



STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff Name: Shaleece Hunter

Title: BT

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk(*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Allysa Johnson

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
* Appropriate and safe techniques in personal hygiene and grooming including:	2/19/2025	Review w/ Supervisor		Rebecca Johnston, Compliance Director
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				



<p>Other Activities of Daily Living (ADLs) per 256B.0659-specify</p>				
<p>*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet</p>	<p>2/19/2025</p>	<p>Review w/ Supervisor</p>	<p>.15</p>	<p>Rebecca Johnston, Compliance Director</p>
<p>*Skills necessary to provide appropriate support to Instrumental Activities of Daily Living (IADLs) per 256B.0659-specify</p>	<p>2/19/2025</p>	<p>Review w/ Supervisor</p>	<p>.15</p>	<p>Rebecca Johnston, Compliance Director</p>
<p>CPR, if required by the <i>Support Plan or Support Plan Addendum (SPA)</i></p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Support Plan, Support Plan Addendum (SPA), and Self-Management Assessment (SMA) to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person.</p>	<p>2/19/2025</p>	<p>Review w/ Supervisor</p>	<p>.25</p>	<p>Rebecca Johnston, Compliance Director</p>



<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>2/19/2025</p>	<p>Review w/ Supervisor</p>	<p>.25</p>	<p>Rebecca Johnston, Compliance Director</p>
<p>Other topics as determined necessary according to the person's <i>Support Plan</i> or <i>Support Plan Addendum</i> or identified by the company: Rights restriction</p>	<p>2/19/2025</p>	<p>Review w/supervisor</p>	<p>.15</p>	<p>Rebecca Johnston, Compliance Director</p>

By signing here, I verify that the above training has been provided to me.

Signed by:

Rebecca Johnston

DocuSign Envelope ID: 005DAG3D4EE8A96...

2/19/2025

2/20/2025



Support Plan Addendum Intensive Services

Status	Approved
Form ID	OISP-BRIGHMN-P384PDHZLENPR
Time Zone	US/Central
Entered By	Ann Pearson, Designated Manager on 01/06/2025 03:14 PM
Last Updated By	Rebecca Johnston, Compliance Director on 01/19/2025 08:05 PM
Approved By	Rebecca Johnston, Compliance Director on 01/19/2025 08:05 PM

Plan Type	Individual Support Plan
Template Form ID	IPPT-BRIGHMN-M5T4T4EXK4UL7

Individual Photo	Allysa Johnson
Date of Birth	01/19/1981
Meeting Date	01/08/2025
Start Date	01/08/2025
End Date	01/31/2026

Questionnaire

Support Plan Addendum Intensive Services

Services and supports

For the Annual Period

From 01/08/2025
To 01/31/2026

Profile Information

Date of development 01/08/2025
Legal representative Tawnia Garten
Case Manager Lily Johnson
Name and title of staff completing this Support Plan Addendum Rebecca Johnston, Compliance Director
Review Period • 45-day



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

- Note**
- 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 information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team
- Dates of development**
- Within 15 days of service initiation, the license holder must complete the preliminary Support Plan Addendum
 - Within 45 calendar days of service initiation, the license holder must meet with the support team and make determination regarding areas listed in this addendum.
 - Annually, the support team reviews the Support Plan Addendum

Scope of Services

Describe the scope of the services to be provided to support the person's daily needs and activities:
BrightPath provides Community Residential Services (CRS) for Allysa. Allysa receives 1:1 supervision that includes one awake overnight staff member.

- BrightPath will provide:
- Medical: BrightPath staff members are responsible for medication administration and medication set up for if Allysa is out on LOA.
 - Health: BrightPath staff members will monitor Allysa for any medical ailments and will alert the treatment team and medical professionals if these ailments arise. Staff members will monitor all chronic medical conditions and report any concerning factors to the medical team.
 - Appointments: BrightPath will schedule all appointments for Allysa. Bright Path will assist with transportation to and from medical appointments.
 - Activities of Daily Living: BrightPath staff members will verbally prompt Allysa to encourage all self-care routines are being completed to promote good hygiene and health.
 - Community Access: Staff members will monitor Allysa while she is in the community at a 1:1 ratio.
 - Meal Preparation: BrightPath will assist in meal planning and preparation and will encourage Allysa's participation.

Person Centered Planning and Service Delivery

Important to me: Allysa's family is very important to her. Allysa has two brothers and one sister. Allysa has a close relationship with her mother; however this relationship is often not the healthiest for her. Allysa's coloring books, music, and pictures of her deceased boyfriend are important items to her. It is important to Allysa to have a structured day and staying busy. Allysa loves concerts and holiday themed activities.



Important for me:

Structure is very important for Allysa, and it can be very disruptive when something interrupts her pre planned activities. Learning portion control with her food is important for Allysa, so that she is not over consuming. Practicing her coping skills that Allysa has learned is important for Allysa, so that she can self soothe.

My history:

Allysa grew up in the metro area and has been in a few different CRS settings before moving back with her mother. Due to an increase in aggression, Allysa's mother admitted her to the hospital, where she resided for several months as her mother declined to have her move back in with her. Allysa is settling into her new home at 157th.

My dignity:

To support Allysa's dignity, she has stated that the opportunity to make choices works well for her. She stated that staff allowing her to maintain her independence and speak to her directly is also important.

My cultural background:

Allysa grew up in St. Paul. Her mother is of Muslim faith and her dad is Christian. Allysa identifies as a Christian and celebrates Christian holidays.

Self-Management Assessment (SMA)

Describe the general and health-related supports necessary to support this person based upon the Self-Management Assessment (SMA) and the requirements of person-centered planning and service delivery:

Dietary needs: Staff will remind Allysa of healthy portion sizes by assisting her in preparing her plate for meals and encouraging her to include fillers such as fruits and vegetables if she remains hungry.

Medication Administration: Staff members will provide support with medication administration to assist with storage of medications and to assist Allysa with taking her medications as scheduled and prescribed.

Preventative Screenings: Staff members will provide transportation to all preventative screening appointments and will provide any necessary follow up information to Allysa's team. Allysa's mother does not agree with medical intervention and has shown up at medical appointments which caused undo stress for Allysa. Staff members will limit their communication with Allysa's mother about healthcare appointments as requested by guardian.

Medical and dental appointments: Staff members will provide transportation to all medical and dental appointments and will provide any necessary follow up information to Allysa's team. Allysa's mother does not agree with medical intervention and has shown up at medical appointments which caused undo stress for Allysa. Staff members will limit their communication with Allysa's mother about healthcare appointments as requested by guardian.

Community survival skills: Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will use natural opportunities to practice community orientation skills, who to seek for help, and practice emergency phone numbers.



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Sensory disabilities: Staff members will schedule and transport to all necessary ophthalmology appointments and provide prompts to maintain her glasses on an as needed basis.
Self-Injurious behaviors: Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to self-harm. Staff members will encourage Allysa to utilize coping mechanisms such as, fidget toys, coloring, watching movies, listening to music, or arts and crafts. Addressing things directly with Allysa to process her feelings reminding her to "keep things positive".
Verbal aggression: Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to verbal aggression. Staff members will encourage Allysa to utilize coping mechanisms such as, fidget toys, coloring, watching movies, listening to music, or arts and crafts. Staff members will ask Allysa to practice her breathing techniques counting down from 10. Addressing things directly with Allysa to process her feelings reminding her to "keep things positive". Staff members will provide an outlet for Allysa to discuss what is upsetting her.

Based on the SMA, list each area the person is unable to self-manage and describe how staff will support this person in that area:

Physical aggression: Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to physical aggression. Staff members will provide redirection as necessary to another activity or encourage Allysa to find a safe environment or outlet to let out her frustrations (going for a run/walk, journaling). Staff members will provide space as requested by Allysa with keeping her within sight or sound. Staff members will physically place themselves in between Allysa and individual involved and provide redirection. If Allysa or others in imminent risk of harm, staff members will follow Bright Paths EUMR policy. If the situation is no longer safe, staff members will call 911.
Property destruction: Staff members will attempt to clear the area to encourage safety of others in the vicinity. Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to property destruction. Staff members will provide redirection as necessary to another activity or encourage Allysa to find a safe environment or outlet to let out her frustrations (going for a run/walk, journaling). Staff members will ask Allysa to practice her breathing techniques counting down from 10.
Suicidal ideations: Staff members will keep all sharps locked in the staff members office and offer supervision when Allysa would like to utilize them. Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to suicidal ideations. Staff members will document frequency of vocalizations and report them to her designated coordinator, who will update the support team for further discussion. The designated coordinator will communicate any vocalizations of suicidal ideation or thoughts to her mental health care provider.



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Mental health or emotional symptoms: Staff members will provide supervision as stated in her SP-A. Staff members will assist in all necessary appointment coordination and encourage Allysa to attend all mental health appointments as scheduled. Staff members will encourage healthy and safe decisions. Staff members will lend an "ear" when Allysa is needing to discuss something that may be upsetting her. Staff members will work on practicing self-advocacy skills with Allysa on a regular basis.
Operation of appliances: Staff members will provide supervision while Allysa is in the kitchen and encourage independence with tasks that she is familiar with.
Clean and maintain home: Staff members will provide verbal reminders and physical assistance as needed.
Laundry: Staff members will provide verbal reminders and physical assistance as needed.

Service Outcomes and Supports

Describe the person's desired outcomes and supports necessary to accomplish the outcomes:

Allysa wants to increase her cooking skills.

Allysa will cook one meal, twice a week, 65% of the time for the annual period.

Preferences for Service Delivery

Describe the person's preferences for how services and supports are provided, including how the provider will support the person to have control of the person's schedule:

Allysa prefers to work with energetic and engaging staff. She embraces a daily schedule and will refer to it often so she "knows what's next".

Integrated Setting

Is the current service setting the most integrated setting available and appropriate for the person? If no, explain

Allysa and the team discussed 157th as being the most integrated setting for her with no future plans for transitioning. Allysa will often say she "loves my new group home" and wants to remain living here.

Essential and Life-enriching Skills/Abilities/Strengths/Interests/Preferences

Describe the opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences:

Staff members will involve Allysa, and support team in the planning and decision-making process to ensure that her support plan is aligned with her preferences, interests, and goals. This includes regular reviews and updates to ensure that Allysa 's needs and desires are continually addressed and incorporated into her care.
Allysa and the DC meet several times a week to create an activity calendar and to address any concerns she may have. This allows for Allysa's voice to be heard in an intimate setting which she prefers.





DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Conducting assessments that focus on Allysa's strengths, abilities, and interests, in addition to identifying areas that may require additional support. This can provide a holistic view of Allysa's capabilities and guide the development of targeted interventions. Collaborating with Allysa and support team to set goals that are meaningful and relevant to Allysa's desires and interests. This can promote motivation, engagement, and ownership of the skill - building process, empowering Allysa to take an active role in her services.

Community Access/Participation/Inclusion

Describe opportunities for community access, participation, and inclusion in preferred community activities:

Staff will work closely with Allysa following the activity calendar she actively engages in creating to identify community activities that she enjoys. This can include activities such as going to for bookstores, Walmart, movies, library, museums, holiday events, the zoo.

Personal Relationships

Describe opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community:

Allysa talks about friends she had from her old program but has no contact with them. Staff will promote opportunities for Allysa to socialize and interact with peers when the opportunity arises. This may include community clubs, groups, or events aligned with her interests.

Competitive Employment

Identify opportunities to seek competitive employment and work at competitively paying jobs in the community:

Allysa would like to be at an employment-based day program. Her team is aware of this and will look at opportunities for her in the near future.

Coordination Across other 245D Licensed Providers and Members Expanded/Support Team

Describe how services must be coordinated across other providers licensed under this chapter serving the person and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person:

The Designated Coordinator is the main point of contact within BrightPath and will be the main point of contact for service providers. The Designated Coordinator will ensure communication and updates are provided to the support team providers within a timely fashion and will continue to advocate for the person while ensuring their needs are being met within the scope of services this program is providing.

If there is a need for service coordination between providers, include the name of service

Lily Johnson, Waiver Case Manager
612.362.4400



Stephanie Johnson, Designated Coordinator Bright Path (612)-444-2171

provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Technology Discussion

A discussion of how technology may be used to meet the person's desired outcomes has occurred?

- Yes

Summarize the discussion and decision on how technology might be used to meet the person's desire outcomes:

Allysa is not in need of any assistive technology at this time.

Summarize a description of any further research that needs to be completed before a decision regarding the use of technology can be made:

NA

Provider Controlled and Day Services

The person currently receives services in the following setting:

- Residential services in a community setting controlled by a provider

Provide a summary of options for transitioning out of a community setting controlled by a provider and into a setting not controlled by a provider and add statement about any decision made regarding transitioning out of a provider-controlled setting:

Allysa and the team agree that this is the least restrictive setting with no future plans for transitioning.

Provide a summary of the discussion of options for transitioning from day services to an employment service. Include a statement about any decision made regarding transitioning to an employment

Allysa would like to be at an employment-based day program.



service: NA

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

Presence of Staff

Does the person require the presence of staff at the service site while services are being provided? • Yes

If no, provide information on when staff do not need to be present with this person (including community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

Allysa does not have alone time in the community. Staff must be within sight or sound when supervising Allysa.

Rights Restrictions

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

If yes, indicate what right(s) will be restricted:

- Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person
- Privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

Please refer to rights restriction document for additional details.

Dangerous Items or Equipment

Does this person use dangerous items or equipment? • No



If yes, address any concerns or limitations:

Emergency Use of Manual Restraints (EUMR)

This program will not allow the use of Emergency Use of Manual Restraints if it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated

- No; it has not 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

Health Needs

Health Responsibilities

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 "N/A"

Medication management, Monitoring health conditions, Scheduling medical transportation and appointments,

Medication Management

Is this person able to manage their medication administration independently?

- No

If no, include the name of the person or provider assigned responsibility for this health need:

Behavior Technician's, Program Coordinators, and Designated Coordinators

Monitoring Health Conditions

Is this person able to monitor their health condition independently?

- No

If no, include the name of the person or provider assigned responsibility for this health need:

Behavior Technician's, Program Coordinators, and Designated Coordinators



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Scheduling Medical Transportation

Is this person able to schedule medical transportation for appointments independently? • No

If no, include the name of the person or provider assigned responsibility for this health need:
Behavior Technician's, Program Coordinators, and Designated Coordinators

Medical Equipment Use

Is this person able to use medical equipment independently? • N/A (person does not use any medical equipment at this time)

If no, provide the name of the person or provider assigned responsibility for this health need:

Health Responsibilities Notifications

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:

List other specific requests of notifications to the case manager and legal representative regarding changes in the person's physical and mental health in addition to what has been listed in the section above:

Indicate what health responsibilities this program has been assigned in regards to
• Medication administration
• Medication set up



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

medications:
Medication Administration
 This program will provide medication administration according to procedures listed here as applicable:
 Medications will be administered per BrightPath Safe Medication Administration Policy

Medication Assistance
 This program will provide medication assistance according to procedures listed here as applicable:
 N.A

Medication Set Up
 This program will provide medication set up according to procedures listed here as applicable:
 Medication set up will be utilized in conjunction with leave of absences.

Psychotropic Medication Monitoring and Use

Does this program administer the person's psychotropic medication?
 • Yes

If yes, describe the target symptoms the psychotropic medication is to alleviate:
 Divalproex>Schizoaffective Disorder> Increased aggression, mood swings, depressive bouts.
 Hydroxyzine> Anxiety> Pacing, repetitive questions, stimming by rocking.
 Olanzapine> Schizoaffective Disorder> Increased aggression, mood swings, depressive bouts.
 Trazadone> autism spectrum disorder, anxiety, and Insomnia > Pacing, repetitive questions, stimming by rocking, Inability to fall asleep or stay asleep.

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

If yes, indicate the documentation methods to be used to collect and report on



Docusign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

medication and symptom-related data according to the prescriber's instructions:

Permitted Actions and Procedures

On a continuous basis, does the person require the use of physical contact or instructional techniques to calm or comfort the person by holding that person with no resistance from the person?
• Yes

If yes, explain how it will be used:
Allysa appreciates human contact and that assists with overall anxiety management. When Allysa requests for a hug when distressed, staff members may give a side hug to allow comfort to Allysa.

On a continuous basis, does the person require the use of physical contact or instructional techniques to protect a person known to be at risk of injury due to frequent falls as a result of a medical condition?
• No

If yes, explain how it will be used:

On a continuous basis, does the person require the use of physical contact or instructional techniques to facilitate a person's completion of a task or response when the person does not resist, or it is minimal?
• No

If yes, explain how it will be used:

Person requires the use of physical contact to block or redirect their limbs or body without holding or limiting their movement to interrupt a
• Yes



behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff

If yes, explain how it will be used:

When escalated, Allysa may back staff members into a confined space and flail her arms or attempt to hit others. Staff members may block hits and redirect limbs without limiting or holding movement. Physical contact will be less than 60 seconds.

Does the person require the use of physical contact 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?

- No

If yes, explain how it will be used:

Does the person require the use of restraint as an intervention procedure to allow a licensed healthcare professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed healthcare professional?

- No

If yes, explain how it will be used:

Is a positive verbal correction specifically focused on the behavior being addressed?

- Yes

Staff members will utilize positive verbal redirection when Allysa is engaging in unsafe behavior.

Is temporary withholding or removal of objects being used to hurt self or others being addressed?

- No



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

If yes, explain how it will be used:

Does this person require the use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition?

- No

If yes, list the adaptive aids or equipment, orthotic devices, or other medical equipment this person uses:

Positive Support Strategies

Note: Positive supports are approaches that offer respectful, supportive, and effective ways to help individuals make positive changes in their lives.

Does this person require the use of positive support strategies that may be attempted as a means to de-escalate the person's behavior before it poses an imminent risk of physical harm to self or others?

- Yes (if yes, list positive support strategies listed the next question)

List the positive support strategies that are incorporated with this person's existing treatment, service, or individual plan:

Providing options and maintaining routine is major aspect of staff members support for Allysa. She is currently establishing services with a Positive Support specialist.

Positive Support Strategies Review

Positive support strategies must be evaluated with the person at least every six months to ensure they meet the standards in Minnesota Rules, part 9544.0030, subparts 1-3

Date positive support strategies reviewed with the person: 1/13/2025



Date positive support strategies reviewed with the person:

Changes in Positive Support Strategies

Based on the results of the evaluation, were any changes needed in the positive support strategies used?

- No

If yes, explain the changes needed:

If changes were needed in the positive support strategies used, were appropriate changes made?

- N/A

If no, explain:

Staff Training Requirements

Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person?

- Yes

If yes, please specify what these requirements are:

Due to clients' complex needs, it requires staff an additional 60 hours of training outside of the 245d orientation.

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?

- No

Staff Information/Assessments/Notifications

Facility-Based Day Services

Staff ratio: For facility-based day services only

- NA for residential services

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

Progress Reports and Recommendations

Frequency of progress reports and recommendations, at a minimum of annually:

- Annually

Service Plan Review Meetings

Frequency of service plan review meetings, at a minimum of annually:

- Annually

Psychotropic Medication Monitoring Data Reports

Frequency of receipt of psychotropic medication monitoring data reports, this will be done quarterly unless otherwise requested:

Medication Administration Record Reviews

Frequency of medication administration record reviews, this will be done quarterly or more frequently as directed (for licensed holders when assigned responsibility for medication administration):

Quarterly

Incident or Emergency Notification

Frequency of incident and emergency notification

- The legal representative and case manager will receive notification within 24 hours of an incident or emergency occurring while services are being provided or within 24 hours of discovery or receipt of information that an incident occurred, or as otherwise directed

Please indicate any changes regarding this notification:

Receiving Progress Report and Recommendations



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

- At the support team meeting

Request to receive the Progress Report and Recommendation:
Financial Statements

- Frequency of receiving a statement that itemizes receipt and disbursements of funds will be completed as requested on the Financial Authorization form (also stated here)
- NA (this program is not authorized to manage this person's finances or has access to their bank accounts. BrightPath staff are not allowed to take money from this person and make purchases for them on their behalf)

Date Support Plan Addendum Sent

Date which the support plan addendum was mailed to the person, or the person's legal representative, and the case manager: 01/20/2025

Action Plans

Nothing found to display

External Attachments

Nothing Attached

Service Plan 245D

Within 10 working days of the 45-day planning meeting, the license holder must develop a service plan that documents the service outcomes and supports based on SMA. The outcomes and supports must be included in the support plan addendum.

Within 20 working days of the 45-day meeting, the license holder must submit to and obtain dated signatures from the person or the person's legal representative and case manager to document completion and approval of the SMA and CSSPA. If, within 10 working days of the submission of the SMA or CSSPA, the person or the person's legal representative or case manager has not signed and returned to the license holder the SMA and CSSPA or has not proposed written modifications to the license holder's submission, the submission is deemed approved and the SMA and CSSPA become effective and remain in effect until the legal representative or case manager submits a written request to revise the SMA and CSSPA.

Within 10 working days of the progress review meeting or service plan review meeting, the license holder must send the CSSPA to the person, the person's legal representative, and the case manager by mail. Within 10 working days of the mailing of the CSSPA, the license holder must obtain dated signatures from the person or the person's legal representative and the case manager to document approval of any changes to the CSSPA. If, within 10 working days of submitting changes to the CSSPA, the person or the person's legal representative or case manager has not signed and returned to the license holder the CSSPA or has not proposed written modifications to the license holder's submission, the submission is deemed approved and the CSSPA becomes effective and remains in effect until the legal representative or case manager submits a written request to revise the CSSPA.





Participants

Participant	Relationship with the Individual	Receive Copy of the Plan
Tawnia Garten	Guardian	Yes
Lily Johnson	Case Manager	Yes

Signature Log



Individual Abuse Prevention Plan (IAPP)

Status	Approved
Form ID	OISP-BRIGHMN-P354T95X9EKR9
Time Zone	US/Central
Entered By	Ann Pearson, Designated Manager on 01/03/2025 11:16 AM
Last Updated By	Rebecca Johnston, Compliance Director on 01/19/2025 08:16 PM
Approved By	Rebecca Johnston, Compliance Director on 01/19/2025 08:16 PM

Plan Type	Individual Support Plan
Template Form ID	IPPT-BRIGHMN-LBJ4RTLTYBEPL7

Individual Photo	Allysa Johnson
Date of Birth	01/19/1981
Meeting Date	01/08/2025
Start Date	01/08/2025
End Date	01/31/2026

Questionnaire

BrightPath IAPP

Profile Information

Program Name	157th
Date of Service Initiation	12/05/2024
Date of Assessment	01/08/2025
For the Annual Period From	01/08/2025
To	01/31/2026
Legal Representative	Tawnia Garten
Case Manager	Lily Johnson
Name and Title of Staff Completing IAPP	Ann Pearson, Designated Manager
Review Period	45-Day

- 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.



<ul style="list-style-type: none">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 sexual abuse?	Yes
If yes, check susceptibility in any area below	<ul style="list-style-type: none">No
Lack of understanding of sexuality	<ul style="list-style-type: none">Yes
Specific measures to minimize risk of abuse in this area	Allysa is likely to seek or cooperate in an abusive situation, as she may not be able to identify if a person or situation is safe. In addition, Allysa has a history of inappropriate boundaries and a desire to feel accepted and included. Allysa is not always a true historian and may falsely accuse others.
Likely to seek or cooperate in an abusive situation	Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will encourage healthy boundaries and relationships with others. They will offer an "ear" if Allysa inquires about sexuality and will help assist find resources for her to educate herself. Staff members will encourage Allysa to be truthful with her reports and will encourage her to continue to report any concerns she may have to her staff members.
Specific measures to minimize risk of abuse in this area	If staff members witness abuse, they will place themselves between Allysa and the aggressor, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.
Inability to be assertive	<ul style="list-style-type: none">No



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Specific measures to minimize risk of abuse in this area
Other
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 are needed at this time.

B. Physical Abuse

Is the person susceptible to physical abuse?
If yes, check susceptibility in any area below
Inability to identify potentially dangerous situations
Specific measures to minimize risk of abuse in this area

Yes
• Yes
Allysa may not be able to identify if a situation or person could put her in harms way. Allysa enjoys attention from others and feels that anyone could be her friend.
Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will use natural opportunities to discuss how to identify potentially dangerous situations and work with Allysa to develop safe and socially appropriate interactions. Staff will assist with answering any questions Allysa may have in regards to identifying dangerous situations.

If staff members witness a potentially abusive situation, they will place themselves between Allysa and the aggressor, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.

Lack of community orientation skills
Specific measures to minimize risk of abuse in this area
Inappropriate interactions with others
• No
• Yes



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Specific measures to minimize risk of abuse in this area

Allysa at times can struggle with impulse control and has a history of displaying inappropriate interactions with others. Allysa lacks personal boundaries with others and may interject herself into conversations or situations and may lack the ability to know when to remove herself. Allysa is not always a true historian and may falsely accuse others.

Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will encourage healthy boundaries and relationships with others. Staff members will encourage Allysa to respect others space and offer redirection to an activity of interest. Staff members will encourage Allysa to be truthful with her reports and will encourage her to continue to report any concerns she may have to her staff members.

If staff members witness a potentially abusive situation, they will place themselves between Allysa and the aggressor, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This in includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.

- Yes

Inability to deal with verbally/physically aggressive persons

Specific measures to minimize risk of abuse in this area

Allysa is unable to deal with verbally/physically aggressive persons appropriately. Allysa may engage in verbal or physical aggression instead of walking away from the situation. In these circumstances Allysa may yell, swear, taunt, and make verbal threats. She may present physical aggression in the form of flailing her arms or pushing her body against staff or others. If overly stimulated Allysa may do nothing to protect herself, instead she may show signs of frustration thru self-injurious behavior such as biting her hand or hitting her head as a means of escape.

Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will use natural opportunities to practice emotional regulation and healthy coping skills to deal with her anger. In the event Allysa becomes physically aggressive staff will attempt to block the blows and move out of her way and keep pivoting while providing prompts to Allysa. Staff will follow EUMR policy in these situations.

If staff members witness potential abuse, they will place themselves between Allysa and whomever she may target, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This in includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Verbally/physically abusive to others
Specific measures to minimize risk of abuse in this area

- Yes
- Allysa can be easily agitated, angered, and frustrated. When upset, she may hit, kick or push others. Allysa may yell, swear, taunt, and make verbal threats. Allysa may tear her clothes and throw things at the wall. In these circumstances Allysa may yell, swear, taunt, and make verbal threats. She may present physical aggression in the form of flailing her arms or pushing her body against staff or others.

Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will use natural opportunities to practice emotional regulation and healthy coping skills to deal with her anger. In the event Allysa becomes physically aggressive staff will attempt to block the blows and move out of her way and keep pivoting while providing prompts to Allysa. Staff will follow EUMR policy in these situations. Staff members will encourage Allysa to follow up with a mental health provider if increased aggression is noted.

If staff members witness abuse, they will place themselves between Allysa and whomever she may target, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.

"Victim" history exists
Specific measures to minimize risk of abuse in this area

- Yes
- Allysa has a history of making claims that she has been a victim of physical and sexual abuse. These claims have been thoroughly investigated by adult protection and were found to be unsubstantiated.
- Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to speak with a mental health provider on a regular basis or assist with scheduling appointments with one. Staff members will monitor for ongoing signs or symptoms of ongoing abuse.

If staff members witness abuse, they will place themselves between Allysa and whomever she may target, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

Other

Allysa's Mother remains active in her life although courts have removed guardianship with her due to instability in caring for Allysa. Allysa's Mother will call the house phone after which Allysa will become combative and visibly upset (Allysa may cry, pace, talk loudly, and may become verbally aggressive or quiet and withdrawn). Allysa's Mother makes disparaging comments involving medication, assigned guardian, and her residence to manipulate Allysa.

For Allysa's emotional stability and safety, a rights restriction has been put in place allowing staff to place all calls from her mother on speaker while holding the phone. Staff members will follow the rights restriction as agreed upon by her IDT.

In the event the phone call becomes inappropriate in content and Allysa starts to show signs of distress staff will terminate the phone call and redirect Allysa to a preferred activity. Staff will offer fidgets or coloring activities to aid in calming Allysa. If staff members have suspicions abuse, they will place themselves between Allysa and whomever she may target, if safe to do so. If the situation is unsafe, staff members will call 911. If BrightPath has any concerns of abuse or maltreatment, staff will follow the Maltreatment Vulnerable Adults Mandated Reporters Policy. This includes making a report to Minnesota Adult Abuse Reporting Center (MAARC) immediately. Staff will follow BrightPath's incident reporting policy.

No referrals are needed at this time.

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)

C. Self Abuse

Is the person susceptible to self abuse? Yes

If yes, check susceptibility in any area below

Dresses inappropriately • Yes

Specific measures to minimize risk of abuse in this area

Allysa may not always independently choose weather appropriate clothing or may not wear clean clothing.

Staff members will encourage Allysa to change her clothes on a regular basis and practice good hygiene. Staff members will encourage Allysa to check the weather and work with her



to problem solve weather appropriate clothing. Staff members will educate Allysa on the risks of dressing inappropriately for the weather.

If a pattern has been noted BrightPath team members will bring the information forward to the IDT for further discussion.

- No

Refuses to eat

Specific measures to minimize risk of abuse in this area

Inability to care for self-help needs

- Yes

Specific measures to minimize risk of abuse in this area

Allysa relies on assistance or reminders from staff to carry out activities of daily living such as hygiene and household tasks.

Staff members will encourage Allysa to practice hygiene and household tasks on an as needed basis. If Allysa does not participate in activities of daily living, staff members will remind her that completing these tasks are a way to show her independence. Staff members will educate her on the risks of not practicing self-care.

If staff members notice a pattern of inability to care for self help needs, they will notify the designated coordinator who will notify the support team for further discussion.

- Yes

Lack of self-preservation skills (ignores personal safety)

Specific measures to minimize risk of abuse in this area

Allysa can struggle with impulsivity at times and may make quick decisions like leaving the home without shoes and running long distances without supervision.

Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will use natural opportunities to practice community safety skills (ex. look both ways, etc.). Staff members will work with Allysa to think through decisions and potential outcomes.

If staff members witness Allysa disregarding personal safety, they will provide verbal prompts for her to stop what she is doing. If the situation is unsafe, staff members will place themselves between Allysa and the unsafe situation. If Allysa were to become injured, staff member will call 911 and report in ordinance with Bright Paths incident reporting policy.

- Yes

Engages in self-injurious



DocuSign Envelope ID: B81028FD-9E2C-4032-9EFB-DF3DD203E7DE
Individual Name: Allysa Johnson
Date of Birth: 01/19/1981
Individual ID Number

<p>behaviors</p> <p>Specific measures to minimize risk of abuse in this area</p>	<p>Allysa has a history of self- injurious behaviors and suicidal ideations. In the past these have presented as biting and hitting herself. A potential trigger for Allysa is speaking with her mother or witnessing/watching videos that may have a negative emotional impact as she tends to mimic behaviors.</p> <p>Staff members will keep all sharps locked in the staff members office and offer supervision when Allysa would like to utilize them. If staff members witness Allysa watching negative videos staff will redirect to a more positive activity or video. Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to self-harm. Staff members will encourage Allysa to utilize coping mechanisms such as, fidget toys, coloring, watching movies, listening to music, or arts and crafts. Addressing things directly with Allysa to process her feelings reminding her to "keep things positive".</p> <p>If staff members witness self-harm occurring, they will ask Allysa to stop and encourage communication about what is upsetting her. Staff members will notify the support team and notify her medical care team for further guidance. Staff members will call the family response team as an extra resource for non-emergent situations. The number is 612-979-9511. If the situation is not safe, staff members will immediately call 911.</p>
<p>Neglects or refuses to take medications</p>	<ul style="list-style-type: none"> • No
<p>Specific measures to minimize risk of abuse in this area</p>	<p>No referrals at this time.</p>
<p>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)</p>	<p>No referrals at this time.</p>

<p>D. Financial Exploitation</p>	
<p>Is the person susceptible to financial exploitation?</p>	<p>Yes</p>
<p>If yes, check susceptibility in any area below</p>	<p>Inability to handle financial matters</p> <ul style="list-style-type: none"> • Yes



Specific measures to minimize risk of abuse in this area

Allysa has a representative payee who oversees her finances and completes the documentation needed to maintain her benefits. At this time, it is unknown who that is. Allysa's appointed guardian is working to finalize that position. Allysa knows the denominations of money but not the value.

Staff members will report any concerns or suspicions of financial exploitation in ordinance with Bright Paths Maltreatment policy.

Other
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. History of Violent Crime or Physical Aggression

No

Is the program aware of this person committing a violent crime or act of physical aggression toward others?

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

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)

External Attachments

Nothing Attached

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

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.

Participants

Participant	Relationship with the Individual	Receive Copy of the Plan
Garten, Tawnia	Guardian	Yes
Lilly Johnson	Case Manager	Yes

Signature Log

Date of Birth: 01/19/1981
 Individual ID Number:



Self Management Assessment [Version: 2016.10]
Form ID: IPP-BRIGHMN-P384P4EZEENPH
Status: Approved

Profile Information

Individual Name Allysa Johnson
Program Name CRS-157th (157th)
Created By Ann Pearson, Designated Manager on 01/06/2025
Approved By Rebecca Johnston, Compliance Director on 01/19/2025
Last Updated By Tira Roberts, Behavioral Technician , on 01/30/2025
 Date of Self-Management Assessment development: 01/08/2025

Review Period	If Other (Please describe)
45-Day	

For the annual period from:	to:
01/08/2025	01/31/2026

Name and title of person completing the review: Ann Pearson, Designated Manager

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 at the time of admission and will assess and review it at the 30-day/45-day 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	State Specifics	Is the person	Assessment –	Does the	Does the	If Yes,

Date of Birth:
Individual ID Number:

01/19/1981



		able to self-manage in this area?	include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms	person want supports in this area?	person need supports in this area?	address in the CSSP
Allergies (state specific allergies)		NA		No	No	
Seizures (state specific seizure types)		NA		No	No	
Choking		NA		No	No	
Special dietary needs (state specific need)	Overindulgence	No	<p>Allysa eats a variety of foods and enjoys cooking but will overindulge without understanding portion sizes. Allysa is still learning the importance of healthy eating.</p> <p>Staff will remind Allysa of healthy portion sizes by assisting her in preparing her plate for meals and encouraging her to include fillers such as fruits and vegetables if she remains hungry.</p>	Yes	Yes	
Chronic medical conditions (state condition)		NA		No	No	
Self-administration of medication or treatment orders	Medication Administration	No	Allysa requires assistance with medication administration. Allysa	Yes	Yes	

Date of Birth:
Individual ID Number:

01/19/1981



recognizes the importance of taking her medications and willingly takes them as prescribed.

Staff members will provide support with medication administration to assist with storage of medications and to assist Allysa with taking her medications as

Date of Birth:
Individual ID Number:

01/19/1981



			scheduled and prescribed.			
Preventative screening	Preventative screening appointments	No	<p>Allysa is aware that attending medical appointments as scheduled is important for her health. However, she requires assistance with coordination and transportation to and from appointments.</p> <p>Staff members will provide transportation to all preventative screening appointments and will provide any necessary follow up information to Allysa's team. Allysa's mother does not agree with medical intervention and has shown up at medical appointments which caused undo stress for Allysa. Staff members will limit their communication with Allysa's mother about healthcare appointments as requested by guardian.</p>	Yes	Yes	
Medical and dental appointments	Medical and dental appointments	No	<p>Allysa is aware that attending medical appointments as scheduled is important for her health.</p>	Yes	Yes	

Date of Birth:
Individual ID Number:

01/19/1981



		Staff members will provide transportation to all medical and dental appointments and will provide any necessary follow up information to Allysa's team. Allysa's mother does not agree with medical intervention and has shown up at medical appointments which caused undo stress for Allysa. Staff members will limit their communication with Allysa's mother about healthcare appointments as requested by guardian.			
Other health and medical needs (state specific need)	NA		No	No	
Other health and medical needs (state specific need)	NA		No	No	
Other health and medical needs (state specific need)	NA		No	No	

Personal safety to avoid injury or accident in the service setting

Assessment area

	State Specifics	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	Does the person want supports in this area?	Does the person need supports in this area?	If Yes, address in the CSSP

Date of Birth:
Individual ID Number:

01/19/1981



			and abilities, and behaviors or symptoms			
Risk of falling (include the specific risk)		NA		No	No	
Mobility issues (include the specific issue)		NA		No	No	
Regulating water temperature		Yes	Allysa is able to regulate her water temperature independently.	No	No	
Community survival skills	Safety awareness	No	Allysa has poor safety awareness and lacks community orientation skills to remain safe. Allysa understands that staying safe in the community is important. Allysa understands that staff members are there to assist with community orientation as needed. Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will use natural opportunities to practice community orientation skills, who to seek for help, and practice emergency phone numbers.	Yes	Yes	
Water safety skills		Yes	Allysa is able to swim independently.	No	No	

Date of Birth:
Individual ID Number:

01/19/1981



Sensory disabilities	Prescription glasses.	No	Allysa understands that she needs and wears prescription glasses to help correct her vision. Allysa is physically able to clean her glasses. Staff members will schedule and transport to all necessary ophthalmology appointments and provide prompts to maintain her glasses on an as needed basis.	Yes	Yes	
Other personal safety needs (state specific need)		NA		No	No	
Other personal safety needs (state specific need)		NA		No	No	
Other personal safety needs (state specific need)		NA		No	No	

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

	State Specifics	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	Does the person want supports in this area?	Does the person need supports in this area?	If Yes, address in the CSSP
	Biting and	No	Allysa has a	Yes	Yes	

Date of Birth:
Individual ID Number:

01/19/1981



Self-injurious behaviors (state behavior)	hitting herself.		<p>history of self-injurious behaviors. When over stimulated or frustrated Allysa will bite or hit herself. Allysa is able to recognize that there are other outlets for expressing her emotions but may not be able to recognize this during the escalation period. She does show remorse after an event.</p> <p>Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to self-harm. Staff members will encourage Allysa to utilize coping mechanisms such as, fidget toys, coloring, watching movies, listening to music, or arts and crafts. Addressing things directly with Allysa to process her feelings reminding her to "keep things positive".</p>			
Physical aggression/conduct (state behavior)	Hit, kick, or push others.	No	Allysa can be easily agitated, angered, and frustrated or when over stimulated. When upset, she	Yes	Yes	

Date of Birth:
Individual ID Number:

01/19/1981



may hit, kick or push others. Allysa is able to recognize that there are other outlets for expressing her emotions but may not be able to recognize this during the escalation period. She does show remorse after an event.

Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to physical aggression. Staff members will provide redirection as necessary to another activity or encourage Allysa to find a safe environment or outlet to let out her frustrations (going for a run/walk, journaling). Staff members will provide space as requested by Allysa with keeping her within sight or sound. Staff members will physically place themselves in between Allysa and individual

Date of Birth:
Individual ID Number:

01/19/1981



involved and provide redirection. If Allysa or others in imminent risk of harm. staff members will follow Bright Paths EUMR policy. If the situation is no

Date of Birth:
Individual ID Number:

01/19/1981



<p>Verbal/emotional aggression (state behavior)</p>	<p>Yell, sweat, taunt, make verbal threats</p>	<p>No</p>	<p>longer safe, staff members will call 911.</p>	<p>Yes</p>	<p>Yes</p>	
			<p>Allysa can be easily agitated, angered, and frustrated or when over stimulated. Allysa may yell, swear, taunt, and make verbal threats. Allysa is able to recognize that there are other outlets for expressing her emotions but may not be able to recognize this during the escalation period. She does show remorse after an event.</p> <p>Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to verbal aggression. Staff members will encourage Allysa to utilize coping mechanisms such as, fidget toys, coloring, watching movies, listening to music, or arts and crafts. Staff members will ask Allysa to practice her breathing techniques counting down from 10.</p>			

Date of Birth:
Individual ID Number:

01/19/1981



Addressing things directly with Allysa to process her feelings reminding her to "keep things positive". Staff members will provide an outlet

Date of Birth:
Individual ID Number:

01/19/1981



Property destruction (state behavior)	Tearing her clothes, throw things at a wall.	No	for Allysa to discuss what is upsetting her.	Yes	Yes	
			<p>Allysa has a history of presenting property destruction in the form of tearing her clothes or throwing things at a wall when angered, frustrated, or over stimulated. Allysa is able to recognize that there are other outlets for expressing her emotions but may not be able to recognize this during the escalation period. She does show remorse after an event.</p> <p>Staff members will attempt to clear the area to encourage safety of others in the vicinity. Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to property destruction. Staff members will provide redirection as necessary to another activity or encourage Allysa</p>			

Date of Birth:
Individual ID Number:

01/19/1981



to find a safe environment or outlet to let out her frustrations (going for a run/walk, journaling). Staff members will ask Allysa to practice her breathing

Date of Birth:
Individual ID Number:

01/19/1981



<p>Suicidal ideations, thoughts, or attempts</p>	<p>Suicidal Ideations</p>	<p>No</p>	<p>techniques counting down from 10.</p>	<p>Yes</p>	<p>Yes</p>	
			<p>Prior to admission to BrightPath Allysa had a history of suicidal ideations. Allysa has presented no indications of suicidal ideations in the first 45-days at BrightPath. Allysa is interested in bettering her mental health and has recently seen a psychologist, which Allysa understands is important for the ongoing care of her mental health.</p> <p>Staff members will keep all sharps locked in the staff members office and offer supervision when Allysa would like to utilize them. Staff members will provide supervision (within sight or sound). Staff members will encourage Allysa to utilize other ways of communicating or coping with the emotions leading to suicidal ideations. Staff members will document frequency of vocalizations and report them to her designated coordinator, who will update the</p>			

Date of Birth:
Individual ID Number:

01/19/1981



Criminal or unlawful behavior	NA	support team for further discussion. The designated coordinator will communicate any vocalizations of suicidal ideation or thoughts to her mental health care provider.	No	No	
Mental or emotional health symptoms and crises (state diagnosis)	No	<p>Allysa has been diagnosed with the following: Major depressive disorder, personality disorder, attention deficit hyperactivity disorder.</p> <p>Allysa is aware she has diagnoses; she is not always able to understand these diagnoses or self - manage in this area. Allysa may have anxious thoughts and dysregulated behavior. Allysa is able to process with staff and communicate her feelings. Allysa is motivated to regulate her behavior and find alternative outlets for anxiety and dysregulated behavior because having a permanent home is important to her.</p> <p>Staff members will provide supervision as</p>	Yes	Yes	

Date of Birth:
Individual ID Number:

01/19/1981



		stated in her SP-A. Staff members will assist in all necessary appointment coordination and encourage Allysa to attend all mental health appointments as scheduled. Staff members will encourage healthy and safe decisions. Staff members will lend an "ear" when Allysa is needing to discuss something that may be upsetting her. Staff members will work on practicing self-advocacy skills with Allysa on a regular basis.			
Unauthorized or unexplained absence from a program	NA		No	No	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	NA		No	No	
Other symptom or behavior (be specific)	NA		No	No	

Independent Living Skills - required in ICF (optional in Non-ICF)

Assessment Area

	By observation and by discussing with person and their team, assess the level at which the person can self manage in each area. Include information about the
--	--

Date of Birth:
Individual ID Number:

01/19/1981



	person that is descriptive of their overall strengths, functional skills and abilities, lack of ability (defecits) and symptoms.
Operate appliances	<p>Allysa is able to operate appliances with the supervision of staff members. Allysa has purposefully turned on the burners to the gas stove without the intention of cooking.</p> <p>Staff members will provide supervision while Allysa is in the kitchen and encourage independence with tasks that she is familiar with.</p>
Clean and maintain home	<p>Allysa is physically capable of cleaning and maintaining her living area with the assistance and reminders from staff.</p> <p>Staff members will provide verbal reminders and physical assistance as needed.</p>
Laundry	<p>Allysa is physically capable of doing laundry with the assistance and reminders from staff.</p> <p>Staff members will provide verbal reminders and physical assistance as needed.</p>
Shopping	<p>Allysa loves to be out and about and to go shopping. Allysa needs staff assistance remaining in budget and not to buy things every shopping trip unless needed and planned.</p> <p>Staff members will assist Allysa in taking census of items she may need and encourage her to stay within budget.</p>
Other	NA

Financial - required in ICF (optional in Non-ICF)

Assessment area

	By observation and by discussing with person and their team, assess the level at which the person can self manage in each area. Include information about the person that is descriptive of their overall strengths, functional skills and abilities, lack of ability (deficits) and symptoms.
Money identification and value	Allysa does not have money in her possession. BrightPath has no responsibility for maintaining funds.
Making purchase, paying bills, balacing funds, budgeting money	Allysa has a rep payee who handles all bills and funds. Allysa needs staff assistance remaining in budget and not to buy things every shopping trip unless needed and planned.
Safekeeping of money	BrightPath has no responsibility for maintaining funds.

Self Care - required in ICF (optional in Non-ICF)

Date of Birth:
Individual ID Number:

01/19/1981



Assessment Area

	By observation and by discussing with person and their team, assess the level at which the person can self manage in each area. Include information about the person that is descriptive of their overall strengths, functional skills and abilities, lack of ability (defecits) and symptoms.
Sexually, boundaries	<p>Allysa knows what sex is, doesn't fully understand appropriate boundaries. Allysa is likely to seek or cooperate in an abusive situation, as she may not be able to identify if a person or situation is safe. In addition, Allysa has a history of inappropriate boundaries and a desire to feel accepted and included. Allysa is not always a true historian and may falsely accuse others.</p> <p>Staff members will provide supervision (within sight or sound) while in the community and home. Staff members will encourage healthy boundaries and relationships with others. They will offer an "ear" if Allysa inquires about sexuality and will help assist find resources for her to educate herself.</p>
Bathing	Allysa is independent in showering but may need verbal reminders for daily hygiene.
Grooming	Allysa is independent in grooming tasks but may need verbal reminders for daily care.
Dressing	Allysa dresses independently but may need verbal reminders to wear clean and weather appropriate clothing.
Continance/toileting	Allysa is independent in this area.

Cognitive - required in ICF (optional in Non-ICF)

Assessment area

	By observation and by discussing with person and their team, assess the level at which the person can self manage in each area. Include information about the person that is descriptive of their overall strengths, funtional skills and abilities, lack of ability (defecits) and symptoms.
Communication/Speech/Language	Allysa communicates verbally and is able to understand verbal and written language.
Learning style, education, cognitive development	Allysa learns best with positive encouragement and routine. Allysa may obsess over what is happening next, so a daily schedule is beneficial in reducing anxiety.
Other	NA

Date of Birth: 01/19/1981
 Individual ID Number:



Vocational - required in ICF (optional in Non-ICF)

Assessment area

	State Specifics	By observation and by discussing with person and their team, assess the level at which the person can self manage in each area. Include information about the person that is descriptive of their overall strengths, funtional skills and abilities, lack of ability (defecits) and symptoms.
Vocational Focus	Allysa would like to attend a day program in the future.	Allysa has attended a program in the past and has been successful. Planning is in the works for open enrollment and tours.
Job performance	Allysa is currently not working.	

Signature Page

By signing below, I am indicating the completion and approval of the Self-Management Assessment.

Person served: _____ Date: _____

Legal representative: _____ Date: _____

Case manager: _____ Date: _____

Licensed provider contact: _____ Date: _____

Other support team member (name and title): _____ Date: _____

Other support team member (name and title): _____ Date: _____

Please note: Within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and this addendum must be submitted to and dated signatures obtained dated by the person served and/or legal representative and case manager to document completion and approval. If within 10 working days of this submission, the person served and/or legal representative or case manager has not signed and returned to the license holder the assessment and Coordinated Service and Support Plan Addendum or has not proposed written modification to its submission, the submission is deemed approved and in effect. It will remain in effect until the next annual month or until the person served and/or legal representative or case manager submits a written request to revise them.

Reviewer Comments

Review By	Review Comment
Name: Tira Roberts Title: Behavioral Technician	[I have reviewed this Form]

Date of Birth: 01/19/1981
Individual ID Number:



Review Date: 01/30/25 01:10 PM

Comments



Service Recipient Rights Restriction

Person name: Allysa Johnson

Program name and location: 157th

Date of initial implementation of restriction: 12/20/2024 (Revised 1/29/2025)

Restriction of a person's rights is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the person's support plan or support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

1. Identify the protection-related rights to be restricted (check the applicable right):

A person's protection-related right to:

- associate with other persons of the person's choice
- personal privacy
- engage in chosen activities
- access to personal possessions

For a person residing in a residential site licensed according to chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, the right to:

- have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person
- receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication
- have use of and free access to common areas in the residence
- privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.
- choose how to furnish and decorate the bedroom or living unit

2. Identify how the restriction of rights is justified based on an assessment of the person's vulnerability related to exercising the right without restriction (meaning why the restriction is needed and how this was determined):

The restriction of rights for Ally is justified based on assessment of vulnerabilities, including diagnosis of Major Depressive disorder, Personality disorder, Mild intellectual disabilities, and Autism. This restriction has been requested by Adult Protection services and Allysa's new public guardian to ensure her overall well-being and safety. Ally is unable to recognize that her relationship with her mother is not positive for her overall well-being.

Ally's mother has recently had her guardianship revoked due to concerns of inappropriate and unfit interactions. Examples include: Ally's mother and brother were escorted from the hospital for causing a disturbance and were denied visiting hours due to concerns of safety for others and Ally. Ally's mother has told



her regardless she is still guardian because she is the biological mother and has advised Ally that the medications prescribed to her are “killing her”. The mother also believes that it is “god’s will” that she will get pregnant, regardless of negative pregnancy tests. All of these incidents had resulted in Ally becoming very upset and has led to negative behaviors.

Since Ally has moved into Bright Path care on 12/05/2024, Ally’s mother has approached staff and Ally in the community when out for medical appointments. Ally’s mother approached her in an aggressive manner and spoke negatively about Ally’s care team. It has also become apparent that Ally’s wellbeing is being affected by communications with her mother over the phone. Ally’s demeanor will change from happy to distraught. She will fixate on items that her mother spoke about and will attempt to call her in excess. Ally will typically engage in self-injurious behaviors (bitting/hitting self), after phone calls with her mother .

3. Identify how the right will be restricted (in the least restrictive manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner):

Private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.

- This restriction will apply to the house phone, since Ally does not have a personal cell phone.
- Calls with Ally’s mother will be monitored via speakerphone. If the conversation becomes inappropriate the call will be ended.
- In situations where Ally may not want to disengage in the conversation with her mother, staff will ask Ally to end the call. If Ally declines, staff will have the authority to temporarily disconnect the phone. Once the situation is diffused, staff will reconnect the phone and allow access per guidelines of this restriction.

Privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

- This restriction will apply to unsupervised visits with Allysa’s mother.
- Ally still may have visits with her mother, but they must remain supervised with staff members. If the visit were to become inappropriate or negatively impacting Ally, the visit will end and Ally will be asked to return home.

4. Identify the objective measures set as conditions for ending the restriction (meaning how and when everyone will know the person’s rights must be restored):

Private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.

- Over the next six months, Ally will engage in psychotherapy visits to work on developing coping skills and learning appropriate boundaries (Ex. learning to say “No”). Ally will demonstrate the ability to disengage in conversations that are upsetting her 100% of the time.
- Over the next six months, Allysa will have zero incidents of self-harm or emotional dysregulation following interactions or phone calls with her mother.
- This will be monitored via staff observation and documented on the ISP program under “Daily progress notes” under Inappropriate interactions or in Incident report as applicable.

Privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

- Over the next six months,. Ally will engage in psychotherapy visits to work on developing coping skills and learning appropriate boundaries (Ex. learning to say “No”).



- Ally will demonstrate the ability to disengage in conversations that are upsetting her. By utilizing her learned skills during inappropriate interactions with her mom 90% of times over the next six months.
- Over the next six months, Ally will have zero incidents of self-harm or emotional dysregulation following interactions or visits with her mother.
- This will be monitored via staff observation and documented on the ISP program under “Daily progress notes” under Inappropriate interactions or in Incident report as applicable.

5. Identify the schedule for reviewing the need for the restriction based on the conditions for ending the restriction. Review of a right restriction must occur **semiannually (at a minimum)** from the date of initial approval, or more frequently if requested by the person, the person's legal representative, if any, and case manager: This will be review with the Hailey, her legal representative, and case manager on a semi-annual basis

Date to be reviewed: 06/20/2025	Restriction was lessened or lifted: • Yes • No	If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation).
Date to be reviewed:	Restriction was lessened or lifted: Yes No	If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation).
Date to be reviewed:	Restriction was lessened or lifted: Yes No	If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation).
Date to be reviewed:	Restriction was lessened or lifted: Yes No	If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation).

Approval of rights restriction:

I participated in the discussion of why this restriction of my rights is needed to ensure my health, safety, and well-being. My approval of this restriction of my rights is limited to the restriction as identified in this document. I understand that I may withdraw my approval at any time. If I withdraw my approval I understand that my rights must be immediately and fully restored.

Signed by: Tawnia Garten 1/29/2025
1A76BB395A9C45F...
 Person/Legal representative Date

Withdrawal of approval of rights restriction:

I withdraw my approval for my rights to be restricted. All restrictions must end and my rights must be fully restored immediately.

 Person/Legal representative Date