



Competency Tracking Form

Participant: Abenrey Fida

Annual Service Span: 05/01/2021 - 04/30/2022

Annual Meeting Date: _____

Date Assigned to Lead: N/A

Competency Quiz Due for all Staff: 1/30/22

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
	<u>AD</u>	Ann Alberg
<u>1/11/22</u>	<u>DB</u>	Destiny Barnes
		Lori Bauernfeind
	<u>AB</u>	Austin Bofferding
	<u>JB</u>	Juan Bonilla
	<u>LC</u>	Lynn Champagne
	<u>IC</u>	Isabelle Cooper
<u>1/7/22</u>	<u>MG</u>	Nicci Gangl
	<u>JA</u>	Jesse Haug

Date Completed	Initials	Full Name
<u>12/30/21</u>	<u>CK</u>	Cortney Kelly
<u>1/11/22</u>	<u>JK</u>	Justyn Kriel
	<u>DN</u>	Dawn Nelson
	<u>MP</u>	Monti Patrick
<u>12/30/21</u>	<u>AR</u>	Anneliese Robinson
	<u>SS</u>	Shelley Stover
<u>01/07/22</u>	<u>SV</u>	Soua Vang
	<u>EW</u>	Erica Wubben
	<u>AP</u>	Anna Pratz

Date Uploaded to LMS: _____

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

Name of person served: Abenezer Fida

Date of development: November 8, 2021

For the annual period from: May 1st, 2021 to April 30st, 2022

Name and title of person completing the *CSSP Addendum*: Anneliese Robinson, Program Supervisor

Legal representative: Tamernesh Yesuf, Mother

Case manager: Lauren Murray, Minnesota Brain Injury Alliance

The license holder must provide services in response to the person’s identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation
- Annually, the support team reviews the *CSSP Addendum*.

Services and Supports

The **scope of the services** to be provided to support the person’s daily needs and activities include:

The scope of services for Abenezer is currently only Remote Services through PAI. As of January 2022, the scope of services will be Day Support and Prevocational Services. PAI works with Abenezer to develop and implement achievable outcomes based on Abenezer’s goals and interests. PAI provides supervision, outcome implementation, transportation to community activities, support with onsite piece rate work, data tracking and daily support related to his health, safety, and well-being as needed by Abenezer. Abenezer will be enrolled into employment services development as soon as he joins PAI on-site in January 2022. He will meet with an employment specialist once a week to discuss job opportunities in the community.

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: It is very important to Abenezer to be integrated in the community. Abenezer enjoys being in the community and staying busy.

“Abenezer will choose and participate in an outing once a month, 75% of all trials until next review period.”

Outcome #2: Finding a job and being integrated in the community are both very important to Abenezer. Abenezer enjoys having as much time in the community as possible and staying busy.

“Once a week, Abenezer will meet with his employment specialist to discuss job opportunities in the community.”

PAI

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

Abenezer utilizes a computer or tablet at home.

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: N/A

PAI

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:

- **Seizures:** Abenezer has a seizure disorder, protocol and PRN medication. Staff are trained on Abenezer's seizure protocol and will follow this in the event of a seizure. Abenezer's PRN medication and protocol will be brought with when participating in an activity in the community. Abenezer's residence and guardian will be notified of any seizure activity while at PAI.
- **Choking:** Staff will be present in the lunchroom when Abenezer is eating his lunch. Abenezer packs and prepares his lunch from home. Staff will assist Abenezer with cutting up his food as needed.
- **Chronic Medical Conditions:** Abenezer has a seizure disorder, protocol, and PRN medication. Staff are trained on Abenezer's seizure protocol and will follow this in the event of a seizure. Staff will watch for signs that Abenezer is not feeling well and report to Abenezer's residence. Abenezer is diagnosed with Bilateral Mild Cerebellar Atrophy, which is described as a loss of neurons in the brain or a loss of connections between the neurons. Abenezer is also diagnosed with an Anoxic Brain Injury, meaning the brain may be deprived of oxygen which will result in the death of brain cells. Abenezer does not have use of his right side due to hemiparesis on his right side.
- **Self-Administration of Medication or Treatment Orders:** Staff at PAI are trained on Abenezer's seizure protocol and his PRN medication and where they are located. In the event Abenezer needed his seizure PRN, a staff trained in medication administration would administer the medication to Abenezer per his signed physician's medication order and protocol. Abenezer does not take scheduled daily medication at PAI.
- **Preventative Screenings; Medical and Dental Appointments:** Abenezer understands the importance of his medical and dental appointments. Abenezer's residence schedules and attends all medical appointments with Abenezer. Any signs/symptoms of illness/injury will be reported to Abenezer's residence who will help Abenezer follow up with his physician as needed. PAI does not schedule or attend medical appointments.
- **Risk of Falling; Mobility issues:** Abenezer is independent with his mobility, positioning and transferring. Abenezer may experience an unsteady gait and cross his feet when walking when he is upset or stressed. Staff will prompt Abenezer to slow down when it appears that he is ambulating unsafely and give Abenezer extra time to transition.
- **Community Survival Skills:** Staff are with Abenezer in the community at all times. Staff carry Abenezer's basic medical information, ID information, and seizure protocol and PRN when in the community. Staff will model safe pedestrian skills and stranger safety and will prompt Abenezer to follow these as needed.
- **Water Safety Skills:** PAI does not offer swimming as part of programming. If Abenezer were to participate in an activity on or near a large body of water, Abenezer would be supplied with a life jacket and staff would stay with Abenezer throughout the duration of the activity.
- **Person centered planning:**
 - **Important to Abenezer:** Spending time with friends, being with my family on the weekends, having consistency in his schedule
 - **Important for Abenezer:** Learning and using coping skills, learning things to help gain independence, working out to stay physically healthy, being included in making decisions that affect him
 - **A good day for Abenezer:**
 - **A bad day for Abenezer:**
 - **Likes:** Playing video games, listening to music, singing, doing art projects and drawing
 - **Dislikes:** Having his space invaded, swearing and cussing from others

PAI

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**:

- Abenezer will have control over his schedule by choosing how many classes he'd like to take and which ones. Abenezer help choose which community outing and volunteer opportunities he participates in.
- Abenezer prefers that staff let him leave the area when he's upset or overwhelmed.
- Abenezer prefers that staff give him time to process cues and directives.
- Abenezer prefers to know what to expect ahead of time, with onsite and community activities.
- Abenezer prefers consistency in his schedule.
- Abenezer prefers to have staff to talk to about his concerns and to get feedback whenever possible.
- Abenezer prefers affirmations when he is going a job well.
- Abenezer prefers to be included in making decisions that affect 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**?

- PAI offers a large variety of leisure and skill building classes at PAI that Abe can choose to participate in. Abe will be given a list the classes available quarterly. Abe's Program Supervisor or Lead will walk Abe through the different options available and help Abe pick classes that fit his interest, preferences, or skills he would like to work on. At Abe's semi-annual and annual time of year, Abe's Program Supervisor and Lead talk to Abe and discuss his goals for the next review period and adjust his outcomes accordingly.

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

- Community outings have resumed at PAI as of September 2021. PAI offers community outings twice a week to several community locations such as Maplewood Mall, Pinz Bowling Alley, Caribou, Starbucks, Cup and Cone, parks and trails, and many other locations. Abe will have the opportunity to choose which activities he would like to participate in by choosing about 1-2 locations a month that interest him.

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

- Abe is encouraged to communicate and associate with those of his choosing remotely, on-site (when he begins to attend PAI in person) and in the community. Abe has many good social skills and is a friendly individual. When appropriate, staff will introduce Abe to important members of the community (a tour guide at a museum, a volunteer coordinator at a volunteer site, etc.) and then will let Abe navigate and develop an appropriate relationship.

PAI

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

- Abe has competitive paying jobs available to him on-site at PAI though many jobs on-site are still piece-rate jobs. Abenezer will enroll in employment services development as of January 2022 when Abenezer joins PAI on-site. He will meet with an employment specialist once a week to explore jobs in the community.

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?

- Abenezer's guardians, residence, PAI, and case manager exchange information as it relates to Abenezer's services and cares. Meetings and reports are shared with Abenezer's team. Abenezer's team works together to ensure continuity of care. In-person conversations, phone calls, emails and faxes may be used to discuss current information.
- Abenezer's guardians, Abera Germarian and Tamernesh Yesuf, advocate on Abenezer's behalf and make legal decisions for him.
- Abenezer resides at a REM group home. REM provides all in home care needed and attends all medical appointments with Abenezer. Abenezer's residence ensures all Abenezer's need are being met and provides any information to Abenezer's team about changes in supports needed.
- Case manager, Lauren Murray from Minnesota Brain Injury Alliance, develops Abenezer's CSSP and completes Abenezer's service agreements. Lauren communicates with Abenezer's support team to ensure continuity of care.
- PAI will provide Abenezer with employment opportunities on-site and help Abenezer work on vocational training and skill building. PAI will communicate any health and medical concerns to Abenezer's residence.

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:

Abera Germarian, Guardian
P: 651-238-2160

Tamernesh Yesuf, Guardian
P: 651-249-9619

Lauren Murray, Case Manager, Minnesota Brain Injury Alliance
P: 612-238-3258
Email: laurenm@braininjurymn.org

Tareisha Johnson, Residence, REM
Email: tareisha.johnson@thementornetwork.com

Anneliese Robinson, Program Supervisor, PAI
P: 651-747-8740
Email: arobinson@paimn.org

PAI

The person currently receives services in (check as applicable): community setting controlled by a provider (residential) community setting controlled by a provider (day services) NA

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 or for transitioning from day services to an employment service:

- Abenezer will begin to attend PAI on-site in January 2022. Abenezer will enroll in employment services during that time. He will meet with an employment specialist once a week to explore job opportunities in the community.

Describe any further research or education that must be completed before a decision regarding this transition can be made:

- Abenezer will be enrolled into employment services development in January 2022 when he joins PAI in-person.

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

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 the behavioral intervention/manual restraint to be used for the person.

Health Needs

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."

- Providing CPR and First Aid as applicable.
- Monitoring for illness and injury. PAI will notify Abenezzer's residence if any are noted.
- Applying sunscreen and bug spray per bottle instructions as needed.
- In the event of a seizure, following Abenezzer's seizure protocol and administer his PRN medication.

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

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

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:
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:
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:
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:
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:
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:
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:
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:
9. Is positive verbal correction specifically focused on the behavior being addressed?
 Yes No If yes, explain how it will be used:
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:
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:

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

PAI

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 1:8 1:6 Other (please specify): 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): NA

Individual Abuse Prevention Plan (IAPP)

Instructions and requirements:

This program is required to establish and enforce ongoing written individual abuse prevention plans as required under Minnesota Statutes, section 626.557, subdivision 14 and section 245A.65, subdivision 2 (b).

Development and review of the plan: An individual abuse prevention plan shall be developed for each new person as part of the initial individual program plan or service plan required under the applicable licensing rule. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan. The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

Plan contents: The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Requirements of 626.557, subd. 14(b): Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

Persons with history of violent crime an act of physical aggression toward others: If the program knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Legal Authority: MS §§ 245D.071, subd. 2, 245A.65, subd. 2, and 626.557, subd. 14

PAI

Individual Abuse Prevention Plan (IAPP)

Person's Name: Abenezer Fida

Program: PAI Commerce

Instructions: For each area, assess whether the person is susceptible to abuse by others and the person's risk of abusing other vulnerable people. If susceptible, indicate why by checking the appropriate reason or by adding a reason. Identify specific measures to be taken to minimize the risk within the scope of licensed services and identify referrals needed when the person is susceptible outside the scope or control of the licensed services. If the person does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, document this determination and identify the area of the program prevention plan that addresses the area of susceptibility.

A. Sexual abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Lack of understanding of sexuality
- Likely to seek or cooperate in an abusive situation
- Inability to be assertive
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Lack of understanding of sexuality:** Abenezer's has a limited understanding of sexuality due to his brain injury. Abenezer has expressed that he would like to have a girlfriend someday - but does not understand the process of building and maintaining a positive relationship.
- **Likely to seek or cooperate in an abusive situation:** Due to Abenezer's brain injury, Abenezer is at risk of participating in an abusive situation because he may not recognize it as abuse.
- **Inability to be assertive:** Abenezer may be unable to be assertive if he does not recognize the situation as abusive or inappropriate, especially if the perpetrator was a trusted adult.
- **All Areas:** Abenezer will be encouraged to participate in social skills classes available at PAI to work on appropriate boundaries and relationships with others. If staff ever found or suspected that Abenezer was in an abusive situation, staff would remove Abenezer from the situation immediately and relocate him to a safe location. Staff would notify Abenezer's guardian and residence and help Abenezer make a report or contact the authorities if necessary. All staff at PAI are mandated reporters. Staff are trained at time of hire on mandated reporting and annually thereafter. Staff are always with Abenezer in the community and at PAI and will help Abenezer advocate on his behalf.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals needed at this time.

PAI

B. Physical Abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- Verbally/physically abusive to others
- "Victim" history exists
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Inability to identify potentially dangerous situations:** Abenezer's brain injury may impact Abenezer's ability to identify potentially dangerous situations. Abenezer may not always make good judgment calls about safety or be observant of his surroundings.
- **Lack of community orientation skills:** Abenezer lacks community orientation skills. Abenezer may experience seizure activity in the community and need assistance. Abenezer may need reminders to follow safe pedestrian skills consistently. Abenezer may not know who to ask for help from if lost or know how to get back home.
- **Inappropriate interactions with others:** Abenezer may have inappropriate interactions with others. When Abenezer is talking to others, Abenezer may get too close and invade other people's personal space.
- **Inability to deal with verbally/physically abusive to others:** Abenezer is unable to deal with verbally/physically aggressive persons due to his physical disability. Abenezer's gait can be unstable, especially when upset, and cannot move very fast which may impact his ability to leave and get away from a dangerous situation.
- **All Areas:** Abenezer participates in fire and storm drills at PAI to practice how to react in an emergency. Staff are always with Abenezer in the community and will model safe pedestrian skills and stranger safety and prompt Abenezer to follow these as needed. Staff carry Abenezer's basic health information and ID information with when in the community and would share this information with emergency personnel if the situation warranted. Staff will provide verbal prompts to Abenezer to remain an appropriate distance away from other when communicating. If Abenezer was in a situation where another person was being aggressive, staff would remove Abenezer to a safe location.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals needed at this time.

PAI

C. Self Abuse

Is the person susceptible to abuse in this area? Yes (if any area below is checked) No

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Lack of self-preservation skills (ignores personal safety):** Abenezer's brain injury may impact Abenezer's self-preservation skills. Abenezer may not always make good judgment calls about safety or be observant of his surroundings. Abenezer also has eloped in the past which could put him at risk of harm, though this has not happened recently.
- **Engages in self-injurious behaviors:** Abenezer is at risk of self-injurious behaviors. When Abenezer is upset he may have trouble managing his emotions and actions due to his brain injury. Abenezer had a history of cutting and head banging - but has not done either of these actions recently.
- **All Areas:** Staff will always be with Abenezer in the community and will advocate on Abenezer's behalf. Staff will model safe pedestrian skills and stranger safety and will prompt Abenezer to follow these as needed. Staff will ensure Abenezer stays with the group when in the community. If Abenezer was to ever participate in self-injurious behaviors, staff would ask Abenezer to stop and bring Abenezer to a private place to discuss what is bothering him. PAI would notify Abenezer's residence and guardian of any injuries.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals needed at this time.

D. Financial Exploitation

Is the person susceptible in this area? Yes (if any area below is checked) No

- Inability to handle financial matters
- Other:

Specific measures to minimize risk of abuse for each area checked:

- **Inability to handle financial Matters:** Abenezer is unable to handle financial matters independently. Abenezer only has a basic understanding of the money value has, but understands he needs it to purchase goods in the community.
- **All Areas:** When Abenezer needs money for a community outing, a note will be sent home with Abenezer a few days prior to the outing, requesting that Abenezer bring cash that day. Abenezer will bring cash in with him that day and keep it with him the duration of the day. Staff will help Abenezer make the transaction, ensure he has gotten a receipt and correct change, and help Abenezer secure the change back with his belongings. Abenezer’s residence helps Abenezer manage and track his finances at home.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals needed at this time.

E. Is the program aware of this person committing a violent crime or act of physical aggression toward others? Yes No

Specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the program and persons outside the program, if unsupervised: N/A

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). No referrals needed at this time.

An individual abuse prevention plan is developed for each new person as part of the initial service plan. The person will participate in the development of the plan to the full extent of their ability. When applicable, the person’s legal representative will be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team will document the review of the plan at least annually, using an individual assessment, as required in MN Statutes, section 245D.071, subd. 3, and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

SELF-MANAGEMENT ASSESSMENT

Name: Abenezer Fida

Date of *Self-Management Assessment* development: November 12, 2021

For the annual period from: May 1st, 2021 to April 30st, 2022

Name and title of person completing the review: Anneliese Robinson, Program Supervisor

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included on this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company's designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment*. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person's status within the last 12 months at the time-of-service initiation. Assessments based on older information must be documented and justified.

The **general and health-specific supports and outcomes necessary or desired to support the person** based upon this assessment and the requirements of person-centered planning and service delivery will be documented in the *CSSP Addendum*.

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Allergies (state specific allergies): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • N/A
Seizures (state specific seizure types): Seizure disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Abenezer is understanding of his seizure disorder. • Behaviors or Symptoms: Abenezer is diagnosed with epilepsy. Abenezer willingly takes his medication and knows how important his physician appointments are to

		<p>treat his seizure disorder. Abenezer requires 24 hour monitored care for his seizure activity as he may fall and injure himself during seizures.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Choking	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer is receptive to support and is an independent eater when his food is set up for him. Behaviors or Symptoms: Abenezer cannot use his right side due to hemiparesis. He needs help setting up his meals and cutting up his food. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> N/A
Chronic medical conditions (state condition): Epilepsy, Bilateral Mild Cerebellar Atrophy, Anoxic Brain Injury	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer is understanding of his chronic medical conditions. Abenezer is receptive to support and able to communicate his needs to staff. Behaviors or Symptoms: Abenezer has seizures and requires 24-hour monitoring so that he does not fall and injure himself in the event of a seizure. Abenezer does not have use of the right side of his body due to his hemiparesis. Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer understands the need for medication and takes his medications willingly. Behaviors or Symptoms: Abenezer is unable to manage his medications independently and requires support in this. Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer knows it is important to go to the doctor and is cooperative when attending appointments. Behaviors or Symptoms: Abenezer is unable to make or attend medical appointments independently. Abenezer requires assistance with scheduling and attending medical and dental appointments. Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer knows it is important to go to the doctor and is cooperative when attending appointments. Behaviors or Symptoms: Abenezer is unable to make or attend medical appointments independently. Abenezer requires assistance with scheduling and attending medical and dental appointments.

PAI

		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Personal safety to avoid injury or accident in the service setting		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Risk of falling (include the specific risk): Unsteady gait	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer is able to ambulate independently. He is receptive to support from staff as needed. Behaviors or Symptoms: Abenezer has an unsteady gait and may cross his feet when walking while upset or stressed. Abenezer may require a reminder to walk safely as needed. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Unsteady gait	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer is able to ambulate independently. He is receptive to support from staff as needed. Behaviors or Symptoms: Abenezer has an unsteady gait and may cross his feet when walking while upset or stressed. Abenezer may require a reminder to walk safely as needed. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Staff supports are not required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezer enjoys being in the community. Behaviors or Symptoms: Abenezer does not always understand how to safely navigate in the community (safe pedestrian skills, stranger safety, etc.). Staff supports are required in this area according to the CSSP Addendum.

PAI

Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezzer understands that it is important to be safe around water. Behaviors or Symptoms: Abenezzer does not know how to swim. Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11 clauses (4) to (7) or suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Self-injurious behaviors (state behavior): Cutting, Running Away.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezzer can use coping skills to manage his emotions and behaviors. Behaviors or Symptoms: When frustrated or angry, Abenezzer may engage in self-injurious behaviors (cutting himself, running away). Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): Pushing, Hitting, Throwing things at others.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezzer can use coping skills to manage his emotions and behaviors. Behaviors or Symptoms: When frustrated or angry, Abenezzer may engage in physical aggression (pushing, hitting, throwing things). Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): Yelling, Swearing, Threatening to hurt himself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Abenezzer can use coping skills to manage his emotions and behaviors. Behaviors or Symptoms: When frustrated or angry, Abenezzer may engage in verbal/emotional aggression (yelling, swearing, threatening to hurt himself). Staff supports are required in this area according to the CSSP Addendum.

PAI

Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Abenezer can use coping skills to manage his emotions and behaviors. • Behaviors or Symptoms: Abenezer has threatened to hurt himself before when he has become angry, frustrated or upset. • Staff supports are required in this area according to the CSSP Addendum.
Criminal or unlawful behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A

Staff: Ann

Date: 12/30



Service Recipient: AF

Service Span: 05/21 04/22

Outcomes:

Outcome #1: Choose + participate in activity
Summarize Steps: Choose out participant

Outcome #2: 1 once a week meet w/ employment specialists
Summarize Steps: Staff remind him of time

Communication Style: Verbal can be soft spoken

Learning Style: through verbal and demonstration

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy PRN</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Rt side limitation bite size percut</u>	
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Bite size</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hemiparisis Rt Epilepsy</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulatory</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street safety</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Important to: <u>Friends family consistency in schedule</u>		
Important for: <u>Learning coping skill gaining independence working out being include in decision that affect</u>		
Likes: <u>video game music singing watch youtube videos</u>		
Dislikes: <u>person space crumby</u>		

Staff: DESTINY B

Date: 1/11/22



Service Recipient: Abenezer Eida

Service Span: May 21 - Apr 22

Outcomes:

Outcome #1: <u>CHOOSE & PARTICIPATE IN AN OUTING EACH MONTH</u>
Summarize Steps: <u>1. CHOOSE AN OUTING</u> <u>2. GO ON OUTING</u>
Outcome #2: <u>ONCE A WEEK MEET WITH ES.</u>
Summarize Steps: <u>1. STAFF REMIND OF MEETING TIME</u> <u>2. ATTEND & PARTICIPATE.</u>
Communication Style: <u>VERBAL. SPEAKS SOFTLY. ASK TO REPEAT.</u>
Learning Style: <u>VERBAL INSTRUCTIONS & VISUALS</u>

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy - HAS PRN & PROTOCOL</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>RIGHT SIDE WEAKNESS, ASSISTANCE CUTTING INTO bite size pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>↓</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy, right side hemiparesis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SEIZURE PRN</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>INDEPENDENT</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>WALKS IND., MAY CROSS FEET. OFFER ASSISTANCE AS NEEDED</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NEEDS HELP NAVIGATING SAFELY</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>INDEPENDENT</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>HISTORY OF RUNNING AWAY & SELF HARM - REMINDERS TO USE COPING SKILLS.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>FRIENDS, FAMILY, CONSISTANCY</u>	
Important for: <u>COPING SKILLS, INDEPENDENCE, WORKING OUT, BEING INCLUDED</u>	
Likes: <u>VIDEO GAMES, MUSIC, SINGING, YOUTUBE</u>	
Dislikes: <u>SPACE INVADIED, SWEARING</u>	

Staff: ASHAN Bofford
 Date: 12/30/21



Service Recipient: Abneres Fida
 Service Span: May 2021 - April 2022

Outcomes:

Outcome #1: Choose and participate in an outing once a month.
 Summarize Steps:

Outcome #2: Meet with ES once a week.
 Summarize Steps: Staff will remind him of meeting times.

Communication Style: verbal, speaks softly.

Learning Style: verbal instruction and visuals.

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy, PRN.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can't use right side, may need food cut up.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy, Hemiparesis on right side.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ambulate independently, may cross feet.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street Safety.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of wanting to hurt himself or run away.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>spending time with friends, family, consistent schedule.</u>	
Important for: <u>learning coping skills, gaining independence, working out, being included in decisions that affect him.</u>	
Likes: <u>video games, music, shopping, watching youtube.</u>	
Dislikes: <u>space invaded, crossing.</u>	

Staff: June
 Date: 12-29-21



Service Recipient: A.F.
 Service Span: 5-21-21-4-30-22

Outcomes:

Outcome #1: attend
 Summarize Steps: pick & participate in an outing each month

Outcome #2: no employment specialist once a week
 Summarize Steps: meet w/ employment specialist once a week

Communication Style: verbal, ~~not~~ spoken

Learning Style: verbal instruction & visuals

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy / follow PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can't use right side</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <u>right side Haresis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for SEIZURES</u>
Personal Care: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may cross feet</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can't safely navigate</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of self harm threats</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>spending time w/ friends, family, consistent schedule</u>
Important for:	<u>learning & using coping skills, gaining independence, working out, being included in decisions</u>
Likes:	<u>video games, listening to music, singing</u>
Dislikes:	<u>personal space invaded, cursing</u>

Staff: Jan Champagne
 Date: 2/30/21



Service Recipient: A.F
 Service Span: 5-1-21 - 4-30-22

Outcomes:

Outcome #1: Choose & participate outing 1x month
 Summarize Steps:

Outcome #2: Meet with emp. specialist 1x week
 Summarize Steps: Remind & encourage

Communication Style:
Verbal - soft spoken

Learning Style:
Verbal & Visual Inst

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>epil: PRN</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can't use right side bite size pieces</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilipsy right side #1</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizures</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>may cross street</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can't navigate safely</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not safe</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB history of SIB</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Important to:	<u>Friends, family consistent schedule</u>	
Important for:	<u>learn coping skills independence, ^{working out} included in decisions</u>	
Likes:	<u>video games, music, utube videos</u>	
Dislikes:	<u>space invaded, swearing</u>	

Staff: 12/30/21
 Date: Isabelle Cooper



Service Recipient: Abenezer Fida
 Service Span: May 21 - Apr 2022

Outcomes:

Outcome #1: <u>choose & participate in an outing 1x month</u>
Summarize Steps: <u>choose & participate in outing each month.</u>
Outcome #2: <u>1x/week will meet w/ employment specialist</u>
Summarize Steps: <u>staff will remind him of meeting times</u>
Communication Style: <u>verbal, talks quiet</u>
Learning Style: <u>verbal & visual instruction & needs time to process</u>

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>None</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy → PRN @ PAI</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can't use right side, staff will cut food into bite sized pieces</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u> <u>Hemiparesis (right side)</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN @ PAI</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may cross feet when frustrated when ambulating</u> <u>offer assistance as needed</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>doesn't understand how to safely navigate</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of threatening self-harm & run away,</u> <u>remind of coping skills</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Important to: <u>Spending time w friends, family time, consistent schedule</u>	
Important for: <u>learning & using coping skills, gaining independence, working out,</u> <u>being included in decision making that involves him,</u>	
Likes: <u>video games, music, youtube videos</u>	
Dislikes: <u>having space invaded & swearing & cussing</u>	

Staff: Nica Gungl
 Date: 1/7/22



Service Recipient: Abenzer F
 Service Span: May 21 - April 22

Outcomes:

Outcome #1: <u>Pick + participate in an Outing 1x month</u> Summarize Steps:
<u>Pick + participate</u>
Outcome #2: <u>Meet w/ ES 1x week</u> Summarize Steps:
<u>Staff Reminders</u>
Communication Style: <u>Speaks softly, verbal</u>
Learning Style: <u>Verbal Instruction + Visuals</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy, PRN</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut up food - cant use right side</u>	
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u>	DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Street Safety</u>	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of wanting to hurt himself or run away</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

Important to: Consistent schedule, spending time w/ family + friends

Important for: Learning coping skills, working out, included in decisions

Likes: Video games, music, singing, watching youtube

Dislikes: Cussing + space being invaded

Staff: Jesse Hoag
 Date: 12-30-21



Service Recipient: A.F.
 Service Span: 5-1-21 to 4-30-22

Outcomes:

Outcome #1: Choose / Participate in outing once a month.
 Summarize Steps: ☉

Outcome #2: 1/wk meet w/ employment specialist.
 Summarize Steps: staff remind & encourage

Communication Style:
verbal sometimes needs to repeat/speak up

Learning Style:
verbal & visuals time to process

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy with PRN/protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cont use right side / help cutting food</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>→</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>hemiparesis & Epilepsy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN on site</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need assistance as needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Navigating safely</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of running away or self injury</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Important to:	<u>spending time w/ Friends & Family consistency in schedule</u>
Important for:	<u>learning & using coping skills, independence, working out, included in decisions</u>
Likes:	<u>video games, Music/singing, youtube vids</u>
Dislikes:	<u>having space invadeed</u>

Staff: Courtney Kelly
 Date: 12/30/2021



Service Recipient: Abenezer Fida
 Service Span: May 21 - April 22

Outcomes:

Outcome #1: <u>Choose + participate in outing each month</u> Summarize Steps: <u>1. choose + participate in outing</u>
Outcome #2: <u>Once a week meet with ES</u> Summarize Steps: <u>1. staff remind of meeting times</u> <u>2. attend + participate</u>
Communication Style: <u>Verbal - speaks softly, ask to repeat</u>
Learning Style: <u>Verbal instructions + visuals</u>

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>epilepsy - has PRN + protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>right side weakness, assistance cutting into bit sized pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>↓</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy, right side hemiparesis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure PRN</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks IVD, may cross street, offer assistance as needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help safely navigating</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of running away + self harm - reminders to use coping skills</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>friends, family, consistency</u>	
Important for: <u>using coping skills, gaining independence, working out, being included</u>	
Likes: <u>video games, music, singing, watching YouTube</u>	
Dislikes: <u>space invaded, swearing</u>	

Staff: Justyn Kiel

Date: 1/11/22



Service Recipient: Abenezer Fida

Service Span: May 21 - April 22

Outcomes:

Outcome #1: Choose + participate in outings each month
 Summarize Steps: 1. choose + participate in outings

Outcome #2: Open a week meet with ES
 Summarize Steps: 1. staff remind of meeting times
2. attend + participate

Communication Style: verbal - speaks softly, ask to repeat

Learning Style: verbal instructions + visuals

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>epilepsy - has PRN + protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>right side weakness, assistance cutting cutting into bite sized pieces</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ↓
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>epilepsy, right side hemiparesis</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure PRN</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks IAD, may cross feet, offer assistance as needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs help safely navigating</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of -running away + self harm - reminders to use coping skills</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to: <u>friends, family, consistency</u>	
Important for: <u>using coping skills, gaining independence, working out, being included</u>	
Likes: <u>video games, music, singing, watching youtube</u>	
Dislikes: <u>space invaded, swearing</u>	

Staff: Dawn Nelson
 Date: 12/30/21



Service Recipient: AF
 Service Span: 5/21 - 4/30/22

Outcomes:

Outcome #1: Choose outing 1/ per month
 Summarize Steps:
Choose & participate in outing each month

Outcome #2: Will meet 1/ per week w/ Employment specialist
 Summarize Steps:
Staff will remind him of his meeting time & encourage to attend

Communication Style:
Verbal - soft spoken, may need to repeat himself

Learning Style:
visual & verbal

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy, will have PRN as needed while @ PAI</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can't use his right side - bite size pieces</u>	
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy - right side hemiparesis</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN</u>	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May cross fit while walking if frustrated</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not always understand how to safely navigate</u>	
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Has history of threatening to hurt himself, running away - remind to use his coping skills</u>	
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Important to: <u>Spending time w/ friends, family, schedule consistency</u>		
Important for: <u>learning & using coping skills, gaining independence, working out, being included</u>		
Likes: <u>Video games, music, singing, watching youtube videos</u>		
Dislikes: <u>space being invaded, people swearing</u>		

Staff: M. Patrick



Service Recipient: AF

Date: _____

Service Span: May 1 2021, April 30 2022

Outcomes:

Outcome #1: Choose and participate in outings once a month
Summarize Steps: _____

Outcome #2: once a week meet w/ employment specialist
Summarize Steps: staff remind me

Communication Style:
verbal

Learning Style:
verbal style, modeling

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has epiteulane</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can't use left side, cut in bite size pieces</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>hemiparesis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN on site</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not always know how to safe nav.</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of threat hurt himself or elope</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>spend time w/ friend, family, considering work</u>	
Important for: <u>hearing using cup ins skill, working out, independent, being included in choices</u>	
Likes: <u>video game, music, watch you tube video</u>	
Dislikes: <u>space invaded, swear and curs</u>	

Staff: Anne/Jeferina on
 Date: 12/21/21



Service Recipient: Abenezer Fida
 Service Span: 05/01/21 - 04/30/22

Outcomes:

Outcome #1: <u>Abenezer will choose and participate in an outing 1x/month</u> Summarize Steps: <u>Each month, staff will approach Abenezer with the monthly outing calendar and encourage age-appropriate to choose an outing. He will attend his chosen outing.</u>
Outcome #2: <u>Once a week, Abenezer will meet with the employment specialist to discuss job opportunities in the community.</u> Summarize Steps: <u>Staff will remind Abenezer of his meeting times and encourage him to attend. Come meeting time, Abenezer will attend.</u>
Communication Style: <u>verbal. can be soft spoken - staff may need to politely ask Abenezer to repeat himself.</u>
Learning Style: <u>Learns best through verbal instruction and visuals. Be patient, he may need a moment to process what he is learning.</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Abenezer has epilepsy. Staff will follow his seizure protocol and administer PRN as needed.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cannot use his right side due to hemiparesis. May need assistance in cutting foods. Eats independently, once plate is prepared.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>requires 24 hour monitoring due to seizures. Does not have use of his right side due to hemiparesis.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Abenezer has a PRN that will be kept on site.</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Amputated independently - but may cross his feet when frustrated or stressed and may need a reminder to walk safely in the community. Staff always with Abenezer at all times.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cutting, running away. remind Abenezer of his coping skills to manage emotions.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>spending time with friends, being w/ family, having consistency to schedule</u>	
Important for: <u>learning and using coping skills, gaining independence working out, being included in decisions that affect him</u>	
Likes: <u>video games, listening to music, singing, watching YouTube videos</u>	
Dislikes: <u>having his space invaded, hearing people use swear words</u>	

Staff: Shelley
 Date: 12/30/21



Service Recipient: Abenizer F.
 Service Span: 05/21 - 04/22

Outcomes:

Outcome #1: outing x1
 Summarize Steps: pick & participate

Outcome #2: Employment Specific x1
 Summarize Steps: remind & Encourage

Communication Style: Verbal, soft spoken

Learning Style: Verbal & visual

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>n/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Eplisipsy, PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cant use right side / bite sized</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <u>Eplisipsy - right side Haresis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN for seizure</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may cross feet</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>mg not be safe</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>history of SIB</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>n/A</u>
Important to:	<u>friends, family, schedule - consist</u>
Important for:	<u>independece, working out</u>
Likes:	<u>video gam, music, singing, watching youtube</u>
Dislikes:	<u>space invaded, swearing</u>

Staff: Sova Vany
 Date: 01/07/22



Service Recipient: Abenezer F.
 Service Span: May 21 - April 22

Outcomes:

Outcome #1: pick & participate in an outing once a month.
 Summarize Steps: pick + participate

Outcome #2: Meet with ES once a week.
 Summarize Steps: Staff reminders to have Abenezer meet w/ ES.

Communication Style: Speaks softly, verbal

Learning Style: verbal instruction + Visuals

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy, PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut up food, can't use right side.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy, hemiparesis on right side.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May cross feet, can ambulate IND</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>street safety</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>History of wanting to hurt himself or run away.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>consistent schedule, spending time w/ family + friends.</u>	
Important for: <u>learning coping skills, gain/maintain IND, working at, included in decisions.</u>	
Likes: <u>video games, music, singing, watching youtube.</u>	
Dislikes: <u>crossing and space invaded.</u>	

Staff: Erica W
 Date: 12/30/21



Service Recipient: Abenheer
 Service Span: May 1 2021
May 30 2022

Outcomes:

Outcome #1: 1 outing per month
 Summarize Steps:
Will ~~others~~ choose and participate in a outing

Outcome #2: Will meet w/ the employment specialists
 Summarize Steps:
Staff will Remind him to go to the meeting

Communication Style:
Verbal, May talk Softly

Learning Style:
Verbal,

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can't use right side / cutting food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Epilepsy / hemiparesis, Right Side Weakness</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May cross feet</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not always</u> <u>Understand how to safely navigate</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Histong to Hurt himself or running away</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Spending time w/ friends, being w/ family</u>
Important for:	<u>Learning and using coping skills, working out</u>
Likes:	<u>Video games, listening to music, XOXO tube</u>
Dislikes:	<u>N/A / Space being invaded, h-s old house</u>

Staff: Anna Pratt
 Date: 12/30/21



Service Recipient: Abenezer F.
 Service Span: 5/1/20 - 3/30/22

Outcomes:

Outcome #1: choose & participate in outing 1x month
 Summarize Steps: • choose
• participate

Outcome #2: 1x week meet w/ employment specialist
 Summarize Steps: • remind of meeting times

Communication Style:
Verbal

Learning Style: verbal instruction & visuals

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NKA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy PRN follow seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hemiparesis so bite sized pieces</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Epilepsy</u> <u>R. hemiparesis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will administer PRN when needed</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance as needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist w/ navigation model pedestrian safety</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hx: threats of self-harm</u> <u>remind @ coping skills</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports:
Important to: <u>friends, family, consistency to schedule</u>	
Important for: <u>learning/using coping skills, independence, working out, no being included in decisions that affect him</u>	
Likes: <u>video games, music, singing, watching youtube</u>	
Dislikes: <u>space invaded, swearing</u>	

