** Kim may become over stimulated in loud or busy environments as indicated by yelling, spitting, pinching, hitting, or reaching out for others. Should Kim become upset when overstimulated she will be offered preferred sensory activities such as back/arm/let rubs, being wrapped in a blanket or personal oral sensory manipulative, and assisted to a less stimulating environment when able.

Self-injurious behaviors: Kim is diagnosed with Trichotillomania: also called hair-pulling disorder. Kim may have recurrent, irresistible urges to pull out hair from her scalp, eyebrows, or other areas of her body. She may also pick at skin or pulling hairs/fibers from pets or from materials, such as recliners, clothes, or blankets. Kim may also engage in self-injurious behavior in the form of rubbing her face against zippers, clasps, snaps, or buttons on her clothing to the point of breaking the skin. Kim has high proprioceptive and oral sensory needs. At PAI Kim receives regular sensory input throughout her program day through head rubs, shoulder massage, holding hands, hand massager, knocking, clapping, hugs, weighted blanket or vest, and oral sensory items. When noted to be picking at her skin or pulling her hair, Kim is redirected to engage in appropriate and safe sensory interactions.

Physical aggression/conduct: Kim communicates nonverbally and at times may communicate her frustration, excitement, or overstimulation by slapping or grabbing at others, pulling hair, pinching, licking, or spitting at others. Should the other person react – Kim may be more likely to target them in the future. Kim will be encouraged to communicate safely, and staff will be aware when they are in Kim's personal space, particularly when reaching their arm across/in front of her. If Kim is spitting at her peers or staff, the action will not be acknowledged. Peers may be moved away from Kim and staff should keep their facial expression neutral or turn their back to Kim.

Mental or emotional health symptoms and crises: Kim receives treatment for a mood disorder and anxiety; she takes medication daily at her residence. When overstimulated, agitated or if she is being rushed or asked to do something she does not want to do, Kim may hit, pinch, spit, yell, or bit others. Kim may also engage in self-injurious behavior in the form of rubbing her face against her zipper to the point of breaking the skin and pulling her own hair. Kim has a history of prolonged screaming. Kim is monitored for symptoms of anxiety and supported with a consistent routine which encouraged independence and self-determination. Kim is provided opportunities to participate in activities and sensory integration throughout her day and engage in community and group social activities of her choosing. She is encouraged to make and communicate choices and preferences. Kim is given time to observe activities and indicate her willingness to participate by reaching out to initiate the activity on her own time. Kim will be offered transitional cues using First/Than terminology between tasks and given ample time to process requests. Concerns regarding Kim's mental or emotional health will be communicated to her residence and guardian via phone or email and noted in her Daily Progress Notes.

Person-centered information

- **Important TO:** It is important to Kim that she be engaged in meaningful interactions daily and supported in socializing with those around her. That she has access to safe oral manipulatives and frequent sensory

opportunities (particularly tactile sensory input like holding hands, clapping, knocking, back/head rubs). Opportunities to walk daily with support, time to do tasks for herself and routine are also important to Kim.

- **Important FOR:** It is important for Kim to walk daily with good posture to maintain her muscle strength and ability, to have sensory integration activities and appropriate manipulatives available throughout her day to prevent her from seeking input in the form of scratching herself, to use her communication skills to advocate for her preferences and communicate in a safe manner and to wash her hands.
- **Good day:** A good day includes lots of smiles, laughing and “knocking” with opportunities to walk with supportive and upbeat caregivers, time to do tasks for herself, opportunities to socialize with others and lots of routine sensory integration. It may include spending time outdoors or going for a van ride with the windows down or favorite foods such as pasta or chocolate ice cream. On a good day Kim may spend time at her favorite places such as Como Zoo or the Maplewood Mall or go out to eat at Noodles & Company. On good days Kim is very social; she may visit with favorite people and seeks out appropriate sensory input through knocking, hugs, and head scratches.
- **Bad day:** A bad day for Kim includes a lack of appropriate sensory input, feeling pain when she walks and working with boring or authoritative caregivers. On a bad day Kim may feel rushed and anxious, she may pick or scratch at her arms or legs and not be interested in engaging with others. On bad days Kim may spit more frequently and have a harder time waiting for things she wants or during transitions.
- **Likes:** Kim likes to be called Kim or Kimmy. She enjoys sensory activities, particularly tactile input like holding hands, clapping, knocking, back/head rubs and oral sensory input. Kim enjoys going out to eat and riding with the windows down in the van, looking in mirrors and playing different simple musical instruments. Kim is a social lady and enjoyed being around others. Kim likes to dance, listen to music, and prefers to do things at her own pace. Kim seems to like any music that is on. She enjoys going to outdoor concerts and local band shell performances. She enjoys children’s songs and upbeat music with a rhythm. You will know Kimmy likes the music if she wants to get up and dance. Kim lets you know you she is ready to participate in an activity by reaching out or moving towards the activity and smiling. Kim enjoys being outdoors, going for walks at Como Zoo or around Maplewood Mall, riding the merry-go-round and bowling. While at her home Kim likes going to movie theaters, using swings, and swimming or sitting in a wading pool.
- **Dislikes:** Kim does not like to be rushed or must do things quickly. Being rushed can cause Kim to become frustrated. She likes to do things at her own pace and needs time to process requests. Repeated requests to complete a task or a demanding tone of voice will make Kim mad. Kim feels scolded when called “Kimberly”. Being bored can also frustrate Kim. Kim lets you know this by vocalizing loudly, pushing you or the activity away, pulling out her own hair and picking at her skin. At times when frustrated Kim will sit down suddenly and refuse to move. Washing her hands and at home brushing her teeth can be challenging for Kim. Kim lets you know she does not like something by grimacing or pushing 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**:

- Per team conjecture: Kim wants to be in a supportive environment both at home and PAI, where staff keep her engaged in recreation and leisure activities and help her to communicate her wants and needs. Kim would like to increase herself regulatory skill by strengthen her ability to communicate her needs and access appropriate proprioceptive sensory input. Kim would like to participate in a structured and personalized program day that includes time to rest and relax, supported socialization with peers and staff, opportunities to participate in various sensory experiences throughout her day, including music related activities. Support in using technology such as the iPad or SMARTBoard to play games and be supported in going for walks both indoors and out. Kim prefers to engage in activities one to one or in a small group and with positive, supportive staff.
- For supports, Kim prefers efficient care and clear, respectful communication from people that know her and her routine well. Kim responds best to short concise communication; Kim prefers an upbeat tone from caregivers and time to process requests. Transitional cues are helpful for Kim (Example: we are going to Music Therapy in 10 minutes Kim). Kim may become frustrated if pushed to do things she has indicated she does not want to engage in or if asked the same question repeatedly. Kim's refusals will be honored after two to three attempts (depending on the activity or task). Kim prefers to be provided choices that honor her preferences. Kim responds well to 1st/than verbal direction when paired with a preferred reinforce such as "1st cares, then snack or 1st back to a chair, then back rubs."
- Kim communicates non-verbally using facial expressions, vocalizing, or waving. Kim may "blow raspberries" when happy or excited and will spit when frustrated as a warning to give her some space. Kim knows adaptive signs for eat, more, drink and yes but does not use them consistently.
- Kim would like her communication to be honored and supported throughout her day. When talking with Kim, it is important to observe for non-verbal communications and ask her to confirm her non-verbal communication using the ASL signs for yes/no or by shaking/nodding her head. Kim makes choices about her schedule, community activities, and daily activities and is provided options throughout her day to make choices and decisions. Kim communicates preferences by touching people she wants to interact with or things she would like and pushing away items she is not interested in. Kim prefers to be provided choices that honor her known preferences. She is encouraged to communicate her preferences throughout her day when offered 2 options (picture cards or real objects) when able. Choices are offered near Kim (12-24 inches in front) and Kim will be verbally informed of what choices are being offered.

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**?

Kim works on outcomes that are both important to and important for her. She is offered a variety of choices throughout her day regarding her preferred activities.

PAI

What are the opportunities **for community access, participation, and inclusion** in preferred community activities?
Kim has opportunities to choose community integration trips. While in the community, Kim is encouraged and supported in her interactions with others she encounters.

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

Kim has the opportunity to spend time in the community, volunteer, and visit other preferred places. She is encouraged to interact with other members of the community and create relationships.

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

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

- Kim’s residence, guardian and PAI staff collaborate in the exchange of information as it relates to Kim’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 Kim’s communication book.
- PAI works with Kim’s residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Yvonne Kutzer is Kim’s private legal representative who advocates on her behalf as well as makes legal decisions with her. The legal representatives provide information and direction on Kim’s services and supports in collaboration with other members of this support team.
- Jayme Branstner, case manager from Anoka County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Kim and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Kim’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:

NER- Currie, Residential

Holly Hofland – Program Coordinator | Residential Supervisor

Email: hhofland@nerinc.org Phone: 651-486-6452 Cell: 605-881-2282

PAI – Oakdale, Day Program

Emily Elsenpeter – Designated Coordinator

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

Yvonne Kutzer – Legal Representative

Email: lvoni2@midco.net Phone: 651-253-6874

Jayme Branstner – Case Manager Anoka County

Email: Jayme.Branstner@co.anoka.mn.us Phone: 763-324-1893

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: Kim currently lives at Northeast Residence where they assist her in coordinating her services. She is content with where she is at.

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.

PAI

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

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 Kim's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Kim 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

PAI

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:
The license holder had not been assigned responsibility for the medication administration of the psychotropic medication.
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

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: Kim enjoys having her head and upper back scratched lightly and may seek out or initiate physical interactions such as hand holding, head and upper back scratches or hugs. Kim 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: Kim may require varying levels of physical contact while walking, staff support Kim in transferring using a gait belt and assist Kim to fasten her seatbelt while utilizing her 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: Kim may require varying levels of physical contact to complete and engage in tasks and preferred program activities such as playing a game, painting, or using the Wii. Kim benefits from hand over hand or hand under hand supports when building new skills.
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: Kim may require varying levels of physical contact to be redirected to safe and appropriate sensory input when scratching/pulling/picking at her skin.
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: Kim may require varying levels of physical contact to be redirected to safe and appropriate sensory input.
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: Kim 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: Kim utilizes verbal prompts and transitional cues from staff to decrease symptoms of anxiety.
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?

PAI

Yes No If yes, explain how it will be used: Kim utilizes a gait belt while walking and a personal wheelchair for use during transportation or when walking long distances as needed.

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