

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

Name of person served: Kathryn (Katie) Sauter

Date of development: 10/26/2021

For the annual period from: 10.2021 To: 10.2022

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

Legal representative: Betty and Jerry Sauter

Case manager: Paula Maxson

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:

Katie 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 Katie. The program works with Katie 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 Katie’s physical, emotional, and social functioning skills. Staff support Katie 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 Katie. PAI works with Katie’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, Katie will use the iPad to answer a yes/no question in 80% or more of trials over the next year.”

Katie finds value in making her own choices. It is important that she is able to continue to strengthen her communication skills and advocate for herself.

Outcome #2: : “Daily, Katie will choose a staff member to go on a walk with, in 80% or more trials over the next year.”

While exploring a 1:1 outcome with Katie, we found a lot of interest in going for walks with her staff. This outcome allows Katie to continue to enjoy that 1:1 time with someone that she appreciates working with.

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:

- Katie utilizes technology at PAI daily using the iPad for music and other audio activities, as well as the Choice Board ap for choice making.
- Katie 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.

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: Katie has seasonal allergies and is allergic to dust and mold; she may sneeze, cough, and have congestion when exposed to these potential allergens. Katie has a sensitivity to morphine which causes an increase in seizure activity. Katie's allergies are listed on her Face Sheet, Medication Administration Record (MAR), and Client Record. Katie takes allergy medication daily at home for her seasonal allergies. Concerns with allergies will be communicated to Katie's residence via phone, email or communication book and noted in her Daily Progress Notes.

Seizures: Katie is diagnosed with a seizure disorder. She has a physician ordered Seizure Protocol with PRN medication Katie takes daily medication at home for her seizure disorder and has a PRN medication for extended seizures or multiple seizures within a 24-hour period. Katie experiences Tonic Clonic Seizures in which she loses consciousness. Seizures present with a shiver like jolts and a rigid upper body. Katie may call out at the onset of the seizure, but this is not consistent. Katie will be supervised and monitored for seizure activity. PAI staff will check Katie's communication book daily upon arrival and will note if residential staff have observed a seizure in the past 24 hours. Staff are trained to Katie's seizure protocol and where to locate her PRN medication. A trained medication passer would administer her PRN medication per her seizure protocol if she met the criteria for it. All seizure activity will be reported to her residence via Seizure Report, email, or phone call within 24 hours.

Choking: Katie has a physician ordered diet with foods modified to bite/quarter sized pieces to prevent choking. Katie is unable to determine the appropriate size of bites and likes to dance while eating putting her at an increased risk of choking. Katie's food is sent to PAI from her residence prepared according to her Physician's Orders. PAI staff visual check Katie's food prior to offering it to her. Katie is visually monitored during meals and helped as needed. Should Katie exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Katie has a physician ordered diet. Her meals and snacks are sent to PAI from her residence prepared according to her physician's orders. Katie sits in a regular chair or her wheelchair during meals at the lunch table. She uses a spouted/ "sippy" cup to drink. Katie is left-handed and eats with a fork which has food put on it by staff or feeds herself finger foods independently. Katie uses a mac switch positioned on her left side to indicate when she has finished eating. Katie can eat and drink independently; however, she may receive nutrition and fluids via her g-tube as prescribed by her physician to aid in maintaining a healthy weight. Katie may receive a feeding via gravity bag PRN and can be repositioned in a recliner for comfort. Katie's intake will be communicated to her residence via phone, email, or communication book daily.

Chronic Medical Conditions:

- Autistic Characteristics: Katie demonstrates Autistic like characteristics but does not have a formal Autism diagnosis. She may engage in repetitive body movements with her hands and arms. Katie is supported in a consistent

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routine at PAI and is encouraged to use her communication skills.

- Cerebral Palsy (CP):** A developmental disorder occurring because of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Katie's ability to move and maintain balance and posture is impaired due to limited muscle control. She experiences poor coordination, stiff, weak muscles, and tremors. Katie may experience problems with sensations, vision, and hearing, swallowing, and speaking because of weakened muscles. While at PAI Katie is supported in fine and gross motor tasks and in any activity involving coordination. She is provided with supports during mealtimes and communication supports are offered using picture cards.
- Constipation:** Katie has a history of constipation (infrequent bowel movements, and small, hard-to-pass, stool) due to her medications, feedings and decreased physical movement. Katie is monitored for signs and symptoms of constipation such as discomfort, distended abdomen, and flatulence. All eliminations or noted symptoms are reported by PAI staff via phone, email or communication book to Katie's residences who manages her bowel protocol.
- Dysmenorrhea:** The medical term for painful menstrual periods which are caused by uterine contraction. 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 for a few days every month. Disinterest in preferred activities, lethargy, crying, facial grimace, and an increase in hitting herself are often noted prior in the week leading up to Katie's menses and PRN comfort medications may be offered.
- Hyponatremia:** Occurs when the concentration of sodium in the blood is abnormally low. Sodium is an electrolyte, and helps maintain normal blood pressure, nerves, and muscles functions, and regulates the body's fluid balance. PAI staff monitor Katie's daily fluid intake and reported her intake in ounces to her residence daily via communication book.
- Hip Dysplasia (right):** The medical term for a hip socket that does not fully cover the ball portion of the upper thighbone. This allows the hip joint to become partially or completely dislocated and can damage the soft cartilage that rims the socket portion of the hip joint making the joint more likely to develop osteoarthritis. Katie may experience pain or stiffness during transfers. Katie is physically assisted to transfer and move her body.
- Polymyalgia Rheumatica (PMR):** An inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips. Symptoms of PMR usually are worse in the morning and usually occur on both sides of the body. Symptoms include limited range of motion and aches, pain or stiffness in the shoulders, neck, upper arms, wrists, elbows, buttocks, hips, thighs, or knees. Symptoms may also include fatigue, loss of appetite and depression.
- Scoliosis:** A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. Katie has a personal wheelchair with a specially designed seat back, ankle and shoulder straps to aid in proper positioning of Katie's body.
- Severe Intellectual Disability (ID):** A generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ anywhere between 20 and 30 and is often accompanied by a neurological disorder. Katie is supported in all areas of basic self-care and communication. She is provided with opportunities to develop skills with appropriate supports and provided with a high level of structure and supervision.
- Thrombocytopenia:** A condition in which you have a low blood platelet count. Platelets help blood clot and stop bleeding. Staff are aware of Katie's diagnosis and take care when assisting her to move her body. Signs and symptoms include easy or excessive bruising, superficial bleeding into the skin that appears as a rash of pinpoint-sized reddish-purple spots (usually on the lower legs, bleeding from gums or nose easily, blood in urine or stools, unusually heavy menstrual flows, and fatigue. Certain medications Katie takes routinely, and PRN further reduces the number of platelets including anticonvulsants and sulfa-containing antibiotics. Katie is monitored for bruising. PAI staff report all noted bruising to Katie's residence via phone and communication book. Additionally, increases in excessive bruising will be documented in Katie's Daily Progress Notes.

Self-administration of medication or treatment orders: Katie takes her medication orally as tolerated in soft foods and may receive medication crushed via g-tube. She does not have the fine motor skills to self-administer medications. Medications/treatments are administered according to the prescriber's orders and as directed by the

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pharmacy or prescription bottle. Each administration time, trained staff dispense the medication/treatment for Katie 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/Hygiene: Katie utilizes the support of a disposable brief and due to her physical limitations, is not able to complete her personal cares. Katie needs total assistance in providing for her personal cares and menstrual hygiene. Katie bears weight during transfers and is assisted to a mat table using an Arjo mechanical lift or a one-person pivot transfer. Katie is assisted in changing her brief every two hours and as needed. All concerns and requests for supplies and eliminations are communicated to Katie's residence via phone, email, or communication book.

Risk of falling: Katie's chronic medical conditions and seizure disorder put her at a high risk of falling and impact her ability to be safely mobile on her own. Katie has torso control however she tends to lean due to her scoliosis and is not able to walk without assistance. Katie is supported in fastening her seatbelt when in her wheelchair. During transportation Katie will have her ankle and shoulder straps secured. When on a mat table, the rail will be engaged when staff are not in contact with Katie's body. If Katie is sitting in a recliner, the footrest should be raised to avoid a fall if a seizure were to occur, but she does not need the support of a positioning belt. Any concerns or occurrence of falls will be communicated by PAI staff to Katie's residence via phone, email or communication book and noted in her Daily Progress Notes.

Mobility issues: Katie's chronic medical conditions impact her ability to be safely mobile on her own. Katie uses a wheelchair for mobility and is unable to propel her wheelchair, apply brakes or safety restraints. Katie receives ongoing total physical assistance from staff to maneuver and propel her wheelchair and is supported in fastening her safety restraints, and to apply her back breaks. Katie wears AFOs (ankle foot orthotics) when bearing weight during transfers. Katie bears weight during transfers, using an Arjo mechanical lift or a one-person pivot transfer. Concerns or changes in Katie's mobility and requested repairs of Katie'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 Katie encountering it. PAI does not offer swimming or bathing. Katie receives support when in the community and should she be near a body of water, staff will remain in control of Katie's wheelchair and will verbally inform her the areas to stay in (on the path, middle of the dock, etc.) and where the water is. Staff will engage the breaks of Katie's wheelchair when not in motion and near a body of water.

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

Self-injurious behaviors: Katie has been diagnosed with a developmental disability and communicates nonverbally. When Katie may make a "buzzing" vibrating sound or bite her hand. Kathryn may communicate that she is overwhelmed, frustrated or board by hitting herself in the face with her hand. When agitated, upset or uncomfortable, Katie may cry, hit her cheek/chin, and bite her hand. Illness, seizure activity, menstrual discomfort and unfamiliar staff may affect Katie's ability to self-manage her symptoms of behavior. Katie has a consistent

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schedule and routine for her program day. Katie's routine and historic preferences are honored, and she is encouraged to make choices throughout her day. She is offered opportunities to spend time in a recliner, participate in Music Therapy, listen to music/books on tape, Pet Therapy, sensory activities, visit friends in other rooms, & engage in program activities both with a group and 1:1 with staff. When Katie is engaging in self-injurious behaviors staff use a calm voice to verbally redirect her, staff may also physically redirect Katie by blocking her hand and/or move her to a quieter area. Katie will be offered her communication choice board app (on the iPad) to help her communicate her needs. Katie may also be offered her preferred music and/or the opportunity to relax in a recliner/cuddle with a blanket, if not already doing so. Katie enjoys manipulating beads and may be redirected to her beads when showing symptoms of behavior. Katie has a PRN comfort medication.

Person-centered information

Important TO: It is important to Katie that she be cozy, comfortable, and looking cute. Having good music to listen to, a hot coco/chocolate drink, beads to spin and 1:1 attention from favorite people.

Important FOR: It is important for Katie to drink her fluids, keep her hands out of her mouth and to use her communication skills particularly when she is upset or frustrated.

Good day: A good day for Katie involves being cozy, comfortable, and looking cute. Having good music to listen to, a hot coco/chocolate drink, beads to spin and 1:1 attention from favorite people. On good days Katie is smiley and full of dance moves. She enjoys being part of a group and participating in activities. On good days Katie experiences less pain, fatigue, and stiffness, she may reach out to interact with staff or activities.

Bad day: A bad day for Katie includes being cold, not having a cute outfit on, having to sit in her wheelchair for too long, no chocolate or treats, not getting enough attention. On bad days Katie may experience and increase in pain or discomfort due to her chronic medical conditions. On bad days, Katie will hit her head/cheek/chin with her hand causing redness; Katie may not respond to verbal redirection of preferred activities on bad days.

Likes: Kathryn, who goes by Kate or Katie loves to listen to music and dance. Music is a very important aspect of Katie's day; she prefers to always have music playing. Katie really likes R&B, Broadway Musicals and upbeat pop music like One Direction or anything the characters from Glee sing. When in a mellow mood she likes to listen to music without many words like Sigur Ross and Royksopp. Katie has a preference towards female vocalist like Fergie, Britney Spears, Avril Levine, Carrie Underwood, and Boy Bands. She loves to be "cozy" and relax in a recliner with a blanket and twirl beads in front of her face or watch a "chick flick". Katie enjoys going out in the community, shopping for clothing, jewelry and hair accessories or going out for a snack. Katie lets you know she likes something by making eye contact, being engaged, smiling and vocalizing. When Katie is really excited, she makes a "buzzing" sound and will put her right hand in her mouth. Katie loves sweets, particularly M&M's and anything chocolate. Chocolate milk or hot chocolate are favorites. She likes Mexican food (chipotle) peanut butter and sandwiches with lots of mayo. Katie lets you know that she is enjoying her lunch by rocking her head side to side, dancing and by eating without exhibiting any SIB.

Dislikes: Katie does not really like to be in big crowds of people as all the noise frustrates her. Katie gets mad when there is no music on near her, or her hair is in too tight of a bun or ponytail or if she must wait for something she wants, like using the restroom or a drink. She does not like to be chilly or spend too much time in her wheelchair. Katie lets you know she does not like something by engaging in SIB, pushing you away, facial grimaces, crying / whimpering. Katie has some tactile defensiveness on her face and does not like having her teeth or hair brushed or having her face wiped.

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**:

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•Katie would like to participate in a structured and personalized program day. Katie would like to continue to pursue recreation and leisure activities with staff who know her communication style. Katie would like to continue to work on effective communication and choice making as well as controlling objects like the radio in her environment. Katie would like to continue going on community outings and socializing with peers. Katie would like for her day to have a balance of time to rest and relax and socialize with peers and staff. Katie would like opportunities to listen to music, participate in music related activities or sensory experiences, and fun upbeat staff to be part of her day. Katie prefers to engage in activities one to one or in a small group and with positive, supportive staff.

•For supports, Katie prefers efficient care and clear communication from people that know her and her routine well. Katie responds to verbal praise and can follow some one step directives. She likes to be complimented on her appearance & her participation in an activity. When praised, Katie will smile or “buzz” and may gesture with her finger for staff to come sit by her. Katie responds best to paired physical and verbal prompts delivered in an upbeat tone, routine and repetition when working on skill building. Katie benefits from hand over and hand under hand supports when learning new skills or experiencing an increase in stiffness or tremors because of her PMR.

•Katie communicates nonverbally with facial expressions such as smiling or grimacing, body language, vocalizations, and some gestures. Katie understands words and short phrases in English. Katie learns through routine & repetition and responds best to upbeat and excited tones of voice. Staff observe Katie for non-verbal communication such as smiling, grimacing, dancing, leaning over in her chair or making the “come here” motion with her finger. Katie will be spoken to in an upbeat tone of voice using short phrases. Katie will reach for/touch items she wants when presented on her left side, when tired Katie may look at the item, she wants instead of touching it. Katie can give yes/no responses by eye pointing at a yes/no communication board. Katie may also use the iPad ChoiceBoard App to communicate basic needs/wants such as a drink, change in music or wanting a blanket.

•Katie would like her communication to be honored and supported throughout her day. Katie will be encouraged to communicate her preferences throughout her day. When talking with Katie, it is important to offer choices on her left side (using real items/picture cards/iPad app) as available. She makes choices about her schedule, community activities, and daily activities and is provided options throughout her day to make choices and decisions. Katie will reach for/touch items she wants when presented on her left side, when tired Katie may look at the item, she wants instead of touching it. Katie can give yes/no responses by eye pointing at a yes/no communication board. Should Katie eye point at a choice, she will have offered her yes/no board to confirm her communication. Katie may also use the iPad ChoiceBoard App to communicate basic needs/wants such as a drink, change in music or wanting a blanket. Katie’s choices and refusals are honored, and Katie’s preferences will be communicated to other support staff on her behalf.

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**?

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

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

Katie has opportunities to choose community integration trips. While in the community, Katie is encouraged

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and supported in creating positive relationships with those she encounters.

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

Katie has the opportunity to spend time in the community, volunteer, and visit other preferred places. Katie is encouraged to interact with others in the community and develop relationships.

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

Katie 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 Katie and her team decide that they would like to seek out competitive employment, her team will hold a meeting and discuss the next steps needed to fit Katie's desires.

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

- Katie's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Katie'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 Katie's communication book.
- PAI works with ACR Boutwell, Katie's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Betty and Jerry Sauter are Katie's private legal representatives and parents who advocate on her behalf as well as make legal decisions with her. The legal representatives provide information and direction on Katie's services and supports in collaboration with other members of this support team. Katie's sister Julie and her brother David also support Katie and her parents with these responsibilities.
- Paula Maxson, case manager from Thomas Allen contracted through Dakota County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Katie and her legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Katie's support team to ensure continuity of care.

If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

ACR Homes – Boutwell, Residential
Maggie Fonteyn, Residential Director
Email: Maggie.Fonteyn@ACRhomes.com Phone: 763-248-0478
Courtney Andert– RN Phone: 612-834-5974
Briana Krusell – Care Coordinator Email: Briana.krusell@bluestonemd.com

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

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Betty and Jerry Sauter – Legal Representative
Email: BandJsauter@comcast.net Phone: 651-454-7754

Paula Maxson – Case Manager from Thomas Allen contracted by Dakota County
Email: Paulam@thomasalleninc.com Office: 651-789-5177 Fax: 651-789-0433

The person currently receives services in (check as applicable):

- Residential services in a community setting controlled by a provider
- Day services
- Neither

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 (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: Katie and her team are content with the services that she receives at ACR Boutwell. There is no plan for her to move out of her current home.

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**: Katie 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 Katie and her team decide that they would like to seek out competitive employment, her team will hold a meeting and discuss the next steps needed to fit Katie's desires.

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

Does the person require the **presence of staff** at the service site while services are being provided?

- Yes No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

N/A

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

- Yes No

If yes, please indicate what right(s) will be restricted: N/A

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**?

- Yes No

If yes, address any concerns or limitations: N/A

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

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here:

N/A

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication set up, assistance, or medication administration, the license holder will provide that support according to procedures listed here as applicable:

Medication set up:

Medication assistance:

Medication administration:

Psychotropic Medication Monitoring and Use

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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

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: Katie enjoys light massage to her feet/calves. Katie may seek out or initiate physical interactions such as hand holding or hugs 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: Katie may require varying levels of physical contact while transferring to or from her wheelchair. Katie requires support in applying her shoulder and ankle straps prior to taking 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: Katie may require varying levels of physical contact to complete and engage in tasks and preferred program activities. Katie benefits from hand over hand supports when learning 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: Katie may require varying levels of physical contact to be redirected when engaging in self-injurious behaviors or putting her hands in her mouth.

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: Katie may require varying levels of physical contact to be redirected when engaging in self-injurious behaviors or putting her hands in her mouth.

6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.

Yes No If yes, explain how it will be used: N/A

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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: Katie 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: Katie requires support in applying her pelvic strap and safety belt while in her chair and her shoulder and ankle straps prior to taking transportation.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: Katie utilizes verbal prompts to be redirected when engaging in self-injurious behaviors or to take her hand out of her mouth.
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?
 Yes No If yes, explain how it will be used: Katie utilizes AFOs for support when bearing weight.

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 1:6 1:8 Other (please specify): [Click or tap here to enter text.](#) NA

Frequency Assessments

PAI

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