



**Service Notes**

Adult day services are provided by PAI.

Adult day services must provide the supports necessary either to maintain or improve a person's ability to care for themselves. Adult day services cover:

- Activities
- Assistance
- Care
- Supervision
- Training.

**Activities**

Activities must:

- Offer opportunities to participate in community groups (e.g., senior citizen centers, clubs, generic service organizations, adult education)
- Provide age-appropriate tasks and materials
- Provide community integration opportunities to enhance a person's social and physical interaction with the community and with people who do not have disabilities
- Offer flexibility in scheduling to accommodate a person's work schedule.

**RISKS**

**How will Health and Safety Issues be Addressed?**

Sara requires a 24-hour plan of care and awake overnight supervision. She lives in an ICF/DD setting with awake overnight supervision.  
Document ID: 1103303  
Print Date: 12/15/2021

Service						
Day Support Services - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
06/01/2021	05/31/2022	T2021 UC		5544	\$5.68	\$31,489.92
NPI/UMPI M784481600	Status Approved	Provider Name PHOENIX ALTERNATIVES INC		Funding Source DD Waiver	County of Service Washington	
<b>Areas of Need</b>						
Employment/Training/Skill Building						
<b>Support Instructions</b>						
<p>Tevon requires supports in the area of employment/training/skill building. Tevon prefers to engage in rec and leisure activities while at PAL. PAL staff need to be aware of Tevon's care plan. Tevon also needs assistance with all activities of daily living. Caregivers need to be aware of Tevon's method of communicating. Tevon likes opportunities throughout the day to listen to music and to use his ipad. Staff should ask Tevon throughout the day if he would like to use the cares room and also encourage him to communicate on his own when he needs the cares room. Tevon likes opportunities to go on outings in the community.</p>						
<b>Service Notes</b>						

6/1/2021

Service						
Day Support Services - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
12/01/2021	11/30/2022	T2021 UC		5544	\$4.17	\$1,926.54
<b>NPI/UMPI</b> M784481600	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC	<b>Funding Source</b> DD Waiver	<b>County of Service</b> Ramsey		\$23,118.48
<b>Areas of Need</b>						
Employment/Training/Skill Building						
<b>Support Instructions</b>						
<b>Service Notes</b>						
Day support services: Individualized, community-based training and support services that help a person develop and maintain essential and personally enriching life skills so they can access and participate in activities they prefer in their community.						

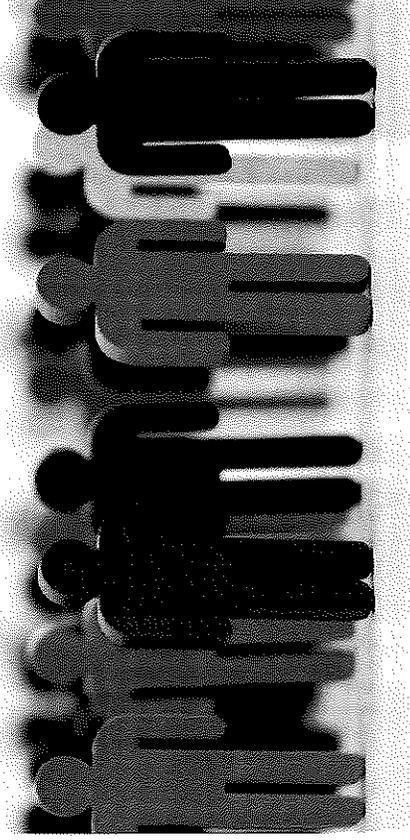
Service DTH (county paid)						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
11/01/2021	11/07/2021		5-Flexible Use	139	\$0.00	\$0.00
NPI/UMPI	Status	Provider Name	Funding Source	County of Service		
A308360800	Approved	PHOENIX ALTERNATIVES INC	County/Tribe	Ramsey		
Areas of Need						
Support Instructions						
<p>EMPLOYMENT: Jessica has no work experience since she finished her transition program. However, she recently started with Phoenix Alternatives, Inc. via distance learning (due to COVID-19 pandemic). During the MnChoices Reassessment process, competitive and integrated employment options were discussed with Jessica and her guardian. VOLUNTEER ACTIVITIES: Jessica is not currently volunteering at this time. EDUCATION/TRAINING: Jessica graduated from Roseville High School and the transition program, Career and Life Transition (CLT). Phoenix Alternatives Services -- Parkway (4453 White Bear Parkway White Bear Lake, MN 55110) 651-426-2484AC recommends that others continue to respectfully work with Jessica according to her preferred learning style to build and maintain her employment, volunteering, and training across all settings, along with others to continue to provide Jessica with hands on support from start to finish for her employment, volunteering and training. Always or nearly always needs assistance TRANSPORTATION: Deb said she drives Jessica to all her medical appointments, and she attends the appointments with Jessica. Deb said Jessica does not use Metro Mobility. If she is approved for a waiver, Jessica's parents would like her to go to an adult day program, but Deb said Jessica would need an aide on the day program transportation van.</p>						
Service Notes						
PAI Vendor number: 9822						

Service						
Day Support Services - 15 Minutes						
Start Date	End Date	Procedure Code	Frequency	Units	Rate	Total Service
10/01/2021	09/30/2022	T2021 UC		5544	\$3.42	\$18,960.48
<b>NPI/UMPI</b> A887860900	<b>Status</b> Approved	<b>Provider Name</b> PHOENIX ALTERNATIVES INC		<b>Funding Source</b> DD Waiver	<b>County of Service</b> Ramsey	
<b>Areas of Need</b>						
Personal Assistance, Quality of Life, Cognitive and Behavior Supports, Personal Security, Communications, Employment/Training/Skill Building, Supportive Services, Self-Direction						
<b>Support Instructions</b>						
<b>Service Notes</b>						

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**PAI-  
Linden/Oakdale  
Team Meeting**

**12/28/2021**



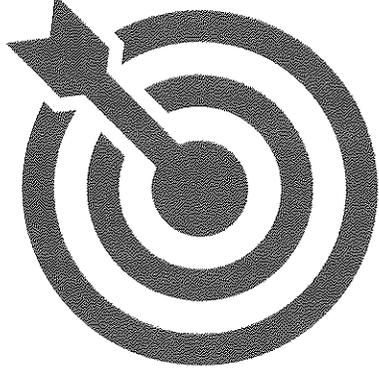
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# Agenda

**Welcome**  
**Site-Specific Updates**  
**Competency Reviews**  
**CSP/CSSP Reviews**  
**Wrap Up**

**Use remaining time for LMS Trainings**

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## Site-Specific Updates

### Staffing Updates

- Welcome: Celeste and Ashleigh
- Deb St. Martin will start with Oakdale Team 01/10/2022

### Introductions

**Trainings due** by end of the month including;

- Competency and Semi-Annual Reviews
- Complete 2021 Trainings



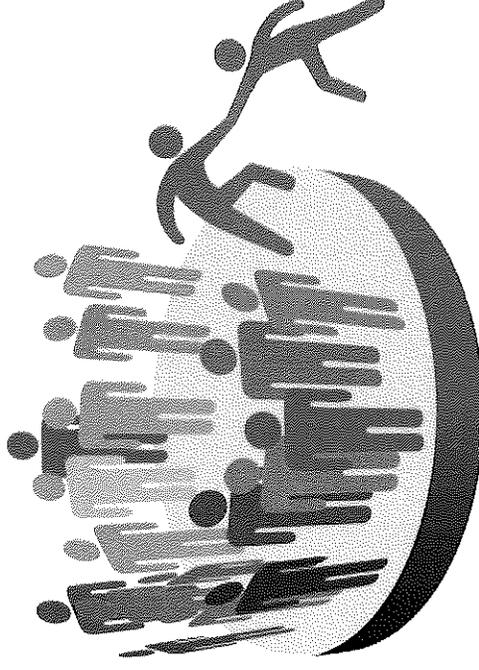
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## **Competency Reviews:**

### **Linden:**

Monica Bredemus–  
Presented by Laura

Sandy Nienow –  
Presented By Bao



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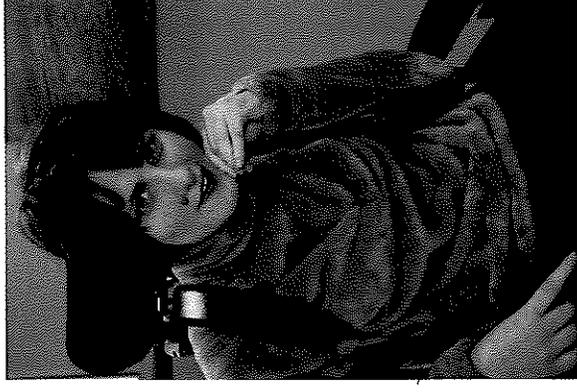
## **Monica Bredemus – North Stars**

### **Outcome #1:**

Monica will choose a room to visit daily from her choice board in 95% or more trials over the next year.

### **Summarize Steps:**

Monica enjoys socializing, It's important to her that she have opportunities to visit. Staff will give her a choice board of program rooms to visit.



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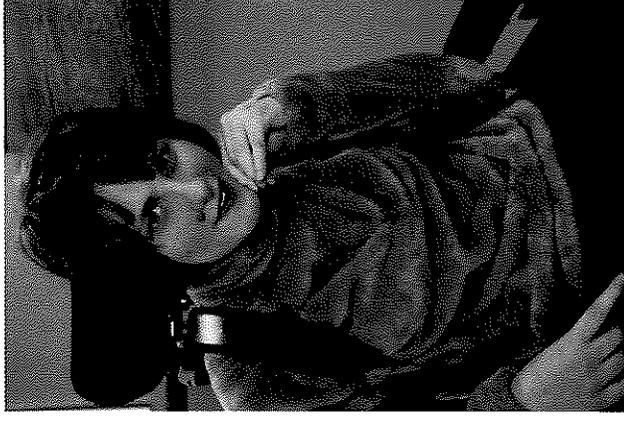
## Monica Bredemus – North Stars

### Outcome #2:

Weekly, Monica will choose an instrument to play in 85% or more trails over the next year.

### Summarize Steps:

Monica enjoys music and playing musical instrument during music therapy.



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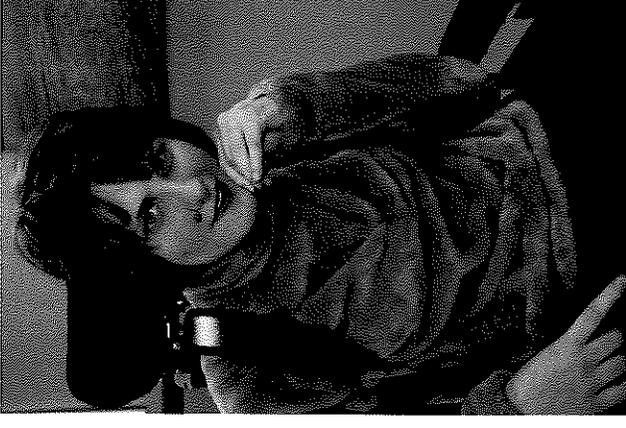
## **Monica Bredemus – North Stars**

### **Communication Style:**

Choice board, eye pointing, vocalizations, facial expression, & Body language.

### **Learning Style:**

Verbal instructions, visual processing & repetition.



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## Monica Bredemus

Is this person able to self-manage according to the IAPP, SMA & CSSPA –  
check yes or no below

Self Manage	List & Describe Supports:
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	PICA

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## Monica Bredemus

Is this person able to self-manage according to the IAPP, SMA & CSSPA –  
check yes or no below

Self Manage	List & Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Bite Sized, Finger foods, sippy cup, and food comes prepared from home
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	ADHD, Cerebral Palsy, intellectual Disability, Spastic Diplegia DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A

## Monica Bredemus

Is this person able to self-manage according to the IAPP, SMA & CSSPA -  
check yes or no below

Self Manage	List & Describe Supports:
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	1 person Arjo, wears a brief
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Monica enjoys being out of her wheelchair.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Enjoys being out in the community and is accepting of supports in this area.

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## Monica Bredemus

Is this person able to self-manage according to the IAPP, SMA & CSSPA -  
check yes or no below

Self Manage	List and describe supports
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Skin picking, hitting arms on nearby objects/persons. (Offer her manipulatives to keep her busy)
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A

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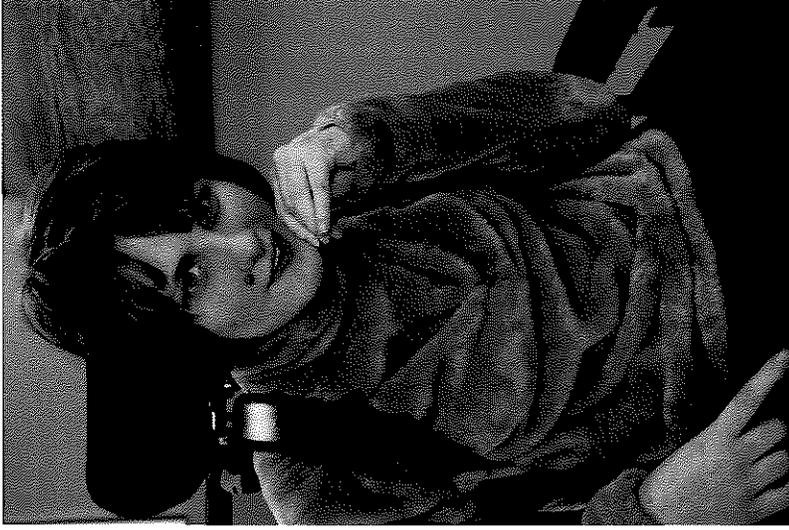
## **Monica Bredemus**

**Important to:**

Family, Friends, independence in making choices.

**Important for:**

Being active, being with people that know her well.



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## Monica Bredemus

### Likes:

Visiting peers, participate in music and pet therapies, going on community outings, games, arts & crafts.

### Dislikes:

Transitions, she does not like to wait, she doesn't like to be with loud noises or where there are too many people.



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## **Sandy Nienow – Navigators**

### **Outcome #1:**

Sandy will choose a room to visit twice weekly in 95% or more of trials over a 12-month period.

### **Summarize Steps:**

Give Sandy choices on which room she would like to visit.



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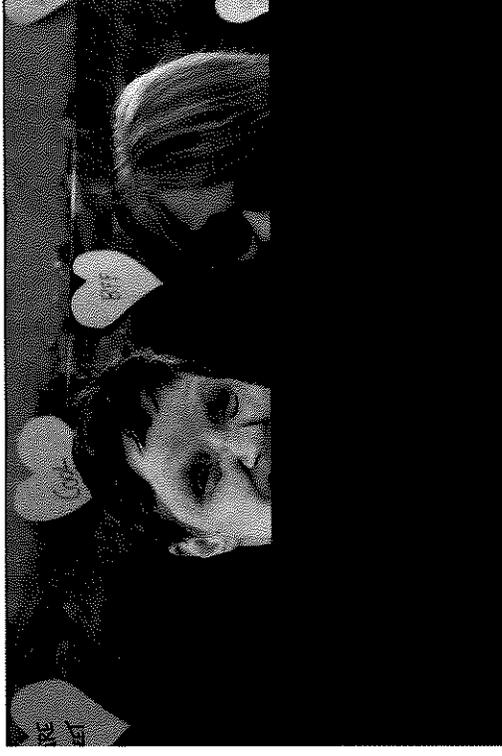
## **Sandy Nienow – Navigators**

### **Outcome #2:**

Weekly, Sandy will choose an instrument to play in 85% or more of trials over a 12-month period.

### **Summarize Steps:**

Provide Sandy 2 choices on which instruments she would like to play.



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## **Sandy Nienow - Navigators**

### **Communication Style:**

Some ASL & her communication book.



Will point and bring staff over to item; she will also answer most yes/no questions.

### **Learning Style:**

Routine & repetition. Learns best through verbal, physical & visual cues.

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## Sandy Nienow

Is this person able to self-manage according to the IAPP, SMA & CSSPA –  
check yes or no below

Self Manage	List & Describe Supports:
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Plastics
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Missing teeth & Oropharyngeal Dysphagia. Remind Sandy to slow down when eating too fast.

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## Sandy Nienow

Is this person able to self-manage according to the IAPP, SMA & CSSPA –  
check yes or no below

Self Manage	List & Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Physician's order diet – mechanical soft or pureed foods with honey thickened liquids.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Iron deficiency – Anemia, GERD, Mixed Hyperlipidemia, Kyphosis, Chronic Nose bleeds, Moderate intellectual disability Osteoporosis DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Tums 500mg tabs & Thick-it

## Sandy Nienow

Is this person able to self-manage according to the IAPP, SMA & CSSPA -  
check yes or no below

Self Manage	List & Describe Supports:
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Sandy will independently request to use the bathroom & request assistance when needed.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vision impairment; may request to use a wheelchair
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Enjoys spending time in community & can recognize some dangers.

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## Sandy Nienow

Is this person able to self-manage according to the IAPP, SMA & CSSPA -  
check yes or no below

Self Manage	List & Describe Supports:
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vision impairment; may seek out assistance navigating her surroundings.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	May hit, push or scratch a peer when upset if within arm's reach.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A

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## **Sandy Nienow**

### **Important to:**

Socializing, being offered choices, listening to Elvis,  
Food Network channel & being involved.

### **Important for:**

Staying active, short distance walks, socialize & building  
relationships & personal space.



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## **Sandy Nienow**

### **Likes:**

Socializing, Elvis, music, being apart of the group, being read to, Food Network channel, Bobby Flay & mealtime.

### **Dislikes:**

Not having opportunities to socialize or participate in activities. Not having the ability to independently making choices & preferences.

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## CSP/CSSP Reviews:

### Linden:

Charlotte Jensen – Navigators  
(photos to right)  
Presented by Maddy

Jessica Cook –  
(currently in remote services)  
Presented By Maddy



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## CSP/CSSP Reviews:

### Oakdale:

Sara Felling – Maui  
Top left photo



TeVon Joseph - Maui  
Top right photo



Jerome Welch – Maui  
Bottom photo

Presented by Emily

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# Programming Expectations

**Recent Opportunities:** Gingerbread house contest and door decorating contests.

**Pros:** We observed great enthusiasm, creativity and competition with staff throughout the program during these activities.

**Area for improvement for all Leads and DSP's:**

Ensuring the participants are the heart of these activities by assisting them in participating in these activities.

**When you are providing services, please ask yourself – How can I engage each participant with this activity?**

**Positive Program Engagement Techniques:**

- *Hand-over-hand*
- *Choice Making*
- *Communication Devices*
- *Adaptative Equipment*
- *Others? (Discussion)*



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## Wrap Up

Thoughts and feedback on All-Staff

Agenda

Objectives

Suggestions for continued improvement

Is there information you would like provided at next meeting?

Any final thoughts?

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

Name of person served: Keith Buchman

Date of development: 12/27/2021

For the annual period from: 06/2021 To: 6/2022

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

Legal representative: Richard and/or Randy and/or Brent Buchman

Case manager: Pa Kou Lee

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:

Keith receives intensive support services in a DSS (Day Services and Supports) community environment and is eligible to receive remote services. Support is provided in the most integrated and least restricted environment for Keith. The program works with Keith 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 Keith's physical, emotional and social functioning. Staff support Keith 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 Keith. PAI works with Keith'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, Keith will indicate a staff that he would like to assist him in visiting another space in 90% of all opportunities over the next 6 months.

Keith is a very social man. He finds value in socializing with both his staff and peers. Keith likes being included in conversations that are happening around him. This outcome allows Keith to continue to build relationships and encourages him to advocate for his preferences and make choices.

**Outcome #2:** Daily, Keith will choose a sensory activity to participate in, in 80% of all opportunities over the next 6 months.

Keith typically enjoys participating in sensory activities. This outcome allows Keith to explore different sensory

**Chronic Medical Conditions:**

**Downs Syndrome:** is a genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21. This extra genetic material causes the developmental changes and physical features of Down syndrome and contributes to intellectual disability and developmental delays. Individuals diagnosed with Downs Syndrome may also experience seizures, hearing, vision and spinal problems and an increased risk of dementia.

**Gout:** is a common, painful form of arthritis resulting from buildup of uric acid in the body. It causes swollen, red, hot, and stiff joints. Often, gout first attacks the big toe. It can also attack ankles, heels, knees, wrists, fingers, and elbows. At first, gout attacks usually get better in days. Eventually, attacks last longer and happen more often. Keith is monitored for symptoms of gout pain; he experiences gout attacks mainly in his left foot. When experiencing gout related discomfort, Keith may refuse to wear his shoes and may need more physical assistance when transferring due to foot pain. Should Keith refuse to bear weight on his foot during a transfer; he may be assisted in a 2-person pivot or reverse basket transfer using a posey belt. Keith may be offered a PRN medication from his standing order list for discomfort. Any noted symptoms of discomfort or PRN medication administration will be reported to Keith's residence via phone, email, or communication book.

**Microcephaly:** A condition in which the head is significantly smaller than expected, often due to abnormal brain development. Symptoms vary and include intellectual disability and speech delay. In severe cases, there may be seizures and abnormal muscle functionality. Keith is supported in communicating his wants and needs and staff monitor Keith for seizure activity.

**Pica:** is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value. Keith has a history of swallowing inedible objects and things dangerous to him. Keith in the past has required surgical removal for ingesting inedible objects. Keith is at risk for swallowing latex gloves, loose pieces, or string from manipulatives. He has eaten part of a Nerf ball. Small, inedible objects are kept off the floor where Keith regularly sits. Staff will perform a visual inspection for loose items throughout the day and will visually check that garbage receptacles remain covered.

**Spastic Diplegia:** is a form of cerebral palsy (CP) a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Spastic Diplegia results in hypertonia and spasticity in the muscles of the lower extremities (legs, hips, and pelvis) above the hips typically retain normal muscle tone and range of motion. Symptoms include delayed motor movements, walking on toes, and a "scissored" style of walking. Keith is supported in areas of coordination and with walking.

**Self-administration of medication or treatment orders:** Keith takes his medications whole orally in soft food followed by a drink. Due to his cognitive and physical limitations, Keith is not able to self-administer his medications. Medications / treatments are administered according to the prescriber's orders and as directed by the pharmacy/prescription bottle. Each administration time, trained staff dispense the medication/treatment for Keith 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.

**Other health and medical needs:**

**Personal Cares/Toileting:** Keith utilizes the support of a disposable brief in conjunction with a toileting schedule. Keith is supported to access the restroom every 2 hours or more as needed. Staff note the time of each opportunity Keith is offered to use the restroom. Should Keith not void, he will be offered another opportunity in 30-60 minutes. Once his seatbelt is removed Keith is able to stand and transfer himself with minimal assistance to the toilet. While seated on the toilet Keith may void multiple time and may have a bowel movement. It is important to assist Keith in

to skin breakdown. Keith is offered oral sensory activities throughout his program day. Keith is verbally redirected (by asking him to "stop" or ask him to take his hands out of his mouth) and physically redirect (by signing "stop" or applying light pressure to his arm) to remove his hands from his mouth as much as possible. Keith is offered a drink, provided with manipulatives and other activities throughout the day to help decrease episodes of hand mouthing.

#### Person-centered information

Important TO: It is important to Keith that he be able to greet his friends daily, that he spends time socializing with favorite peers and staff during the day, that he has opportunities to spend time out of his wheelchair on the floor, have sunny windows to sit near, that he eats early in the lunch hour and that he has a snack in the afternoon.

Important FOR: It is important for Keith that he have opportunities to be physically active during his day and that he drinks adequate fluids and maintain the integrity of the skin on his hands. That he does not bump his feet causing a gout flair ups, that he uses his communication skills to advocate for his preferences, that he be supported and encouraged to be social and engage in activities with others, that he be as independent as he is able with daily living tasks.

Good day: A good day for Keith includes propelling his wheelchair between sunny windows, time spent socializing with peers and familiar staff, hugs and funny noises, music to listen and dance to, meals at routine times, opportunities to attend live music and plenty of time with his electric toothbrush.

Bad day: A bad day for Keith includes not feeling well or experiencing gout pain, getting his wheelchair stuck, not having his friends to visit with or when his electric toothbrush is broken and there are no sunny spots top sit in.

Likes: Keith enjoys dancing with staff and giving hugs. He likes to maneuver his wheelchair around and sit in any sunny spot he can find. Keith enjoys listening to music, especially live music. Keith likes most music but Bluegrass, Jazz and Classical are some of his favorites. Keith also likes the Dave Mathews Band and Bruce Springsteen. Keith lets you know he is enjoying the music by dancing or humming along. Keith likes when others make silly noises near his ear and likes anything that vibrates (like toothbrushes or massagers). Keith enjoys sensory activities and one to one time with staff. Keith enjoys eating and drinking, Keith likes all foods, but really enjoys spicy foods and desserts. Ice cream, pie, brownies, or any sort of pudding are his favorites. Keith lets you know he is enjoying eating with you by resting his head on you and smiling. He likes to interact with his peers and experience different environments. Keith indicates he likes these things by vocalizing, choosing them and staying engaged by participating or observing.

Dislikes: Keith does not like to do anything that requires him to sit in one place for too long, he has a short attention span and does better with quick activities. Keith also really does not like having to wear hats or gloves and will get frustrated if he cannot take them off. Keith gets frustrated when he has to wait for his lunch or snack, or if he wants to use his toothbrush and when experiencing gout pain or allergy symptoms. It seems to make Keith sad when a friend from his room is gone for a few days, he misses him. Keith also gets frustrated when he gets his chair stuck and he is unable to independently maneuver his way out or if he cannot find his chair when he is spending time on the floor. Keith lets you know he is upset by making loud vocalizations, biting his hand, kicking walls and doors, or banging his head.

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**:

- Keith would like to participate in a consistent and personalized program day. He would like to continue to pursue recreation and leisure activities with staff and work on effective communication and choice making. Keith would like 1:1 activity such as going for walks, giving hugs, sensory activities, dancing with staff or playing with balls to be part of his day. Keith would like to listen to music and participate in music activities. He would like to continue going on

# PAI

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

- Keith's residence, guardian's and PAI staff collaborate in the exchange of information as it relates to Keith'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 Keith's communication book.
- PAI works with Keith's residence for supplies needed at PAI, as well as treatments/medications and corresponding orders.
- Richard Buchman is Keith's private legal representative and parent who advocates on his behalf as well as makes legal decisions with him. Keith's brother Randy and Brent Buchman are in the process of allying for joint guardianship. The legal representatives provide information and direction on Keith's services and supports in collaboration with other members of this support team.
- Pa Kou Lee, case manager from Ramsey County, develops the Coordinated Services Support Plan, completes service agreements, participates in service direction, assists Keith and him legal representative in advocacy and finding additional opportunities or resources and communicates with the members of Keith'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 - Fox Run Bay, Residential  
Megan Loney  
Email: megan.loney114283@outlook.com  
Phone: 612-418-2381

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

Richard Buchman – Legal Representative  
Email: R-cBuchman@comcast.net Phone: 651-402-3146

Randy Buchman – Legal Representative  
Phone: 651-247-7985

Brent Buchman – Legal Representative  
Phone: 651-210-7079

Pa Kou Lee – Case Manager Ramsey County  
Email: Pakou.Lee@allina.com Phone: 763-843-7079

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

- Residential services in a community setting controlled by a provider
- Day services

# PAI

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 Keith's medical conditions and the related symptoms.
- Communication of medical or behavior related concerns observed during the time Keith 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: [Click or tap here to enter text.](#)
- Medication assistance: [Click or tap here to enter text.](#)
- Medication administration: [Click or tap here to enter text.](#)

## 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

# PAI

Yes  No If yes, explain how it will be used: Keith utilizes adaptive shoes while transferring.

## 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