

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

Name of person served: Andrew Fariss

Date of development: 11/3/2021

For the annual period from: 04/2021 To: 4/2022

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

Legal representative: Jennifer and John Buchanan

Case manager: Clara Gunderson

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:

Andrew 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 Andrew. The program works with Andrew 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 Andrew’s physical, emotional and social functioning. Staff support Andrew 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 Andrew. PAI works with Andrew’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, Andrew will put his puzzle pieces away before lunch in 95% or more of all trials over the next 6 months.

Andrew enjoys completing his puzzles and does not like it when his pieces are lost. Andy typically utilizes 1-2 requests to put his puzzles away after he has finished using them during morning activity time but will at times independently initiate putting away his puzzles once he notices lunches being prepared. Andy is interested in taking care of his puzzles and further developing his independence in this area.

Outcome #2: Daily, Andy will knock down a pyramid of blocks when set up for him in 70% of all

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opportunities.

In the past, Andy has found it to be really funny when he has been able to knock something onto the floor when staff weren't looking. This outcome supports and activity that Andy finds value in, while allowing him to work on range of motion.

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:

- Andrew utilizes technology at PAI daily through the use of the iPad for music and other audio activities. Andrew 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: Andrew has Seasonal Allergies in the spring. He may experience stuffy or runny nose, red and irritated eyes and a scratchy throat. Andy is most effected by eyes. Andy is allergic to Antibiotics, Penicillin and Sulfa. His reaction manifest as hyperactivity and insomnia. Concerns with allergies will be communicated to Andrew's residence via phone, email, or communication book and noted in his Daily Progress Notes.

Seizures: Andrew has a physician ordered VNS and Seizure Protocol with PRN medication. Andrew's VNS magnet is attached with Velcro to the back bar of his wheelchair. Andrew seizures are considered partially controlled with medication and Valgus Nerve Stimulator (VNS) Magnet, but he does have Tonic Clonic breakthrough seizures and Myoclonic seizures. Sudden flashes of light and loud noises may put him at risk of seizures. Andrew's seizures often occur with relation to falling asleep/waking up or when he is getting sick. Andy may fall forward or to the left during a seizure; he has a padded lap tray to decrease injury when falling forward and staff will move any items off his tray and put down a pillow whenever possible. Andrew has a history of bluish discoloration of the skin around the mouth or cyanosis due to inadequate oxygenation and respiratory distress resulting in 911 status. Andrew will be supervised and monitored for seizure activity. Staff are trained to Andy's seizure protocol and where to locate his VNS magnet and PRN medication. A trained medication passer will swipe Andrew's VNS magnet at the onset of seizure activity and administer his PRN medication for continued seizure activity per his seizure protocol in the event that he met the criteria for it. All seizure activity will be reported to his via Seizure Report, email, or phone call within 24 hours. Andrew's seizure medications and seizure activity may cause him to become tired and his team would like him to rest daily as needed.

Choking: Andrew has a physician ordered bite sized diet to prevent choking but has difficulty chewing, especially hard or crunchy foods, which result in an increased choking risk. Andy's diet texture can be further modified if he is having difficulty chewing or swallowing. His liquids can be thickened if he is coughing while drinking. Andy is visually monitored during meals and helped as needed. Should Andrew exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Andrew has a physician ordered bite sized diet. His meals and snacks are sent to PAI from his residence prepared according to his physician's orders. Andrew sits in his wheelchair chair during meals at the lunch table. He uses a regular fork and plate to eat and drinks using a typical cup. Andy may assist with eating by bringing

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his fork to his mouth, but usually needs assistance with putting the food on his fork. If Andy does not eat by himself, he is assisted by staff to bring the fork to his mouth. If Andy refuses to eat with assistance (indicated by pursing his lips, not opening his mouth, or turning his head away), he will usually drink his milk. Andy may refuse to eat when tired due to seizure activity, SAD or medications and tends to be underweight. Andy's intake will be communicated to his residence via phone, email, or communication book daily.

Chronic Medical Conditions:

- o Autism Spectrum Disorder (ASD): is a neurodevelopmental disorder that affect how Andy processes information and interprets the world. Core features of autism are persistent deficits in social interaction, communication and restricted, repetitive, or stereotyped patterns of behavior, interests, or activities. Andy is supported in socialization and encouraged to engage in activities with others. Andy is allowed time to observe and process an activity before choosing to participate and is supported in his communication. PAI staff support Andy to engage in new interest and activities through daily active treatment activities.
- o Cerebral Palsy (CP): is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Andrew's ability to move and maintain balance and posture is impaired due to limited muscle control. Symptoms include poor coordination, stiff or weak muscles, and tremors. Andrew may experience problems with sensations, vision, and hearing, swallowing, and speaking as a result of weakened muscles. Andy is supported with all activities requiring coordination, communication and monitored for swallowing difficulties.
- o Herpes Simplex 1: oral herpes sores around the mouth and lips (sometimes called fever blisters or cold sores.) Sores are contagious and spread through contact with saliva. Sores are blister-like and painful until a scab appears. Andy's residential staff monitor for sign and symptoms of Herpes outbreak and treat accordingly. Andy has excessive secretions from his mouth, particularly after seizure activity. Andrew wears a bandana around his neck to catch secretions. PAI will assist Andy in changing his bandana as needed using Universal Precautions and will report any concerns to residence via phone, email, or communication book.
- o Scoliosis (mild): A sideways curvature of the spine where the spine curves to the left or right, creating a C- or S-shaped curve. Andrew is supported in all areas of mobility. Care is taken when assisting Andy to move and position his body and he is assisted to apply his chest strap prior to transportation.

Self-administration of medication or treatment orders: Andrew takes his PRN seizure medication buccal (in the cheek); all other medication Andrew takes orally in soft food followed by a drink. Medications are administered by trained staff and according to the prescriber's orders as directed by the pharmacy/prescription bottle. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Concerns and supply requests will be communicated by PAI staff to Andrew's residence via phone, email or communication book and noted in his Daily Progress Notes.

Other health and medical needs:

- o Personal Cares: Andrew utilizes the support of a disposable brief and due to his cognitive and physical limitations, is not able to complete his personal cares. When alert Andrew uses the ARJO with large sling to bear weight the duration of his personal cares. If Andrew is lethargic or has had a seizure, he is transferred by two staff using a Hoyer lift to a mat table and two staff will assist Andrew in changing his brief. When on the mat for cares the railing will be engaged when staff are not in direct contact with Andy's body. Andrew is assisted with personal cares every two hours and as needed. All concerns and requests for supplies are communicated to Andrew's residence via phone, email, or communication book.
- o Raynaud's Disease is a rare disorder of the blood vessels, usually in the fingers and toes. It causes the blood vessels to narrow when you are cold or feeling stressed. When this happens, blood cannot get to the surface of the skin and the affected areas turn white and blue. Andy does not attend program when the temperature is below zero. Andy's toes and fingers may be observed to be blue not related to seizure activity /cyanosis. Any concerns will be communicated to Andrew's residence via phone, email or communication book.

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Risk of falling: Andrew's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. He is diagnosed with a seizure disorder which may cause him to fall if not supported. Andrew has a weakened upper trunk placing him at high risk for falling. He utilizes a specialized wheelchair with a chest strap, padded lap tray, pelvic strap, and safety belt. Andrew is capable of unbuckling the safety belts on his wheelchair. Andrew's lap belt will be physically secured by staff and visually inspected throughout the day. If Andy removes his seatbelt, he will be assisted in securing it and offered repositioning options. When on the mat for cares or repositioning, the railing will be engaged when staff are not in direct contact with Andy's body. When using a recliner, a transfer belt will be used, and the footrest will be engaged to prevent falls. Any concerns or occurrence of falls will be communicated by PAI staff to Andrew's residence via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Andrews's chronic medical conditions impact his ability to be safely mobile on his own. Andrew uses a specialized wheelchair maintained by his residence for mobility with head and footrests to support his neck and elevate his feet, a chest strap, pelvic strap, and safety belt. Andrew needs ongoing total physical assistance from staff to maneuver and propel his wheelchair as well as applying and disengaging the breaks as needed. When alert, Andrew is transferred via the ARJO using the large sling and 1 staff. If he is lethargic or has had a seizure, Andrew is transferred with a 2 person Hoyer lift a 1-2 support staff in the cares room. Concerns or requested repairs of Andrew's wheelchair will be communicated to his residence via phone, email or communication book and noted in his Daily Progress Notes.

Regulating Water Temperature and Water Safety Skills: PAI keeps water at a safe temperature and staff test the water temperature by running their hands under water prior to Andrew coming into contact with it. PAI does not offer swimming or bathing. Andrew receives support when in the community and should he be near a body of water, staff would maintain direct physical contact with Andrew's wheelchair, navigate the environment for him and will engage the breaks of Andrew's wheelchair when not in motion.

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

Sensory Disabilities:

- o **Hearing Impairment:** Andrew has a history of ear wax build up which causes him to become uncomfortable and to not hear well. He also may have loose wax on the outside of his ears & may dig at his ears, scratching himself. PAI staff do not clean Andy's ears. Should Andrew be digging at his ears, he will be redirected to use his hands in a different way such as by using his puzzles. Scratches and obvious wax will be reported to Andrew's residence via phone, email or communication book and noted in his Daily Progress Notes.
- o **Tactile Defensive:** Andrew experiences tactile defensiveness to his face; an aversive, negative, and out of proportion reactions to certain types of tactile stimuli that most people would find to be non-painful. Staff will not touch Andy's face, unless needing to be washed. Staff will explain to Andy what is going to happen before washing his face and then will lightly use a washcloth as quickly as possible.

Mental or emotional health symptoms and crises: Seasonal Affective Disorder (SAD) is a type of depression that is related to the change in seasons, which Andrew experiences during fall and winter months. Andy decreases the days of the week he attends program to allow for more rest when experiencing SAD. While at PAI Andrew is monitored for symptoms of SAD include feeling depressed, sluggish, loss of interest in activities, low energy, and changes in appetite. Concerns are reported to Andrew's residence via phone, email or communication book and noted in his Daily Progress Notes.

Person-centered information

- o Important TO: It is important to Andy that he have an opportunity to use his puzzles daily and that he has new puzzles to keep him interested and alert. That he be in a stimulating environment with lots of activities and people to watch, that he has milk with his lunch each day, and no unnecessary touching of his face. That his day has a balance of rest and opportunities to be supported in socialization and trying new things.
- o Important FOR: It is important for Andrew that he work with consistent and patient staff who get to know him, his routines and how best to communicate with him. That he uses his fine motor skills during mealtimes and his communication skills throughout his day. That his VNS magnet is stored in a consistent location (back of his wheelchair) and that he be supported and encouraged to be social and engage in activities with others.
- o Good day: A good day for Andrew includes Puzzles, afternoon naps at home, milk with his meals, sensory activities, and getting out of the house
- o Bad day: A bad day for Andrew includes seizure activity, too much change in routine, loud or upset people, staff touching his face or trying to get him to eat when he does not want to and being woken from a nap.
- o Likes: Andrew likes to be called Andy & enjoys doing shape puzzles, crafts, going on community outings, participating in water activities, the Wii & sensory activities. Andy likes sports, particularly the Twins and Packers, tetherball and hitting / pulling down balloons. He indicates he likes these by participating in them and not turning away. He also likes to nap on a pillow periodically as shown by reaching for the pillow. At home, he enjoys “game shows”, finger painting and videos. He shows he enjoys these things by staying engaged.
- o Dislikes: Andy does not care for foods that are hard to chew. He also does not seem to like sweets such as cookies. Andy does not always like to be touched, especially on face as evidenced by moving face away and grimacing. He also does not like humidity or hot sun or having to hold onto the Arjo handles during his personal cares. Andy does not like loud noises or people. Peers who are angry, upset, crying, or screaming, or being woken for a nap as communicated by a negative response of facial grimaces and/or vocalizing.

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**:

- Andrew prefers to have a consistent and structured routine that includes time to rest and relax, supported socialization with peers and staff, opportunities to complete his puzzles, sensory experiences and play video games or participate in a sporting event. Andrew prefers to engage in activities one to one or in a small group and with positive, supportive staff that know him well. Andy seems to enjoy being part of a group. He enjoys doing his puzzles at the table with peers who are engaged in their own activity.
- For supports, Andrew prefers efficient care and clear communication from people that know him and his routine well. Andrew responds best to short sentences, spoken in a gentle but firm voice (confident). It is important to keep phrases short and simple and allow Andrew time to respond. Andrew does best when tasks are not presented as an option or if they are delivered in a 1st then statement. Example: Andrew it’s time for lunch, put away your puzzles pieces” or “1st put away your puzzles and then you can start your lunch.” instead of “Andrew are you ready to put your puzzles away before lunch?”
- Andrew communicates though some vocalizations, eye pointing/gazing, facial expressions, and other types of body language such as squeezing his wrist to indicate boredom, establishing eye contact, or reaching out to his communication partner. Andy will raise his hand to request assistance. Andy prefers to eye gaze between 2-3 options (either picture cards or real objects) and with encouragement will physically touch his choice. In the past Andy has used picture cards to communicate activity choices and wants/needs. He recognizes pictures of his puzzles, his personal cup and sensory bin and room visiting cards of each program area.
- Andrew would like his communication to be honored and supported throughout his day but would like support and

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encouragement to make good decisions. Andy makes choices about his schedule, community activities, and daily activities throughout his day. Staff provide Andy with choices using pictures cards or real objects and check with Andy to verify his choice by restating the option Andy indicated and looking for an affirmative facial response (eye contact/smile). He is provided options throughout his day to make choices and decisions. Andy's choices and refusals are honored, and he is encouraged to do things like using the Arjo and eating as they are good for him.

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**?

Andrew has the opportunity to work on outcomes that are important to and for her. Andrew makes choices throughout his day of what activities her prefers to participate in.

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

Andrew can spend time in the community, volunteer, and visit other preferred places. He is encouraged to interact with other members of the community and create relationships.

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

Andrew can spend time in the community, volunteer, and visit other preferred places. He 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?

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

- Andrew's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Andrew'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 Andrew's communication book.

- PAI works with Andrew's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.

- Jennifer and John Buchanan are Andrew's private legal representatives and parents who advocates on his behalf as well as makes legal decisions with him. The legal representatives provide information and direction on Andrew's services and supports in collaboration with other members of this support team.

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•Clara Gunderson, case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Andrew and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Andrew’s support team to ensure continuity of care.

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

PRI - Newport, Residential

Contact person: Sarah Boone – Residential Supervisor

Email: Newport@phoenixresidence.org Phone: 651-459-4419 Fax: 651-459-2269

Contact person: Priscilla Shaw – LPN

Email: pshaw@phoenixresidence.org Phone: 651-269-1824

PAI – Oakdale, Day Program

Contact person: Emily Elsenpeter – Designated Coordinator

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

John and Jennifer Buchanan – Legal Representative

Email: Jennymbuchanan@gmail.com Phone: 651-767-1040 Cell: 612-306-2764

Clara Gunderson– Case Manager Washington County

Email: Clara.Gunderson@co.washington.mn.us Phone: 651-300-4083 Fax: 651-998-0844

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**: Andrew and his team are content with the services he receives at PRI and is not interested in transitioning 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**: Andrew and his team have decided not to seek out competitive employment at this time. He is currently content with where he is at and finds value in the enrichment activities that he participates in. If Andrew and his team decide that they would like to seek out competitive employment, his team will hold a meeting and discuss the steps needed to fit Andrew’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: [Click or tap here to enter text.](#)

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 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”.

- Observation of signs of injury or illness and provision of first aid or care to treat the concern.
- Communication of medical related concerns observed during the time Andrew is at PAI with team members as needed.
- CPR/First aid

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.](#)

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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: Andrew may seek out or initiate physical interactions by reaching out to grab others. Andrew is receptive to touch being initiated by familiar staff during and after seizure activity.

2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.

Yes No If yes, explain how it will be used: Andrew requires support in applying his chest strap when experiencing seizure activity and during transportation.

3. To facilitate a person's completion of a task or response when the person does not resist, or it is minimal:

Yes No If yes, explain how it will be used: Andrew may require varying levels of physical contact to complete and engage in tasks such as putting away his puzzle pieces or picking up his fork and preferred program activities such as playing a game, painting, or using the Wii.

4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.

Yes No If yes, explain how it will be used: Andrew may require varying levels of physical contact to become engaged in a new activity when redirected from squeezing his wrists.

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.

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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: Andrew 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: Andrew requires support in applying his chest strap, pelvic strap, and safety belt while in his chair. Andrew requires assistance to apply his padded lap tray during transportation.

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: Andrew's VNS magnet is attached with Velcro to the back bar of his wheelchair.

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

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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