

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

Name of person served: Jerome Welch

Date of development: 11/1/2021

For the annual period from: 11.2021 To: 11.2022

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

Legal representative: Pat O'Neill

Case manager: Lisa Topps

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:

The scope of services for Jerome is intensive support services in a day training and habilitation community-based program and/or day support services. The program works with Jerome to develop and implement achievable outcomes that support his goals and interests and develop skills that help him achieve greater independence and community inclusion. PAI works to increase and maintain Jerome's physical, emotional, and social functioning. Staff support Jerome 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 Jerome. Support is provided in the most integrated and least restricted environment for Jerome. PAI works with Jerome's residential provider 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: Weekly, Jerome will choose a staff to assist him in making his sensory bottle in 75% off trials over the next six months.

Jerome finds value in having 1:1 time with his staff and those that he is closest with. This outcome supports Jerome in having that time as well as making choices about who he wants to spend time with. It is important to and for Jerome to continue to strengthen his communication skills and advocate for his preferences.

Outcome #2: Weekly, Jerome will create a sensory bottle in 75% of all trials over the next six months. Jerome enjoys having access to a bottle throughout his day. This outcome allows Jerome to create new bottles that

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he likes by making choices of items, colors, and various materials. It is important to and for Jerome to continue to strengthen his communication skills and advocate for his preferences.

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: Yes No

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made:

- Jerome utilizes technology at PAI daily using the iPad for choice making, music, and calming videos.
- Jerome can access the television in his program area for sensory videos and to play games on the Wii.
- Jerome utilizes switches as a form a communication.
- 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: Jerome is allergic to Penicillin, the Polio Vaccine, and Seasonal (Fall and/or Spring). Jerome's allergies are listed on his Medication Administration Record. Jerome is monitored for symptoms of seasonal allergies which include sneezing, runny nose, headaches, and sinus pressure. Jerome will only receive medication that has been prescribed by his physician. Concerns are relayed to Jerome's residence via phone, email or communication book and noted in his Daily Progress Notes.
- Seizures: Jerome experiences Tonic Clonic/Grand Mal seizures. He has a physician ordered seizure protocol. Staff are trained to the location of Jerome's seizure protocol. He will be supervised and monitored for seizure activity. Staff are trained to his protocol and a trained medication passer would pass his seizure PRN if he met the criteria for it. Jerome may appear to have a seizure upon awakening; however, his physician has determined that this is a startle response. Activity under 30 seconds is not considered a seizure as defined in his protocol. All seizure activity greater than 30 seconds will be reported to Jerome's residence via Seizure Report, email or phone call within 24 hours and noted in his Daily Progress Notes.
- Choking and Special dietary needs: Jerome requires a physician ordered diet for pureed foods and nectar thickened liquids. Jerome sits in his wheelchair at the table while eating and uses a mother care spoon, a divided plate, a large nosey cup, and a no slip mat. Jerome's lunch comes prepared by his residence and is checked to ensure it is prepared properly prior to serving. Jerome can eat independently with staff supervision for most of his meal. He may require hand over hand assistance in holding his spoon, or full assistance to eat if he is very tired or near the end of his meal. Jerome is fully assisted in drinking his thickened liquids from his nosey cup; should Jerome chose not to drink his liquids from his cup, he will be offered spoon fed assistance to finish his drink, as he usually accepts when given in this manner.
- Chronic Medical Conditions:
 - o Hypothyroidism: deficiency of thyroid hormones can disrupt such things as heart rate, body temperature, and all aspects of metabolism. Major symptoms include fatigue, cold sensitivity, constipation, dry skin, and unexplained weight gain. Concerns with symptoms of a hyperthyroidism will be communicated to Jerome's residential provider via phone or email and noted in his Daily Progress Notes.
 - o Cellulitis: a common, potentially serious bacterial skin infection. The affected skin appears swollen and red and is typically painful and warm to the touch. Symptoms may include painful skin, warmth, blister, pus, red rashes, swelling, chills, fever, and/or whole-body discomfort. Concerns with symptoms of a cellulitis will be communicated to Jerome's residential provider via phone or email and noted in his Daily Progress Notes.

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- o Obstructive sleep apnea: intermittent airflow blockage during sleep causing fatigue, snoring and excessive daytime sleepiness. Jerome is encouraged to remain awake and engaged during his program day. If Jerome is experiencing seizure activity, has received his PRN, or is very tired (indicated by his becoming upset when wanting to rest and being woken) staff will respect his need to rest. Concerns with Jerome's sleeping or breathing while he is sleeping are reported to his residential provider via phone or email and noted in his Daily Progress Notes.
 - o Gibbus Deformity (Kyphosis): The posterior (from behind) curve presents sharply angled; the curvature is not smooth. This deformity may result in a 'humpback' found to be more prominent when bending forward with potential of back pain and stiffness. Jerome will be supported in repositioning and monitored for discomfort. He may be provided his PRN medication for pain/discomfort. Any concerns with pain or discomfort will be reported to his residential provider via phone or email and noted in his Daily Progress Notes.
 - o Lower leg vascular deficiency/edema: the venous wall and/or valves in the leg veins are not working effectively, making it difficult for blood to return to the heart from the legs and puffiness caused by excess fluid trapped in the body's tissues. Jerome wears TED stockings and uses footrests on his wheelchair. Concerns with swelling, potential pain, his TED stocking, or his wheelchair footrests will be reported to residential provider via phone or email and noted in his Daily Progress Notes.
 - o Constipation: infrequent bowel movements, and small, hard-to-pass, stool that may cause abdominal pain or discomfort. Jerome's eliminations are reported to his residence daily via communication book.
 - o Dermatitis: an itchy inflammation of the skin resulting in rashes, dryness, flakiness, bumps, fissures, peeling, or redness. Jerome will be monitored for symptoms of Dermatitis and concerns will be reported to his residential provider via phone or email and noted in his Daily Progress Notes.
 - o Osteopenia: A condition that occurs when the body does not make new bone as quickly as it reabsorbs old bone. Typically, there are no symptoms, unless the condition progresses to osteoporosis. When assisting Jerome with moving, repositioning, and transferring, staff will take care to be gentle and limit risk him bumping into anything that may have impact on his bones. Concerns and any instances of Jerome hitting anything will be reported to his residential provider via phone or email and noted in his Daily Progress Notes.
- Self-administration of medication or treatment orders: PAI receives Jerome's medication from his residential provider, ACR Homes and set it up according to prescriber's orders and as directed by the pharmacy/prescription bottle/bubble pack. Jerome currently takes Fibercon (fiber deficiency), Calcium Carbonate (calcium deficiency), and Baclofen (spasticity). Each medication administration time, trained staff dispense the medication for Jerome and place the medication in a portion of his prepared meal. Staff offer him the medication on his spoon with full assistance to limit the risk of the medication dropping. Once he swallows the medication in his food, he is offered his beverage. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns, supply requests or issues regarding medication will be communicated by PAI staff to staff at his residential provider via phone, email, or communication book. Communication will be noted in his Daily Progress Notes.
- Other health and medical needs:
- o Personal cares: Jerome receives full support to complete his personal cares. Jerome utilizes the support of briefs due to incontinence. He is supported in completing cares every two hours and as needed throughout the day. He utilizes a personal sling that is removed between transfers, a Hoyer, and a mat table. He is supported by two staff for transfers and while completing his cares. Concerns with his sling will be reported to his residential provider via phone or email and noted in his Daily Progress Notes.
 - o Urinary Retention: Jerome's voids are reported to his residence daily in his communication book. Staff offer Jerome his beverage at lunch to support adequate fluid intake.
 - o Skin Breakdown: Jerome is repositioned and assisted with personal cares every two hours and as needed. He is observed for redness and pressure marks during his personal cares. Any noted redness that does not fade over a 30-minute period will be reported to his residence via phone or email and noted in his Daily Progress Notes. When experiencing blistering, PAI staff will change the bandage on his backside if it becomes soiled.

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o High tone with support of elbow splint: Jerome's residence applies his elbow splint at home in the morning and it is removed at PAI midday and placed in his bag to be sent home daily. PAI will report any concerns related to the elbow splint to his residence via phone or email.

•Risk of falling: Due to Jerome's chronic medical conditions, seizure disorder, and physical disabilities, he is at risk of falling. Jerome wears his pommel and chest, pelvic and safety straps always while in his wheelchair. Jerome is supported in transferring with two people to minimize risk of falls while transferring. The mat table side rail is engaged any time staff are not in direct contact with the mat table while Jerome is utilizing it. Jerome may sit in a recliner with a safety strap and the feet elevated.

•Mobility issues: Due to Jerome's chronic medical conditions and physical disabilities, he requires support with mobility. Jerome is assisted in propelling his wheelchair as well as applying/removing safety straps and his break. He has footrests to protect and elevate his feet. Jerome's foot strap on his wheelchair will be applied during transportation only. He utilizes a Hoyer and sling for transfers to a mat table or a recliner. Jerome is physically assisted by staff to reposition his body and/or his wheelchair every two hours and as needed.

•Regulating water temperature: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Jerome encountering it.

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

•Water safety skills: PAI does not offer swimming or bathing. When near bodies of water, Jerome's breaks will be engaged when his chair is not in motion, and staff are in arms reach of him.

•Sensory disabilities:

o Astigmatism: causes blurred vision and may make details difficult to see. Staff will adjust items for Jerome and watch to ensure he is able to visually track them, indicating that he can see them more clearly. He is also encouraged to lean forward and/or reach for items to move them so he is able to see them better.

o Overstimulation: Jerome may become overstimulated as shown by having distressed vocalizations when the room is too loud or busy. Jerome's need for space and quiet will be respected. Jerome will be offered an opportunity to go to a quieter and less stimulated environment.

•Self-injurious behaviors: Jerome may scratch his own head and hands/arms for unknown reasons. If this occurs, staff will assess where he is scratching for any first aid needs and treat as needed. He will be redirected by being offered preferred activities. Concerns will be reported to his residence via phone or email and noted in his Daily Progress Notes.

•Verbal/emotional aggression: When Jerome needs something, in pain, uncomfortable, or not feeling well, he may yell or have extended, distressed vocalizations. Staff will assess Jerome for any immediate needs (ex. completing personal cares, a beverage, etc.), injury, illness, overstimulation, or potential pain/discomfort. After meeting his needs, staff will redirect Jerome by offering him options of a preferred activity and/or adjust his environment.

•Person-centered information

o Important to Jerome: It is important to Jerome that he have spicy foods, pie and sweet baked treats, bottles, phones, and other preferred manipulatives to hold and have access to, time to relax and nap, time to people watch

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and sensory time.

- o Important for Jerome: It is important for Jerome that he have repositioning throughout his day, encouragement to be as independent as he is able, fluid intake and balanced meals, and time and support to be social and engaged in activity with others.
- o Balance of important to and for: Providing Jerome with options for sweet and spicy foods while maintaining a balanced diet is important. Jerome is supported is staying awake and engaged for parts of his day and provided with time to relax and nap.
- o Good day for Jerome: A good day for Jerome includes his bottle and preferred manipulatives. He has a balance of rest, and time to be social and be engaged in activity. Jerome eats a spicy lunch with a piece of pie or baked good for dessert.
- o Bad day for Jerome: A bad day for Jerome is when he is experiencing high levels of pain and/or discomfort, seizure activity, when he does not have an opportunity to relax, or when he is overstimulated in his environment. He also would not be engaged in any activity or not have a chance to people watch.
- o How to have more good days: Jerome can have more good days by communicating what activities he would like to participate in and being engaged through positive staff support. He is given time to rest as a part of his daily routine, and as needed throughout the day. Staff monitor Jerome for pain and respond accordingly.
- o Likes: Jerome likes people watching, sensory activities, and holding bottles and other manipulatives. Jerome occasionally enjoys playing the Wii and participating hand over hand in painting, card making and arts and crafts activities. Jerome enjoys community outings that allow him to people watch such as the mall or retail stores, or to get a sweet treat. Jerome also enjoys going for walks outside. Jerome lets you know he is enjoying an activity by remaining alert and engaged, reaching out to participate, smiling, and making content vocalizations.
- o Dislikes: Jerome does not like having to wait or doing activities that require him to put his bottle away. When Jerome does not like something, he will let you know by vocalizing loudly in a distressed manner.
- o Preferences: Jerome prefers to engage in activities with a bottle in hand and with positive, supportive staff that know him well. He also prefers periods of rest throughout his day and to have an enjoyable meal.

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**:

- Jerome prefers to have a variety of opportunity to rest and relax, have supported socialization with peers and support staff, and engaging in activity.
- For supports, Jerome prefers efficient care and clear communication from positive, upbeat staff that know him well.
- Jerome communicates through vocalizations, reaching for things, eye gaze, adaptive switches, and facial expressions. Jerome best understands physical cues and one step verbal prompts from those supporting him. He responds to picture cards and the iPad choice board. Jerome would like his communication to be honored and supported throughout his day.
- Jerome makes choices about his schedule, community activities, and daily activities using picture cards and the iPad. He is provided options throughout his day to make choices and decisions. His decisions are honored.

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

Yes No

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

N/A

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

Jerome works on outcomes that are both important to and important for him. Jerome is offered a variety of

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choices throughout his day regarding his preferred activities.

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

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

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

Jerome has the opportunity to spend time in the community, volunteer, and visit other preferred places. Jerome is encouraged and supported in interacting with members with those in the community.

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

Jerome and his team have decided not to seek out competitive employment at this time. He is content with where he is at and finds value in the enrichment activities that he is currently participating in. If Jerome and his team were to decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to meet Jerome'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?

- Jerome's residential and PAI staff collaborate to share necessary information as it relates to Jerome's services and care. Meetings and reports are shared, and the team works together to ensure continuity of service provision. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Jerome receives residential services through ACR Homes. PAI works with his home staff for supplies needed at PAI, as well as medications and corresponding orders.
- Pat O'Neill is Jerome's guardian and advocates on his behalf as well as makes legal decisions. His legal guardian provides information and direction on Jerome's services and supports in collaboration with other members of his support team.
- Lisa Topps, county case manager, develops the Coordinated Service and Support Plan, participates in service direction for PAI and ACR, and assists Pat and Jerome in advocacy and finding additional opportunities for community involvement. Lisa also completes Jerome's service agreements and communicate with members of the 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:

- PAI-Oakdale, Day Program

Emily Elsenpeter

eelsenpeter@paimn.org

Phone: 651.748.0373

Fax: 651.748.5071

- ACR Homes, Residential Provider

Bryanna Grant

bryanna.grant@acrhomes.com

Phone: 651.578.3814

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•County Case Manager

Lisa Topps

lisa.topps@CO.RAMSEY.MN.US

Phone: 651.266.4274

Fax: 651.266.4495

•Guardian

Pat O'Neill

poneill@centralsmnlegal.org

Phone: 651.757.8689

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**: Jerome and his team are content with where he is at and do not have plans for him to move out of his 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**: Jerome and his team are content with the enrichment activities that he receives at PAI. At this time, the team is not interested in looking into employment services.

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 Jerome's medical conditions including hypothyroidism, cellulitis, obstructive sleep apnea, Gibbus Deformity (Kyphosis), lower leg vascular deficiency/edema, constipation, dermatitis, skin integrity, urine retention, high tone, osteopenia and the related symptoms, and communication with team members as needed.
- Observation of signs related to mental health concerns and communication with team members as needed or as concerns arise.
- Monitor for seizure activity, follow physician ordered seizure protocol and communicate seizures to team members as appropriate.
- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Requesting required medication and treatment supplies from Jerome's residential provider.
- Set up and administration of medication following the prescribers' order.
- Administration of PRN medication when Jerome experiences pain or if Jerome meets the criteria for his seizure PRN.
- Provide first aid and CPR, 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: [Click or tap here to enter text.](#)

Medication assistance: [Click or tap here to enter text.](#)

Medication administration:

Psychotropic Medication Monitoring and Use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:

N/A

2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? Yes No

3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

N/A

Permitted Actions

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: Jerome enjoys having his head scratched and is accepting of hand holding 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: N/A

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: Jerome may require hand over hand assistance to complete his meal. Jerome may also require hand over hand assistance to complete and engage in preferred recreation/leisure activities such as playing a game, painting, or using the iPad.

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: N/A

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: N/A

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: Jerome will be physically assisted in evacuating the

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building by staff propelling his wheelchair.

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: Jerome utilizes a chest strap, a pommel, a seatbelt, and a pelvic strap on his wheelchair. Jerome utilizes a foot strap on his wheelchair during transportation. Jerome utilizes a safety strap when sitting in a recliner.
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used: N/A
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: Jerome utilizes an elbow splint.

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

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): [Click or tap here to enter text.](#) NA