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

Name of person served: Dylan Ford

Date of development: 07/13/21 For the annual period from: July 2021-July 2022

Name and title of person completing the *CSSP Addendum*: Leah Ference, Designated Coordinator

Legal representative: Laurie Bucher, mother

Case manager: Kasey VanderPlaats, Southwest Health & Human Services

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:

Hope Haven provides residential services, including activities of daily living, community activities, assistance with learning appropriate behavior management skills

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 # - At least one time a week Dylan will work on a kitchen activity for 80% of weeks.

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

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made: The team does not wish to pursue technology options for Dylan at this time.

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

Choking: Staff will remind Dylan to take smaller bites or to chew and swallow before taking another bite as needed.

Special dietary needs – elevated blood sugars: Staff prepare nutritious meals and snacks. Staff will verbally prompt Dylan to select appropriate serving sizes.

Self-administration of medication or treatment orders: Staff will administer Dylan's medications according to Hope Haven policy.

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Preventative screening: Hope Haven staff will schedule or take Dylan to appointments as requested by his mother.

Medical and dental appointments: Hope Haven staff will schedule or take Dylan to appointments as requested by his mother.

Other health and medical needs: episodes of confusion and quiet/withdrawn behavior, lasting several days: Staff will report changes in Dylan's behavior to his mother for possible medical follow-up. Staff will adjust Dylan's activities as needed.

Regulating water temperature: Staff assist Dylan to set and check (by feel) the water temperature for his shower.

Community survival skills: Staff are with Dylan in the community. Staff verbally prompt Dylan to be safe and have appropriate interactions with others.

Sensory disabilities: Hope Haven staff will schedule or take Dylan to vision appointments as requested by his mother.

Physical aggression/conduct (pushing and grabbing others): Staff will verbally redirect Dylan away from others for safety until the situation has deescalated.

Verbal/emotional aggression (increased verbal volume when upset; invading space of others): Staff follow a daily routine and give Dylan advance verbal reminders about upcoming activities. Staff give Dylan verbal prompts and redirection as needed, as well as verbal praise for being respectful of others.

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:

Dylan seems to enjoy spending time with his peers and staff at Hope Haven. He likes to laugh and have fun doing group activities like going out to eat. While at the house, Dylan is an avid TV watcher, with news, weather and sports being his favorites. Dylan likes being able to tell others about his favorite teams and players. Dylan looks forward to spending time with his family and dog Coko.

Positive supports for Dylan include:

- Staff give Dylan information about upcoming events and when they will happen, including when the current event will end (for example, in so many minutes).
- Dylan needs opportunities for movement and physical activity. He is almost always in motion.
- Dylan spends time alone in his room to watch TV and relax.
- Dylan gets tired in the evening. Staff do not plan late-night activities with him.

Is the current service setting the **most integrated setting available and appropriate** for the person?
☒ Yes ☐ No If no, please describe what will be done to address this: Not applicable

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**? Dylan has a deep interest in sports and trivia. Staff talk with him about sports and he spends time at home watching sports on television and uses his ipad. Dylan has good verbal skills to express his preferences and will request activities that interest him.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities? Dylan is a friendly person and knows many people in the Pipestone community. He sometimes goes to the various stores and businesses. Dylan attends frequently church activities with his family.

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What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community? Dylan is a friendly person and knows many people in the Pipestone community. He sometimes goes to the various stores and businesses. His closest relationships are with his family, and he visits about once a week.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community? Dylan has chosen to receive vocational services through Progress, Inc. They work with Dylan to match him with jobs.

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

Dylan will have semi-annual support team meetings, with additional meetings, as needed.

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:

Case Manager:
Southwest Health & Human Services / Kasey Vander Plaats
2 Roundwind Road
Luverne, MN 56156
507-283-5070 x3015
kasey.vanderplaats@swmhhs.com

DT&H Provider:
Progress, Inc./Brook Albright
101 4th Ave. NE
Pipestone, MN 56164
brook@progresspipestone.com

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: Dylan and his legal representative believe Dylan is receiving appropriate services. No changes are planned.

Describe any further research or education that must be completed before a decision regarding this transition can be made: Dylan and his legal representative are aware that they can stop or change services at any time, and would contact the case manager to discuss this.

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: Not applicable

Does the person require a **restriction of their rights** as determined necessary to ensure the health, safety, and well-being of the person? ☐ Yes ☒ No

If yes, indicate what right(s) are restricted: Not applicable

If rights are being restricted the Rights Restrictions form must be completed.

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Can this person use **dangerous items or equipment?** ☐ Yes ☒ No

If yes, address any concerns or limitations: Not applicable

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

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":

Dylan requires assistance for all areas of health care. Dylan's mother Laurie Bucher makes decisions on his behalf. Hope Haven staff discuss upcoming appointments and decide who will take him. As assigned, Hope Haven staff schedule the appointment and provide transportation. Staff are with Dylan through the appointment to help him answer questions and receive instructions. Hope Haven staff order medications, pick them up and administer them as ordered. Hope Haven staff observe Dylan for signs/symptoms of illness or injury and provide first aid as needed, including seeking medical care in an emergency.

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:

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 assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

☐ Medication set up ☐ Medication assistance ☒ Medication administration

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Psychotropic medication monitoring and use

Does the license holder administer the person's psychotropic medication? ☒ Yes ☐ No

If yes, the following information will be maintained by the company:

1. Describe the target symptoms the psychotropic medication is to alleviate:

   Sertraline – obsessions
   Abilify -- agitation

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

   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: NA

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Permitted actions and procedures

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: Hope Haven staff may offer Dylan a brief shoulder squeeze or pat on the arm for comfort or reassurance.

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: Staff may use brief hand-over-hand assistance when teaching Dylan a skill.

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 us

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: Hope Haven staff may take Dylan by the hand to lead him to safety.

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 what these requirements are: Not applicable

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

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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 ☐ Other (please specify):

Frequency of reports and notifications

*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:
   ☐ Quarterly ☒ Semi-annually ☐ Annually

2. Frequency of service plan review meetings, at a minimum of annually:
   ☐ Quarterly ☒ Semi-annually ☐ Annually

3. Request to receive the *Progress Report and Recommendation*:
   ☒ At the support team meeting; or ☐ 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

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SELF-MANAGEMENT ASSESSMENT

Name: Dylan Ford

Date of *Self-Management Assessment* development: 7/13/21 For the annual period from: July 2021-2022

Name and title of person completing the review: Leah Ference, Designated Coordinator

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):	☐ Yes ☐ No ☒ NA – there are no allergies	
Seizures (state specific seizure types):	☐ Yes ☐ No ☒ NA – no seizures	
Choking	☐ Yes ☒ No	BEHAVIORS/SYMPTOMS: Dylan tends to take large bites or takes more than one bite before swallowing. STRENGTHS: Dylan has a good appetite. He eats independently. SKILLS: Dylan responds to reminders to take smaller bites or to chew and swallow.
Special dietary needs (state specific need): Dylan had a slightly elevated blood sugar/A1c at his physical in June 2021.	☐ Yes ☒ No ☐ NA – there are no special dietary needs	BEHAVIORS/SYMPTOMS: Dylan does not have a good understanding of nutrition. He likes to have a second serving at mealtime. STRENGTHS: Dylan enjoys many healthy foods and prefers water over sugary drinks. SKILLS: Dylan has consistent meal-times and snacks. He is able to make choices from healthy options.

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Chronic medical conditions (state condition):	☐ Yes ☐ No ☒ NA – there are no chronic medical conditions	
Self-administration of medication or treatment orders	☐ Yes ☒ No	BEHAVIORS/SYMPTOMS: Dylan does not understand what medications he takes, doses or schedule. STRENGTHS: Dylan is a healthy young man. He is prescribed very few medications. SKILLS: Dylan will take medications administered by staff.
Preventative screening	☐ Yes ☒ No	BEHAVIORS/SYMPTOMS: Dylan does not schedule or attend appointments on his own. STRENGTHS: Dylan is cooperative with needed appointments. SKILLS: Dylan attends with his mother or Hope Haven staff.
Medical and dental appointments	☐ Yes ☒ No	BEHAVIORS/SYMPTOMS: Dylan does not schedule or attend appointments on his own. STRENGTHS: Dylan is cooperative with needed appointments. SKILLS: Dylan attends with his mother or Hope Haven staff.
Other health and medical needs: episodes of confusion and quiet/withdrawn behavior, lasting several days	☐ Yes ☒ No ☐ NA	BEHAVIORS/SYMPTOMS: Dylan cannot explain what is going on or how he is feeling. STRENGTHS: Dylan maintains his positive attitude when this happens. He tolerated medical and neurological testing, which did not provide any definite cause. SKILLS: Dylan does his best to continue his routine, even though he is not feeling well.
Other health and medical needs (state specific need):	☐ Yes ☐ No ☒ NA	
Other health and medical needs (state specific need):	☐ Yes ☐ No ☒ NA	

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):	☐ Yes ☐ No ☒ NA – not at risk for falling	
Mobility issues (include the specific issue):	☐ Yes ☐ No ☒ NA – there are no mobility issues	
Regulating water temperature	☐ Yes ☒ No	BEHAVIORS/SYMPTOMS: Dylan prefers the water at a very hot setting. STRENGTHS: Dylan allows staff assistance to check (by feel) that the water is at a safe temperature for his shower.

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		SKILLS: He is able to complete many steps to complete his daily shower.
Community survival skills	☐ Yes ☒ No	BEHAVIORS/SYMPTOMS: Dylan would not know how to handle many safety, pedestrian skills, or interactions with others on his own. STRENGTHS: Dylan likes being out in the community. SKILLS: Dylan goes out with a staff person (or approved friends/family) who can assist him.
Water safety skills	☒ Yes ☐ No	*Dylan has good swimming skills.*
Sensory disabilities	☐ Yes ☒ No ☐ NA	BEHAVIORS/SYMPTOMS: Dylan wears glasses, but does not schedule or attend appointments on his own. STRENGTHS: Dylan wears his glasses daily. SKILLS: Dylan attends regular vision exams with his mother or Hope Haven staff.
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	

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): mild picking	☐ Yes ☒ No ☐ NA	BEHAVIORS/SYMPTOMS: Dylan tends to pick his face, lips, or toes. STRENGTHS: Dylan refrains from this much of the time. He does not cause serious injury. SKILLS: Dylan does redirect with reminders. He allows staff to assist him with comfort measures, such as lip balm or lotions.
Physical aggression/conduct (state behavior): pushing and grabbing others	☐ Yes ☒ No ☐ NA	BEHAVIORS/SYMPTOMS: Dylan has pushed and grabbed others, usually staff. STRENGTHS: Dylan verbally expresses himself. SKILLS: Dylan takes medications administered by staff.
Verbal/emotional aggression (state behavior): increased verbal volume when upset; invading space of others	☐ Yes ☒ No ☐ NA	BEHAVIORS/SYMPTOMS: Dylan will become louder and close to people to express himself. STRENGTHS: Dylan verbally expresses that he is dissatisfied with choices he is given or that an activity has to end. SKILLS: Dylan responds best

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		when he knows what to expect or has reminders that an activity will stop/start in so many minutes.
Property destruction (state behavior):	☐ Yes ☐ No ☒ NA	
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	
Mental or emotional health symptoms and crises (state diagnosis):	☐ Yes ☐ No ☒ NA	
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	
Other symptom or behavior (be specific):	☐ Yes ☐ No ☒ NA	

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Individual Abuse Prevention Plan (IAPP)

Person's Name: Dylan Ford

Reviewed: July 2021

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

	Specific measures to minimize risk of abuse for each area checked:
☒ **Lack of understanding of sexuality**	Dylan has limited understanding in this area. Staff will privately talk with Dylan about appropriate boundaries and conduct as situations arise. Dylan does not have unsupervised time with children. Dylan interacts with his housemates on the main floor and never behind closed doors. Staff are with Dylan in the community. If Dylan would need to use a public restroom, staff will stand directly outside the door to monitor that he returns as soon as he has finished.
☒ **Likely to seek or cooperate in an abusive situation**	Dylan has limited understanding in this area. Staff will privately talk with Dylan about appropriate boundaries and conduct as situations arise.
☒ **Inability to be assertive**	If staff were to see that Dylan was being sexually abused, staff will verbally direct the perpetrator(s) to stop and position themselves between Dylan and the perpetrator(s). Staff will verbally redirect Dylan to a safe location. If verbal direction is ineffective, staff will assist Dylan by gently touching his shoulder or taking Dylan's hand to leave the area for his safety. For safety, staff may call 911 to have the police assist in providing safety.
☐ **Other:**	

Referrals made when the person is susceptible to abuse outside the scope or control of this program:
7/9/15 -- Psychosexual Assessment completed at CORE Professional Services.

B. Physical Abuse

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

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	Specific measures to minimize risk of abuse for each area checked:
☒ **Inability to identify potentially dangerous situations**	Staff will accompany Dylan in the community and will verbally prompt Dylan as needed to avoid any potentially dangerous situations.
☒ **Lack of community orientation skills**	Staff will accompany Dylan in the community and will verbally prompt Dylan as needed to safely access his community.
☒ **Inappropriate interactions with others**	Staff will accompany Dylan in the community and will verbally prompt Dylan as needed to interact appropriately with others. Staff will privately talk with Dylan about appropriate boundaries and conduct as situations arise.
☒ **Inability to deal with verbally/physically aggressive persons**	In the event that there is an imminent possibility of physical abuse, Hope Haven staff will verbally direct the perpetrator(s) to stop and position themselves between Dylan and the perpetrator(s). Staff will verbally redirect Dylan to a safe location. If verbal direction is ineffective, staff will assist Dylan by gently touching his shoulder or taking Dylan's hand to leave the area for his safety. For safety, staff may call 911 to have the police assist in providing safety.
☒ **Verbally/physically abusive to others:** Dylan has had incidents of pushing or grabbing others. This is usually directed at staff.	Aggressive behaviors could make Dylan more susceptible to abuse if others would retaliate or defend themselves. Staff would verbally redirect Dylan away from others until a situation deescalates.
☐ **"Victim" history exists**	
☐ **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). Not applicable

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C. Self Abuse

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

	Specific measures to minimize risk of abuse for each area checked:
☐ **Dresses inappropriately**	
☐ **Refuses to eat**	
☒ **Inability to care for self-help needs:** Dylan is dependent on others to meet his needs.	Hope Haven staff follow a daily/weekly routine to ensure that Dylan's day-to-day needs are met. Dylan mother is involved in planning and providing for many of Dylan's needs (social/ spiritual/ medical).
☒ **Lack of self-preservation skills (ignores personal safety):** Dylan has basic safety skills (for example, not grabbing hot or sharp items in the kitchen), but would not be able to respond to an emergency.	Hope Haven staff implement routine safety drills. Staff verbally prompt Dylan as needed to respond to drills, as well as emergency situations.
☒ **Engages in self-injurious behaviors:** Dylan picks at dry skin on his face or lips, and occasionally his toes.	Hope Haven staff verbally prompt Dylan to stop if he is observed doing this. Comfort measures are used where appropriate (lip balm, lotions, etc.).
☒ **Neglects or refuses to take medications:** Dylan takes medications administered to him, but would not be able to remember or accurately take medications on his own.	Hope Haven staff are trained in medication administration and provide Dylan with his medications as ordered.
☐ **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). Not applicable

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D. Financial Exploitation

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

	Specific measures to minimize risk of abuse for each area checked:
☒ **Inability to handle financial matters**	Staff will assist Dylan with money when he is out in the community and making purchases. Staff are trained mandated reporters and will report on Dylan's behalf if mismanagement occurs. Dylan's guardian and case manager sign a financial authorization for Hope Haven to assist Dylan in the safekeeping of Dylan's money.
☐ **Other:**	

Referrals made when the person is susceptible to abuse outside the scope or control of this program: \

Laurie Bucher is Dylan's Rep payee.

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: Not applicable

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). Not applicable

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ONE DATED SIGNATURE PAGE

Name: Dylan Ford

Date: 07/13/21

Today's support team meeting was a/an:

☐ Intake meeting	☐ 30-day meeting (for ICFs/DD)	☐ 45-day meeting (for 245D Intensive support)
☐ 60-day meeting (for 245D Basic support)	☐ Quarterly progress report review meeting	☐ Semi-annual progress report review meeting
☒ Annual meeting	☐ Special support team meeting	☐ Other:

Today, as support team members, we reviewed the following documents:

☒ Rights of Persons Served	☒ Individual Abuse Prevention Plan (IAPP)	☒ 245D Policies
☒ Financial Authorization	☒ Self-Management Assessment (SMA)	☒ Meeting Minutes with Attendance Notes
☒ Authorization for Medication and Treatment Administration	☒ CSSP Addendum	☐ Other:
☐ Authorization and Agreement for Injectable Medication	☒ Service Outcomes and Behavior Outcome (if applicable)	☐ Other:
☒ Authorization to Act in a Medical Emergency	☒ Progress Report with Recommendations	☐ Other:

Acknowledgement:
By having my dated signature on this form, I am indicating that I have reviewed and approved the documents listed above that have a checkmark in the box. With my dated signature, I am also acknowledging and agreeing to the changes that are contained within these documents with my approval for implementation.

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Please note:
Per MN Statutes, section 245D.071, subdivision 4, (c), within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and the 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.

Per MN Statutes, section 245D.071, subdivision 4, (c); and subdivision 5, (c); 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.

SIGNATURE PAGE

PRINTED NAME	SIGNATURES	DATE
Person served:	Person served:	Date:
Legal representative: Laurie Bucher	Legal representative: Laurie Bucher	Date: 7-13-21
Case manager:	Case manager: Kasey VanderPlaats	Date: 7-13-21
Licensed provider: Leh Forenca	Licensed provider:	Date: 7-13-21
Licensed provider: Brook Albright	Licensed provider: Brook Albright	Date: 7/12/2021
Other support team member: Theresa Swenson	Other support team member: Theresa Swenson	Date: 7-13-21
Other support team member:	Other support team member:	Date: