



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

Name of person served: Gerald (Jerry) Litka

Date of development: 01/28/22

For the annual period from: January 2022 to January 2023

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

Legal representative: Self

Case manager: Sarah Maurice / Southwest Health and 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 #1: With staff assistance, Jerry will maintain his strength by participating in DAILY physical therapy exercises.



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:

Team does not wish to pursue technology at this time. Jerry's needs greatest need is for physical assistance, which could not be delivered electronically and/or from a remote location.

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. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

Seizures (state specific seizure types): partially controlled, can include falls: Staff are trained in first aid for seizures, including: removing hazards, monitoring breathing, and timing the seizure. If a seizure would last more than 3 minutes, staff will call 911 per protocol from his neurologist. Staff will keep a record of seizures to report to Jerry's neurologist.

Chronic medical conditions (state condition): brain injury from childhood gunshot which may affect decision-making: Family members assist Jerry with making many decisions, acting as his Rep Payee. Staff talk with Jerry about his choices and possible consequences.

Self-administration of medication or treatment orders: Staff will educate Jerry about medications and orders, and the possible consequences of non-compliance. Staff are trained and will provide medication administration for Jerry. Staff will fill and reorder medications, as ordered by the physician.

Preventative screening: Staff will educate Jerry about recommended tests or screenings, and the possible consequences of non-compliance. Staff will encourage Jerry to participate.

Medical and dental appointments: Staff will schedule needed appointments, and will accompany Jerry to the appointments. Staff will encourage Jerry to follow-through with orders, as needed.

Other health and medical needs (COPD/emphysema): Staff take Jerry to his medical appointments.

Other health and medical needs (potential for skin breakdown due to lack of mobility): Staff encourage Jerry to vary between sitting and lying, as well as changing positions in bed. Staff will physically assist Jerry by placing pillows as needed for comfort. Staff will check Jerry's skin for changes during every shower, as well as whenever possible during dressing or toileting.

Risk of falling (include the specific risk): history of falls during transfers: Jerry started using a stand-aid lift in January 2018. Staff utilize the lift to assist Jerry to/from the bed, wheelchair, toilet, and shower. Staff are trained and will provide first aid for Jerry in the event of a fall.

Mobility issues (include the specific issue): uses wheelchair for mobility: Staff offer assistance and provide physical assistance as needed.

Community survival skills: Staff utilize the wheelchair van to assist Jerry to access community locations. Staff are on-sight (within hearing), and will offer assistance as requested. Jerry does like to wander the aisles to make his selections independently (for example at Hank's).

Water safety skills: Staff will verbally prompt Jerry to follow any precautions around water.

Other personal safety needs (state specific need): Kitchen safety: Staff will assist Jerry in the kitchen and remind him of safety measures, such as using hot pads or utensils.

Verbal/emotional aggression (state behavior): shouting at others: If Jerry does not do so on his own, staff will ask Jerry if he would like to go to his room (or area away from others if away from home) to calm down. If he does not choose to do so, staff will direct or assist others to move from the area until Jerry is calm. Afterward, staff will talk with Jerry about ways to handle his emotions.

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:**

Jerry really likes to take life one day at a time over planning long-term. Jerry's most consistent goal has always been to work in order to have spending money. However, when Jerry's preferred job ended during the Covid pandemic (2020), he decided it was time to retire at the age of 67.

Jerry talks a lot about fishing (and occasionally hunting). This seems to be more of a memory for him than a current interest. He does enjoy time outside, even if it is sitting on the deck or tending to his garden.

Jerry likes to be in charge. He sets his own schedule, with specific times and days in mind for certain activities. He is quick to say "no" to changes or new ideas. If something is *important for Jerry*, staff give him the facts and time to process. He then usually comes around to a good decision. If Jerry gets upset with others, he will yell and swear, but just needs time and space to cool down.

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

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

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

Jerry has many skills and has always been a very independent person. He takes pride in making his own decisions. Staff involve him in discussion about day-to-day to and upcoming events. When asked what he would like to do, Jerry's first response is usually "sleep."

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

Jerry has never been overly interested in activities outside the house, especially if it meant parting with his hard-earned money. Jerry does enjoy feeding his sweet-tooth and one of his favorite weekly activities is rolling through the candy aisle at Hanks.

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

Jerry states that he is very satisfied with his relationships and has little interest in meeting new people. He does activities with staff and his housemates, and occasionally calls or is visited by his brother.

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

As of 2021, Jerry has decided to retire. Prior to that he had done some work activities through Progress (DT&H), but had not been working competitively in the community for many years.

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?



Jerry 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 and Human Services / Sarah Maurice
1091 Hiawatha Ave. N.
Pipestone, MN 56164
507-825-6720 (phone) / 507-825-6727 (fax)
sarah.maurice@swmhhs.com

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

- Residential services in a community setting controlled by a provider
- Day services
- Neither

Provide a **summary of the discussion of options for transitioning the person out of a community setting controlled by a provider** and into a setting not controlled by a provider (residential services): Jerry is satisfied with his current residence.

Provide a **summary of the discussion of options for transitioning from day services to an employment service**: NA – Jerry is retired.

Describe any further research or education that must be completed before a decision regarding this transition can be made: Jerry understands he can talk to his case manager at any time about service changes.

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:

At this time, the team has recommended that staff be on-sight at all times that Jerry is home due to his increased risk of falls and need for assistance.

Jerry is his own guardian and there are no restrictions on where he can go or whom he can go with. This is not a right that Jerry typically exercises. It is preferred by the team that staff work with Jerry to plan and attend his chosen activities together.

Jerry occasionally rides the taxi independently in town, such as to some doctor's appointments. Staff call to schedule the ride and are available at either end to meet him.

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person? Yes No

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

Refer to the attached *Rights Restrictions* form for all additional requirements and documentation.

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

If yes, address any concerns or limitations: Jerry has a knife collection that he keeps in a locked case. In the past he has used them when cleaning fish or other similar tasks. This is not something he has done in recent years, and would require close supervision.

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":

Hope Haven administers medications. Hope Haven schedules medical and dental appointments and follow-up with any doctor's orders.

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: Hope Haven staff will administer Jerry's medications according to policy.

Psychotropic medication monitoring and use

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

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate:
Jerry takes Duloxetine (Cymbalta) and Sertraline (Zoloft) to relieve depression symptoms, such as excess sleeping.
2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?
 Yes No
3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions: NA

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: Jerry is not likely to seek out physical contact (hugs, etc.), but he is comfortable with casual physical contact, such as a pat on the shoulder/arm/hand.
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: Staff will assist Jerry to use the stand-aid lift, including positioning him on the toilet, shower chair, wheelchair and bed.
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 assist Jerry with personal care activities such as dressing/undressing and bathing. Staff always ask Jerry before assisting him with tasks.
4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:
5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:
6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used:
7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
 Yes No If yes, explain how it will be used: Jerry may need assistance transferring to his wheelchair as described above to evacuate 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: Jerry has a stand-aid and shower chair. He may also receive a hospital bed in the future.

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:



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

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

SELF-MANAGEMENT ASSESSMENT

Name: Gerald (Jerry) Litka

Date of *Self-Management Assessment* development: 01/28/22

For the annual period from: Jan. 2022-Jan. 2023

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 and will assess and review it at the 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, this *Self-Management Assessment* will be reviewed and dated signatures obtained.

The general and health-specific supports necessary 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): bee stings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<i>Jerry carries an Epi-pen injector during summer months and knows how to use it if he were stung by a bee.</i>
Seizures (state specific seizure types): partially controlled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	BEHAVIORS/SYMPTOMS: Jerry has a long history of seizures, ranging from brief absence (staring) seizures to intense tonic clonic seizures. Jerry's seizures are rarely observed, but recently Jerry has had episodes of being tired and confused upon waking which are believed to indicate a seizure during sleep. STRENGTHS: Jerry is aware of his diagnosis. SKILLS: He attends neurology appointments and takes his medications as administered by staff. Jerry wears an ID necklace stating that he has a seizure disorder.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS/SYMPTOMS: Jerry was diagnosed with esophageal dysmotility in Sept. 2017. Food and pills don't move downward the way that they should. STRENGTHS: Jerry participated in physical therapy, and occasionally does swallowing exercises on his own. SKILLS: Jerry takes his medications prior to meals as administered by staff.

Special dietary needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	
Chronic medical conditions (state condition): brain injury from childhood gunshot accident	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	BEHAVIORS/SYMPTOMS: Jerry’s ability to make good decisions may be affected by his brain injury. He tends to have poor impulse control and dislikes waiting. STRENGTHS: Jerry is aware of and talks about his injury. SKILLS: He is able to understand staff’s attempts to educate him about the consequences of his decisions.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS/SYMPTOMS: Jerry would have difficulty taking his numerous medications reliably. STRENGTHS: Jerry has some understanding of his medications and scheduled times. SKILLS: Jerry often reminds staff of his medication times. He takes his medications as administered by staff.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS/SYMPTOMS: Jerry does not schedule or attend appointments on his own. His initial response to a scheduled appointment is usually not positive. STRENGTHS: Jerry does attend needed appointments with encouragement and accompanied by staff. SKILLS: Jerry is able to verbally communicate with medical professionals. He may or may not choose to follow their instructions.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS/SYMPTOMS: Jerry does not schedule or attend appointments on his own. His initial response to a scheduled appointment is usually not positive. STRENGTHS: Jerry does attend needed appointments with encouragement and accompanied by staff. SKILLS: Jerry is able to verbally communicate with medical professionals. He may or may not choose to follow their instructions.
Other health and medical needs (state specific need): COPD/emphysema (long-time smoker)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS/SYMPTOMS: Jerry is diagnosed with COPD/emphysema. STRENGTHS: Jerry is aware that he has this diagnosis and may eventually require oxygen therapy. SKILLS: Jerry has quit smoking several times in the past. He is not smoking at this time.
Other health and medical needs (state specific need): potential for skin breakdown due to lack of mobility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS/SYMPTOMS: Jerry has had some skin breakdown on his lower back area. STRENGTHS: Jerry has some understanding of this concern, but did not seem to be aware of any

		sore areas when it occurred. SKILLS: Jerry is able to change positions on his own, but has habit of lying in the same position while relaxing (flat on his back). He alternates between using the wheelchair and bed during his leisure time at home.
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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): history of falls during transfers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	BEHAVIORS/SYMPTOMS: Jerry was able to transfer in the past using grab bars, but his strength has decreased in recent years. He began using a “stand aid” lift following a fall and ankle fracture in November 2017. STRENGTHS: Jerry is able to request assistance using a doorbell system by his bed and toilet. SKILLS: Jerry is able to understand staff’s verbal instructions and participates in the lift process.
Mobility issues (include the specific issue): uses wheelchair for mobility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	BEHAVIORS/SYMPTOMS: Jerry does not stand unassisted. STRENGTHS: Jerry is a very independent person. SKILLS: Jerry is able to propel his wheelchair using his arms. He will allow staff to push his chair over rough terrain or long distances.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Jerry is able to check and adjust water temperature for hand washing.</i>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS/SYMPTOMS: Jerry has some skills for independent community access, but relies on staff for transportation and assistance with mobility. STRENGTHS: Jerry is able to plan activities (usually shopping) and request assistance from staff to get him there. SKILLS: Jerry is independent in the activity, such as selecting and paying for his purchases.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS/SYMPTOMS: Jerry does not swim. STRENGTHS: Jerry likes to be around water, especially for fishing. SKILLS: Jerry would be able to follow staff directions to wear a life jacket or follow other safety precautions for activities such as boating.

Sensory disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Jerry is blind in his left eye. He wears his glasses daily.</i>
Other personal safety needs (state specific need): kitchen safety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS/SYMPTOMS: Jerry has a history of doing tasks that exceed what he can do safely (using sharp knives, moving hot items on the stove, reaching into high cabinets, etc.) STRENGTHS: Jerry currently limits his "cooking" to making sandwiches and assembling his own lunch. SKILLS: Jerry usually asks for assistance when needed.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Physical aggression/conduct (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Verbal/emotional aggression (state behavior): shouting at others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS/SYMPTOMS: Jerry will shout and swear at others. STRENGTHS: These events are brief, and are usually connected with a frustrating event or request from staff. SKILLS: Jerry often goes to his room to calm down on his own.
Property destruction (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Mental health symptoms and crises (state diagnosis):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Emotional health symptoms (state diagnosis):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	



HOPE HAVEN

Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other symptom or behavior (be specific):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	



Individual Abuse Prevention Plan (IAPP)

Person's Name: Gerald (Jerry) Litka

Reviewed: Jan. 2022

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

	<i>Specific measures to minimize risk of abuse for each area checked:</i>
<input type="checkbox"/> Lack of understanding of sexuality	
<input type="checkbox"/> Likely to seek or cooperate in an abusive situation	
<input type="checkbox"/> Inability to be assertive	
<input type="checkbox"/> 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

B. Physical Abuse

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

	<i>Specific measures to minimize risk of abuse for each area checked:</i>
<input type="checkbox"/> Inability to identify potentially dangerous situations	
<input type="checkbox"/> Lack of community orientation skills	
<input type="checkbox"/> Inappropriate interactions with others	
<input checked="" type="checkbox"/> Inability to deal with verbally/physically aggressive persons: Jerry would be more likely to "stand his ground" than move away from an aggressive person. He relies on his wheelchair for all mobility.	Staff will physically place themselves between Jerry and a possible abuser. Staff will ask Jerry to move away from the situation, if possible.
<input checked="" type="checkbox"/> Verbally/physically abusive to others: Jerry may	Staff will physically place themselves between



argue with or shout at others.	Jerry and a possible abuser. Staff will ask Jerry to move away from the situation, if possible.
<input type="checkbox"/> "Victim" history exists	
<input type="checkbox"/> 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

C. Self Abuse

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

	<i>Specific measures to minimize risk of abuse for each area checked:</i>
<input type="checkbox"/> Dresses inappropriately	
<input type="checkbox"/> Refuses to eat	
<input type="checkbox"/> Inability to care for self-help needs	
<input checked="" type="checkbox"/> Lack of self-preservation skills (ignores personal safety): Jerry may not follow safety precautions, such as getting assistance before transfers or supervision with appliances. This has resulted in falls and injuries.	Staff remind Jerry about the risks of his actions, and encourage him to ask for and allow help in these areas.
<input type="checkbox"/> Engages in self-injurious behaviors	
<input type="checkbox"/> Neglects or refuses to take medications	
<input type="checkbox"/> 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

D. Financial Exploitation

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

	<i>Specific measures to minimize risk of abuse for each area checked:</i>
<input checked="" type="checkbox"/> Inability to handle financial matters: Jerry is able to make small purchases, such as pop or snacks. He does not save money for large expenses or future purchases.	Jerry 's Rep Payee provides him with spending money, but handles all major bills.
<input type="checkbox"/> 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).

Jerry receives on-going support from his brother Scott Litka as Rep Payee for his Social Security benefits. Scott pays Jerry's bills, as well as saving money Jerry may need for larger purchases.

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

SINGLE DATED SIGNATURE PAGE

Name: Gerald "Jerry" Litka

Date: ~~01/13/22~~ 2-11-22 Postponed due to Covid exposure at the house - Jerry hospitalized with Covid 1-27-22. LFT
 Today's support team meeting was a/an:

<input type="checkbox"/> Intake meeting	<input type="checkbox"/> 30-day meeting (for ICFs/DD)	<input type="checkbox"/> 45-day service or 60-day calendar meeting (for 245D Intensive support)
<input type="checkbox"/> 60-day meeting (for 245D Basic support)	<input type="checkbox"/> Quarterly progress report review meeting	<input type="checkbox"/> Semi-annual progress report review meeting
<input checked="" type="checkbox"/> Annual meeting	<input type="checkbox"/> Special support team meeting	<input type="checkbox"/> Other:

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

<input checked="" type="checkbox"/> Self-Management Assessment (SMA)	<input checked="" type="checkbox"/> Individual Abuse Prevention Plan (IAPP)	<input checked="" type="checkbox"/> CSSP Addendum
<input checked="" type="checkbox"/> Service Outcomes and Behavior Outcome (if applicable)	<input checked="" type="checkbox"/> Progress Report with Recommendations	<input checked="" type="checkbox"/> Meeting Minutes with Attendance Notes
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> 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.

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: <i>X</i>	Person served:	Date:
Legal representative:	Legal representative:	Date:
Case manager: <i>[Signature]</i>	Case manager:	Date:
Licensed provider: <i>Leah Ference</i>	Licensed provider: <i>[Signature]</i>	Date: <i>2-11-22</i>
Licensed provider:	Licensed provider:	Date:
Other support team member:	Other support team member:	Date:
Other support team member:	Other support team member:	Date: