

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

Name of person served: Tyrel Horning

Date of development: 10/21/2021

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: Deb Peck

Case manager: Heidi Lottsfeldt

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:

Tyrel receives intensive support services in a day training and habilitation community-based programs and/or day support services at PAI. Tyrel may also receive services remotely. Support is provided in the most integrated and least restricted environment for Tyrel. The program works with Tyrel 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 Tyrel’s physical, emotional, and social functioning. Staff support Tyrel 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 Tyrel. PAI works with Tyrel’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, Tyrel will answer yes or no using his adaptive signs when asked if he would like to visit with friends or staff in another program room in 95% or more of trials over the next twelve months.” Tyrel can answer yes/no questions using his adaptive signs but may only answer questions from preferred people. It is important for Ty that he develop trusting relationships with others and practice his self-determination skills. Over the next twelve months, Tyrel would like to continue to strengthen his yes/no communication. This outcome will provide an opportunity for Tyrel to develop stronger relationships with caregivers but allowing them to meet his needs while continuing to strengthen his communication skills and self-advocacy.

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Outcome #2: "Three times weekly Tyrel will plan his group experiences by indicating yes or no using his adaptive signs when asked if he would like to participate in 80% or more of trials in the next twelve months." Tyrel enjoys observing and sometimes participating in group activities and it is important to him that he be offered opportunities to watch activities prior to participating in them. Tyrel requires support to explore new areas of interest. This outcome will provide intentional time for Tyrel to indicate what experiences he would be interested in participating in and strengthen his yes/no responses while continuing to advocate for himself.

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:

- Tyrel utilizes technology at PAI daily using the iPad for listening to music, playing games and other audio activities. He has access to a television and computer in the program area for sensory, funny, or educational videos and to play games on the Wii, in addition to the SMARTBoard.
- Tyrel has explored using an iPad to make choices and communicate with those around him. Ty prefers to use gestures such as pointing, making vocalizations, and using his adaptive yes and no signs to communicate with those around him. Tyrel has communicated his preference for his adaptive communication style by signing "no" when approached with the iPad or pushing the iPad off his tray when presented with it for communication or choice making. 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: Tyrel is allergic to Augmentin, Morphine and Latex. Tyrel's allergies are listed on his Medication Administration Record. Tyrel will only receive medication that has been prescribed by his physician. Tyrel's program building is latex free, and he is not exposed to latex when in the community. Should Ty require EMS services, staff would inform the paramedics of his latex allergy. Concerns are relayed to Tyrel's residence via phone, email or communication book and noted in his Daily Progress Notes.

Seizures: Tyrel is diagnosed with a seizure disorder. He has a physician ordered Seizure Protocol with PRN medication. Tyrel experiences partially controlled Tonic Clonic/Grand Mal seizures. Tyrel will be supervised and monitored for seizure activity. Tyrel's seizures present as 30 seconds or more of laughing or smiling and arms stiffening or raising, usually concentrated in upper body; his tongue may stick out of his mouth; he may also be dazed, with eyes may glaze over or he may be unresponsive. Tyrel has seizures on a regular basis and may be tired due to his medications or seizure activity. Staff are trained to Tyrel's seizure protocol and where to locate his PRN medication. A trained medication passer would administer his PRN medication per his seizure protocol if he met the criteria for it. Tyrel may appear to have a seizure activity lasting under 30 seconds; however, his physician has determined that this is neurological activity but not a seizure. 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 Tyrel's residence via Seizure Report, email, or phone call within 24 hours.

Choking: Tyrel has a physician ordered NPO (nothing by mouth) to prevent choking. Tyrel has a personal suction machine that is used for the removal of visible in mouth secretions. Ty's suction machine is maintained by his residence and is located on the back of his wheelchair. Staff receive specific training on suctioning within their 1st 30 days of employment and will not be left unattended with Ty prior to receiving training. Should Tyrel exhibit symptoms of choking, staff would administer abdominal thrusts, call paramedics to conduct an assessment and complete an incident report.

Special dietary needs: Tyrel has a physician ordered diet for nutrition and fluids via g/j-tube. Tyrel sits in his wheelchair or a recliner to receive his g/j-tube nutrition via gravity bag. Tyrel is supported in applying his shoulder straps during and for 30 minutes following receiving his nutrition. When receiving his nutrition in a recliner, Ty is supported in applying a positioning belt to help maintain upper body positioning. Concerns and supply requests are relayed to Tyrel's residence via phone, email or communication book and noted in his Daily Progress Notes.

Chronic Medical Conditions:

Dandy Walker Syndrome: A congenital brain malformation involving the cerebellum (which controls muscle coordination). Individuals often have a delay in fine and/or gross motor skills such as standing, walking, and holding or manipulating objects and may experience muscle stiffness and partial paralysis of the lower limbs and seizures. Tyrel is assisted with fine motor tasks such as holding or manipulating objects as needed and monitored for symptoms of muscle stiffness in his extremities.

Constipation: Due to medications and inability to move around, Tyrel may experience constipation resulting in discomfort and potential health complications. Ty prefers to lay prone (on stomach) to relieve gas and pressure on his backside. Ty communicates his desire to lay down by pointing to the mat table and vocalizing. He usually prefers to rest in the morning, but at times will lay down after pm cares. Eliminations as well as signs/symptoms of constipation are relayed to his residence via phone, email, or communication book.

Hip Flexor Spasms: Tyrel experiences spasms/tension of his hip flexor. At times this may prevent him from keeping his foot positioned within the foot box of his chair leading to pain/discomfort. When in his wheelchair and experiencing spasms, Ty will be offered opportunities to spend time out of his wheelchair. Should Ty choose to stay in his chair, a pillow will be positioned on his left footrest to prevent possible bruising and his leg strap will be released. Ty utilizes a strap on his left knee/lower thigh area to strengthen/support his hip flexor when positioned in his chair. Ty will be supported in applying his foot strap when his foot aligns with his footrest/removing the strap as needed.

Hydrocephalus with Shunt: A malfunction or obstruction and accumulation of fluid in ventricles cavities of the brain causing pressure inside the skull. Ty has a surgically placed Shunt to bypass the obstruction and drain the excess fluid. Ty communicates that lights are too bright by squinting/closing his eyes and banging his head Tyrel is monitored for symptoms of shunt malfunction/infections, symptoms may include discomfort, swelling near shunt, light sensitivity, headache, and nausea or vomiting. Concerns with Ty's shunt or symptoms of malfunction will be communicated to Tyrel's residential provider via phone or email and noted in his Daily Progress Notes.

Moderate Intellectual Disability (ID): is a generalized neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning. It is defined by an IQ within the 35-49 range and is often accompanied by language and communication difficulties. Individuals with moderate ID can develop basic reading/writing/counting skills but require supports with basic self-care and communication. Tyrel is supported in all areas of basic self-care and communication. He is provided with opportunities to develop skills with appropriate supports and provided with a high level of structure and supervision.

Pressure Ulcer: Ty has a pressure ulcer located on right buttock under the Ischial Tuberosity Bone (the bone one sits on) and has had surgery to repair the area. This area appears darker in color and the skin may appear puckered or more wrinkled than the surrounding skin. Tyrel is repositioned every 2 hours and more frequently when needed. During personal cares Ty is observed for red marks that do not fade over a 30-minute period, open, peeling, blistering, or bleeding skin. If staff note skin breakdown or pressure marks during personal cares, Tyrel's PRN cream is applied, and he is encouraged to spend time repositioned out of his wheelchair. Concerns are relayed to his residence via phone, email or communication book and noted in his Daily Progress Notes.

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Self-administration of medication or treatment orders: Tyrel takes his medication via his g/j-tube. He is not able to self-administer medications. PAI receives Tyrel's treatments and prn medications from his residential provider, ACR Homes Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Tyrel and administer it. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no medication errors have occurred. Administration of nonscheduled medication concerns or requests for supplies will be communicated by PAI staff via phone, email or communication book and noted in Daily Progress Notes.

Other health and medical needs:

Personal Cares / Toileting: Tyrel utilizes the support of a disposable brief and due to his physical limitations, is not able to complete his personal cares. Tyrel receives full physical support to complete his personal cares. He is supported in completing personal cares every two hours and as needed throughout the day. He utilizes a cross leg sling that is removed between transfers or may wear a full body sling from home under him the duration of the day. Ty is assisted to transfer by 1 staff using a Hoyer or in-ceiling lift, and a mat table. He is supported by one staff for transfers and while completing his cares. If Ty is agitated during cares, it is usually due to being embarrassed at having a bowel movement or being assisted by an unfamiliar staff. Ty's cares will be complete as quickly as possible. Tyrel will be asked to calm down before being transferred when agitated. All concerns and requests for supplies and eliminations are communicated to Tyrel's residence via phone, email, or communication book.

Fatigue/Sleeping: Due to Tyrel's medications and seizure disorder he requires and desires a lot of rest. If he does not get rest periods (where he may fall asleep) Tyrel may become agitated and display self-injurious behavior. Ty may choose to sleep/rest in his wheelchair. If Ty requests to lay down in the morning, he will rest for 30-45 minutes or in the afternoon, for up to an hour. If he is not feeling well or is agitated, he may lay down in the morning and in the afternoon. Concerns with increased lethargy or changes in Tyrel's resting patterns are relayed to his residence via phone, email or communication book and noted in his Daily Progress Notes.

Risk of falling: Tyrel's chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Tyrel has shoulder straps, a pelvic positioning belt and a safety belt that are applied/released for him by staff when he is in his wheelchair. Ty also has a lap tray that he uses throughout his day but is not required for transportation. When positioned on the mat table for rest or personal cares, the railings will be engaged anytime staff's body is not in direct contact with the mat table while Ty is utilizing it. Ty may sit in a recliner with a positioning belt and his feet elevated. Any concerns or occurrence of falls will be communicated by PAI staff to Tyrel's residence via phone, email or communication book and noted in his Daily Progress Notes.

Mobility issues: Tyrel's chronic medical conditions and seizure disorder impact his ability to be safely mobile on his own. Tyrel utilizes a wheelchair for mobility and is provided full physical assistance in propelling his wheelchair as well as applying/removing safety straps and his break. He has footrests to protect and elevate his feet. Ty is assisted to transfer by 1 staff using a Hoyer or in-ceiling lift. Tyrel may be supported with a 2-person reverse basket lift using a transfer belt in the event of an emergency. Concerns or requested repairs of Tyrel'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 Tyrel encountering it. PAI does not offer swimming or bathing. Tyrel receives support when in the community and should he be near a body of water, staff will stay in physical contact with Tyrel's wheelchair. They will verbally inform him the areas to stay in (on the path, middle of the dock, etc.) and where the water is. Staff will engage the breaks of Tyrel's wheelchair when not in motion.

Community Survival Skills: Tyrel utilizes the PAI transportation provider to safely access the community. Staff provide

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supervision and physical support to Tyrel 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 Tyrel and intervene on his behalf if a potentially dangerous situation were to happen. Staff will call 911 on Tyrel's behalf in the event of an emergency.

Self-injurious behaviors: Ty has been diagnosed with developmental disabilities, depression, and lacks a formal communication system. Ty may communicate pain/discomfort/frustration by biting his hand/wrist or banging his head. When Ty cries/grimaces in conjunction with biting his wrist or banging his head, he is typically experiencing pain. Should Ty display self-injurious behavior he will be assessed for pain/illness. Tyrel may receive a prn medication for headaches or general discomfort. Ty will be spoken to in a calm, matter-of-fact manner tone and encouraged to use his adaptive yes/no signs to communicate. When Tyrel is displaying self-injurious behaviors related to frustration, he will be offered space or 1:1 time with staff in a less stimulating area.

Physical Aggression/Conduct: Ty has been diagnosed with developmental disabilities, depression, and lacks a formal communication system. Ty may communicate discomfort/frustration/anger with another person by hitting or swatting at them if they are near him or biting / pinching if they are in his personal space. Tyrel is a private person and does not enjoy having people in his personal space or near him uninvited. Should Tyrel demonstrate signs of agitation/frustration he will be directed in a calm, matter of fact tone to stop please. Staff will avoid using a scolding/authoritative tone of voice and will physically stop Ty from hitting/swatting at others if able to do so. Ty will be offered space to himself or 1:1 time with staff, in a less stimulating area.

Verbal/Emotional Aggression: Ty has been diagnosed with developmental disabilities, depression, and lacks a formal communication system. When others enter a room, Ty is in or make sounds such as coughing or sneezing in the same room he may yell at them until they leave, stop making sound or he is redirected by a familiar staff. When yelling at others, Tyrel responds to verbal redirection from staff paired with an explanation. Example: I hear you Ty, we know that he is in the room, and we will not let him touch your chair.

Mental or emotional health symptoms and crises: Ty has been diagnosed with depression and a mood disorder. He lacks a formal communication system and is not readily able to communicate how he is feeling. Tyrel has a history of experiencing increased depression during season changes. He may become agitated/display self-injurious behavior in the form of biting his wrist, banging his head, and flailing his legs and arms. He may have periods of prolonged crying for which the cause could not be determined. When feeling depressed Ty is typically only interested in sleeping. Tyrel is monitored for symptoms of behavior such as prolonged crying or an increase in self-injurious behaviors and changes in his demeanor such as withdrawal or increased lethargy. Concerns will be reported to his residential provider via phone or communication book. Tyrel's residence and guardian monitor his mental health and medications for treating depression.

Person-centered information

Important TO: It is important to Tyrel that that he be allowed to express his preferences and that his communication is honored, that he has time to relax and nap, time to people watch, preferred staff/peers to interact with when he feels social and books or movies to look at.

Important FOR: It is important for Tyrel that he be provided with options and encouraged to use his communication. Tyrel is supported is staying awake and engaged for parts of his day and provided with time to relax and nap.

Good day: A good day for Ty may include going out in the community or for a van ride, fun/patient staff who will be goofy to work with, a plentiful supply of books to look at, bowling or exploding science experiments. A good day has a balance of rest, and time to be social and be engaged in activities.

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Bad day: A bad day for Ty includes having a headache or experiencing discomfort or seizure activity. Not receiving enough attention from favorite people, not having preferred staff/peer to interact with or needing assistance from unfamiliar staff. Invasions of his privacy or peers touching his chair, being woken from a nap, being in his wheelchair for too long or not having an opportunity to lay down.

Likes: Tyrel likes looking through books with pictures or catalogues, riding the elevators at the Mall, bowling/knocking down pins, watching action movies or funny videos, flipping light switches on/off, stretching out on his stomach on a mat table to relax, helping his staff with building duties such as throwing out the trash, sitting near his friends, looking out the window, going on outings or van rides. Ty lets you know he is enjoying something by being animated, laughing, signing “yes”, and making excited vocalizations. Ty may even give you a hug.

Dislikes: Tyrel does not like having to wait for things he wants such as to lay down or assistance with his personal cares. Ty does not like others in his personal space or being assisted with his personal cares by someone he does not know well. Ty does not like to have his picture taken and does not enjoy being the center of attention. Tyrel communicates when he does not like something by using his adaptive sign for no, banging his head on the headrest, mat table, or wall, biting his wrist, or attempting to bite the person assisting him.

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**:

- Tyrel would like to participate in a structured and personalized program day that includes time to rest and relax and be supported in socialization with peers and staff. Tyrel prefers to engage in activities one to one or in a small group and with positive, supportive staff. Ty prefers to initiate or request physical touch/interactions with others such as giving hugs/holding hands/petting hair. He enjoys playing with others in a teasing manner, being provided with choices, periods of rest throughout his day and to have control over objects in his environment such as the light switch. Tyrel prefers to have a variety of opportunities to explore his community and time to observe an activity before deciding if he wants to participate.

- For supports, Tyrel prefers efficient care and clear communication from positive, upbeat staff that know him well and whom he can joke with. Tyrel understands English. Tyrel learns through routine & repetition. He is best supported with physical cues and verbal cues delivered in an upbeat manner. Tyrel does not appreciate scolding or authoritative tones of voice.

- Tyrel communicates non-verbally using gestures (pointing/reaching, adaptive yes/no signs), facial expressions and vocalizations. Ty will vocalize, look towards/point at an activity he wants to do.

- Tyrel would like his communication to be honored and supported throughout his day. When talking with Tyrel, it is important to remind him that it is okay to answer either yes or no and that there is no wrong answer. Ty may choose to look away from staff instead of answering their question. He makes choices about his schedule, community activities, and daily activities and is provided options throughout his day to make choices and decisions. Staff provide Tyrel with choices using picture cards or objects. Tyrel’s choices and refusals are honored.

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

Yes No

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

N/A

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

Tyrel works on outcomes that are both important to and important for him. He is offered a variety of choices throughout his day regarding his preferred activities.

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

Ty has opportunities to choose to participate in community integration trips. While in the community, Ty is encouraged and supported in having positive interactions with those in the community and create relationships with them.

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

Tyrel has the opportunity to spend time in the community, volunteer, and visit other preferred places. Ty is encouraged and supported in creating relationships with those in the community.

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

Tyrel 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 Ty and his team decide that they would like to see out competitive employment, his team will hold a meeting and discuss the next steps needed to fit Ty'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?

- Tyrel's residence, guardian, and PAI staff collaborate in the exchange of information as it relates to Tyrel'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 Tyrel's communication book.
- Tyrel receives residential services through ACR Homes. PAI works with Tyrel's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Deb Peck is Tyrel's private legal representative and parent who advocates on his behalf as well as makes legal decisions with him. The legal representative provides information and direction on Tyrel's services and supports in collaboration with other members of this support team.
- Heidi Lottsfeldt, case manager from Washington County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Tyrel and his legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Tyrel'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 Supervisor
Email: maggie.fonteyn@acrhomes.com Phone: 612-567-1201
Courtney Andert– RN Phone: 612-834-5974

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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

Deb Peck – Legal Representative

Email: SPeckCustomRods@aol.com Phone: 651-439-8381 or 651-430-7316

Heidi Lottsfeldt – Case Manager Washington County

Email: Heidi.Lottsfeldt@co.washington.mn.us Phone: 651-430-8333

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**: Tyrel and his team are content with the services her receives at home and does not have plans to move out of his current ACR 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**: Tyrel and his team are currently content with the services he receives at PAI and is not interested in pursuing employment. 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; however, should Ty express interest in moving out or wanting to work, the team would meet to discuss the steps needed to take.

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 Tyrel's medical conditions and the related symptoms.
- Communication of medical, emotional health or behavior related concerns observed during the time Tyrel 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: Ty may initiate hugs (his chin to your shoulder) or physical interactions with staff such as petting their hair. Ty is receptive to these interactions 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: Tyrel may require varying levels of physical contact while transferring to or from his wheelchair. Tyrel requires support in applying safety and positioning straps/belts when experiencing seizure activity, during meals, when leaning or slumping in his chair 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: Tyrel may require varying levels of physical contact to complete and engage in tasks and preferred program activities such as playing a game, operating the Hoyer remote, 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: Tyrel may bang his head or bite his wrist when frustrated and may require staff to block or redirect his head/hand for safety.

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: Tyrel may require varying levels of physical contact to be redirected when biting/chewing on his WHO.

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

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harm.

Yes No If yes, explain how it will be used: Tyrel 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: Tyrel utilizes a seatbelt and pelvic strap while in his wheelchair. Tyrel utilizes shoulder straps during transportation and mealtimes and a positioning belt should he be seated 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: Tyrel utilizes verbal prompts from staff to be redirected when engaging in self-injurious behaviors and to encourage appropriate communications with peers.

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: Tyrel utilizes a wrist hand orthotic on his right hand.

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): 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