

**SUPPORT PLAN ADDENDUM –
INTENSIVE SUPPORT SERVICES**

Name of person served: Eva Arends

Date of development: 9/13/22

For the annual period from: September 2022 to September 2023

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

Legal representative: Tony Arends and Gail Oberg-Wipper/Co-Guardians

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 *Support Plan 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 – Eva will get 90 minutes of exercise each week, for 100% of weeks in the review period.

Outcome 2 - Eva will complete a weekly Bible study with staff for 80% of weeks in the review period



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: Eva's team does wish to pursue use of technology at this time.

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:

Allergies (state specific allergies): Levaquin (levofloxacin) and Bactrim (sulfamethoxazole): This information is recorded in Eva's file. Staff will tell medical personnel about Eva's allergy when she attends appointments.

Seizures (state specific seizure types): tonic-clonic: Staff give Eva's daily seizure medications and take her to appointments or lab tests, as needed. If Eva displays signs of a seizure, staff will make sure Eva is safe by lowering her to the ground or removing items she might strike against. Staff will immediately call 9-1-1 for emergency medical care. Staff stay in the bathroom while Eva bathes.

Choking: Staff prepare foods in ways that are easy to chew (cooked until soft, or chopped). Staff are at the table with Eva while she eats. Staff will remind Eva to slow down while eating, as needed. Staff are trained and will give first aid (Heimlich) if Eva would show signs of choking.

Special dietary needs -- Diagnosed with diabetes (March 2017): Staff plan and prepare nutritious meals at home. Staff administer medications as ordered, and take Eva to medical appointments.

Chronic medical conditions -- Constipation/history of bowel impaction: Staff give Eva her daily medications as well as nutritious meals. Staff document when Eva has a bowel movement. If Eva does not have a bowel movement, staff administer medications as ordered by her physician.

Self-administration of medication or treatment orders: Staff obtain Eva's medication from the pharmacy as ordered by her physician. Staff administer Eva's medications according to Hope Haven policy.

Preventative screening: Staff schedule appointments as directed by her physician. Staff take Eva to each appointment. Eva's vision exams will occur with other procedures requiring sedation (colonoscopy). The last exam was in December 2017 and 5 years between is anticipated.

Medical and dental appointments: Staff schedule and take Eva to all medical appointments. Staff communicate current concerns with the provider and advocate on Eva's behalf.

Other health and medical needs (state specific need): reporting pain/illness: Staff observe Eva for changes in her behavior, as well as physical signs of illness (elevated temperature, runny nose). Staff do a visual check of Eva during her bath.

Risk of falling (include the specific risk): infrequent falls: Staff keep all areas in the home free of hazards as much as possible. Staff clear walkways of snow or ice.

Regulating water temperature: Staff check the water by touch before Eva begins washing dishes or bathing. The water heater in the house is set at a safe level, and staff check this regularly.

Community survival skills: Staff are with Eva in the community and give Eva verbal directions to act safely as needed. Staff physically prompt Eva to wait for traffic by placing an arm in front of her.

Water safety skills: Staff are with Eva in the water during swimming activities. Staff verbally prompt Eva to follow safety instructions. Staff would physically assist Eva if a life jacket was required for a water activity.

Sensory disabilities: Staff monitor that Eva does not have access to dangerous items. Staff assist Eva with hygiene and verbally prompt her to be safe.

Other personal safety needs (state specific need): drinking non-food items: Staff do not put any non-food items (including craft supplies or cleaning items) into containers typically used for eating or cooking.

Self-injurious behaviors (state behavior): picking at scabs: If a minor injury is noted, staff clean and bandage the area. Staff redirect Eva to other activities.

Mental or emotional health symptoms and crises (state diagnosis): obsessive-compulsive behaviors: Staff are trained in Eva's daily routines and allow her time to complete them.

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**:

Eva's team meets every six months and gives input into Eva's preferences. Eva gives no verbal information; she communicates through her behavior about her preferences. People that know Eva believe that these things are true: Eva seems to take ownership in where she lives, and will object if someone is in her room without her presence. Eva will go along for group activities, but is also content spending time at home relaxing. Eva may approach others for a short greeting, but does not seem to need or desire much social interaction. In fact, Eva seems to get frustrated with too much attention and will tell others "good bye" after a brief greeting. Eva prefers support staff who are patient and respectful of her routines and habits. Eva has recently shown preference for things that are the color pink. Hope Haven staff make sure that Eva has pink choices in her wardrobe.

Eva really depends on routine, and an important part of that is washing dishes in the sink. If Eva's routine is disrupted, she will seem anxious. This may be demonstrated by not being able to sit in one spot, repeatedly checking or touching certain items, and an increase in the frequency and volume of her short verbal phrases such as "Good bye now," or "Don't fall down." Eva may do some mild property destruction (with or without apparent anxiety), such as pulling apart seams on her clothing or removing loose screws and handles.

Positive support strategies include:

- Staff are familiar with Eva's preferred daily routine, but also encourage her to make choices throughout her daily activities (clothing, snacks, activities, etc.)
- Staff refrain from disturbing Eva's routine as much as possible. Corrections are given gently or are made after Eva has moved to another activity (for example, dishes are not getting clean).
- Staff offer a lot of verbal reassurance. Staff respond positively to Eva's verbal communication, even when her words don't fit the situation (i.e. "Don't fall down.")
- Staff respect that if Eva says "Goodbye" that may mean that she is done with an activity or wants staff to leave her space.
- Staff help Eva select clothing that is pretty and suits her age, but without decorations like lace or trim that might unravel.
- Eva has several magazine subscriptions that she flips through. This focuses her attention and keeps her hands busy.

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**? Eva has strong preferences for sticking to her daily routine. She is also a bit of a homebody who doesn't care to go out in the evenings especially. Staff find ways to bring activities into the home as much as possible.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities? Eva generally prefers quiet activities at home to being out in the community. One activity Eva does enjoy is going to her beautician for a fresh color and cut. Eva does go out with staff and her housemates for coffee, ice cream or meals. She goes on short shopping trips to pick up things she needs.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community? Eva tends to keep to herself, but generally gets along with her peers and staff. Eva does not show an interest in interacting with others in the community, and moves on quickly after a greeting.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community? Eva has received DT&H services for many years and is now of a retirement age. Eva does some paid work through her work program, but Eva and her guardians do not wish to pursue competitive community work at this point in her life.

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?

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:

Eva will have semi-annual support team meetings, with additional meetings, as needed. Hope Haven and Progress, Inc. have a communication log book going back and forth between them. The Designated Coordinators for each provider discuss issues by phone.

Vocational Provider:

Progress, Inc. / Brook Albright
 101 4th Ave. NE
 Pipestone, MN 56164
 507-825-4120 (phone)
 507-825-2369 (fax)
 brook@progresspipestone.com

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). Include a statement about any decision made regarding transitioning out of a provider-controlled setting: Eva's guardians feel she is in an appropriate placement. No changes are planned.

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 service: Eva's guardians feel she is in an appropriate placement. No changes are planned.

Describe any further research or education that must be completed before a decision regarding this transition can be made: NA – No changes are planned.

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 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

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

Does this person use dangerous items or equipment? Yes No

If yes, address any concerns or limitations: 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":

Eva depends on Hope Haven staff for all of her health care responsibilities, which include:

- Observing for signs of illness or injury
- Communicating with medical providers and scheduling appointments
- Transportation to appointments
- Attending appointments, sharing information with providers and receiving instructions
- Obtaining prescriptions from the pharmacy: Snyder Drug

If health service responsibilities are assigned to this license holder, you will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs.

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: Staff will administer all medications according to Hope Haven policy.

Psychotropic medication monitoring and use

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

If yes, document the following information: Not applicable

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

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: Staff may hold her hand or offer Eva a brief shoulder hug to provide comfort.

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 may hold Eva's hand to guide her through slippery or uneven areas. Although not frequent, Eva will fall during a seizure. Staff may attempt to safely ease her to the floor, if possible.

3. To facilitate a person's completion of a task or response when the person does not resist or it is minimal:
 Yes No If yes, explain how it will be used:

4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:

5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
 Yes No If yes, explain how it will be used:

6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
 Yes No If yes, explain how it will be used: Eva is not always cooperative with exams. Staff will hold Eva's hand and verbally offer comfort.

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: Staff may take Eva by the hand to lead her 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: Eva has an orthotic shoe insert.

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: 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

Staff ratio: <i>For facility-based day services only</i> <input checked="" type="checkbox"/> NA for residential services
<i>For facility-based day services only</i> – 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: <input type="checkbox"/> 1:4 <input type="checkbox"/> 1:8 <input type="checkbox"/> 1:6 <input type="checkbox"/> Other (please specify):
Frequency of reports and notifications
<p>*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.</p> <ol style="list-style-type: none"> 1. Frequency of <i>Progress Reports and Recommendations</i>, at a minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually 2. Frequency of service plan review meetings, at a minimum of annually: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annually <input type="checkbox"/> Annually 3. Request to receive the <i>Progress Report and Recommendation</i>: <input checked="" type="checkbox"/> At the support team meeting; or <input type="checkbox"/> At least five working days in advance of the support team meeting. 4. Frequency of receipt of <i>Psychotropic Medication Monitoring Data Reports</i>, this will be done quarterly unless otherwise requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> NA

SELF-MANAGEMENT ASSESSMENT

Name: Eva Arends

Date of development: 09/13/22

For the annual period from: Sept. 2022 to Sept. 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 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 *Support Plan 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): Levaquin (levofloxacin) and Bactrim (sulfamethoxazole)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<i>Behaviors:</i> Eva does not understand this information, and would not be able to communicate it. <i>Strengths:</i> Eva would not seek out these substances on her own. <i>Skills:</i> Eva takes medications only as administered by staff.
Seizures (state specific seizure types): tonic-clonic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<i>Behaviors:</i> Eva does not have any awareness of her seizure disorder, or that a seizure is going to start. <i>Strengths:</i> Although Eva has seizures more often than she used to, they are usually months apart. <i>Skills:</i> Eva takes her daily medications as given by staff. Eva completes required lab work as arranged and taken by staff.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Behaviors:</i> Eva may eat quickly, but responds to verbal prompts to slow down while eating. <i>Strengths:</i> Even though Eva has no teeth, she eats her meals with minimal difficulty. <i>Skills:</i> Eva independently eats foods that have been cooked until soft or chopped by staff.

<p>Special dietary needs (state specific need): Diagnosed with diabetes (March 2017)</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<p><i>Behaviors:</i> While Eva has not been given any specific dietary restrictions, she has no understanding of diabetes or nutrition. <i>Strengths:</i> Eva generally sticks with a routine, including eating regular meals. <i>Skills:</i> Eva meals as prepared by staff. Eva is cooperative with taking her medications.</p>
<p>Chronic medical conditions (state condition): constipation – history of bowel obstruction</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<p><i>Behaviors:</i> Eva would not be able to verbally communicate pain or discomfort. <i>Strengths:</i> Eva takes medications as given by staff. <i>Skills:</i> Eva takes all medications that are given to her.</p>
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><i>Behaviors:</i> Eva would not be able identify medications or times on her own. <i>Strengths:</i> One of Eva’s strengths is following a consistent routine, including taking her medications as given by staff. <i>Skills:</i> Eva takes all medications that are given to her.</p>
<p>Preventative screening</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><i>Behaviors:</i> Eva would not remember, schedule or attend any medical appointments on her own. Eva does not tolerate vision exams in particular, and requires sedation. Eva does not have teeth, but does have her gum health checked by her physician. <i>Strengths:</i> Eva attends appointments as scheduled by and with staff. <i>Skills:</i> Eva is present at the appointments.</p>
<p>Medical and dental appointments</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><i>Behaviors:</i> Eva would not remember, schedule or attend any medical appointments on her own. Eva does not tolerate vision exams in particular, and requires sedation. Eva does not have teeth, but does have her gum health checked by her physician. <i>Strengths:</i> Eva attends appointments as scheduled by and with staff. <i>Skills:</i> Eva is present at the appointments.</p>
<p>Other health and medical needs (state specific need): reporting pain / illness</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><i>Behaviors:</i> Eva is persistent with her daily routines, and may not stop for pain or illness. Eva has some, but limited verbal skills. <i>Strengths:</i> Eva uses her verbal communication more all the time. <i>Skills:</i> Eva does communicate in staff in other ways, including changes in behavior.</p>
<p>Other health and medical needs (state specific need):</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	
<p>Personal safety to avoid injury or accident in the service setting</p>		

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): infrequent falls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<i>Behaviors:</i> Eva doesn't always seem to watch where she is going. She has had falls where she tripped on an object, but other times she has fallen for no known reason. Eva is missing three toes on her left foot. <i>Strengths:</i> Eva is independent and can move quickly. <i>Skills:</i> She wears the shoe orthotic that is prescribed for her.
Mobility issues (include the specific issue):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Behaviors:</i> Eva would not adjust the temperature of water for bathing. <i>Strengths:</i> Eva waits for staff assistance with her shower. <i>Skills:</i> Eva participates throughout once the temperature is set for her.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Behaviors:</i> Eva would not identify hazards or understand warnings. Eva may rush ahead without watching for traffic. Eva would not know how to get around in the community. Eva communicates only a few words verbally and would have difficulty getting help in the community. <i>Strengths:</i> Eva is generally willing to go places with staff. <i>Skills:</i> If Eva were to get separated from staff, she may return to the vehicle.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Behaviors:</i> Eva has no real swimming skills. <i>Strengths:</i> Eva has liked going to the pool in the past. <i>Skills:</i> Eva follows safety instructions given by staff. She will wear a life jacket if required for the activity.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<i>Behaviors:</i> Eva does not withdraw from pain, especially when doing a repetitive activity. She may repeatedly scrub the same area when bathing, or scrub herself when doing dishes. This may cause abrasions to her skin. <i>Strengths:</i> Eva has always been a good cleaner. <i>Skills:</i> She may respond to verbal redirection to move to another area or task.
Other personal safety needs (state specific need): drinking non-food items	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<i>Behaviors:</i> Eva is independent and is often busy in the kitchen area. Eva has drunk non-food items from a cup (Easter egg dye). <i>Strengths:</i> Eva generally sticks with her own routine. <i>Skills:</i> Eva is not likely to seek out foods or drinks on her own.

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): picking at scabs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<i>Behaviors:</i> Eva scratches or picks at scabs if they are not covered, causing infections. <i>Strengths:</i> Eva allows staff to give first aid to clean and cover the area. <i>Skills:</i> She may redirect to other activities that keep her hands busy.
Physical aggression/conduct (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Verbal/emotional aggression (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
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 or emotional health symptoms and crises (state diagnosis): obsessive-compulsive behaviors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<i>Behaviors:</i> Eva has a certain routine, including cleaning tasks that are hers alone. Eva will verbalize and pace if she is not able to complete her routine. <i>Strengths:</i> Eva is contributes to the household by helping out. <i>Skills:</i> She does dishes several times a day.
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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	

<input type="checkbox"/> Inappropriate interactions with others	
<input checked="" type="checkbox"/> Inability to deal with verbally/physically aggressive persons	Staff would physically place themselves between Eva and another person who might become aggressive. Staff will verbally prompt Eva to leave the area.
<input type="checkbox"/> Verbally/physically abusive to others	
<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 checked="" type="checkbox"/> Dresses inappropriately	Staff assist Eva to choose from clothing that is appropriate for the weather, including putting on outerwear as needed.
<input type="checkbox"/> Refuses to eat	
<input checked="" type="checkbox"/> Inability to care for self-help needs	Staff prompt or assist Eva with all of her self-help needs.
<input checked="" type="checkbox"/> Lack of self-preservation skills (ignores personal safety)	Staff ensure that Eva does not have access to dangerous items. Staff prompt and assist Eva to follow safety precautions.
<input checked="" type="checkbox"/> Engages in self-injurious behaviors	Staff redirect Eva to other activities when picking or scratching self-injury occurs. Staff give Eva first aid and cover small injuries as needed.
<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	Staff assist Eva with all transactions according to Hope Haven policy and as authorized by the Financial Authorization. Reports of expenses and account balances are provided to the guardian.
<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).

- Tony Arends and Gail Oberg-Wipper have been co-guardians for Eva since 2007 and 2004. They make all important decisions on Eva's behalf.

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: Eva Arends

Date: 9/13/22

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"/> Support Plan Addendum
<input checked="" type="checkbox"/> Service Outcomes and Behavior Outcome (if applicable)	<input checked="" type="checkbox"/> Progress Report with Recommendations	<input 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 *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: (Eva Arends)	Person served:	Date:
Legal representative: T Arends Hil Obery Wiggins	Legal representative: Co. Goudin	Date: 9-13-22
Case manager: Sarah Maurice	Case manager: Sarah Maurice	Date: 9/13/2022
Licensed provider: Leah Ference	Licensed provider:	Date: 9-13-22
Licensed provider: Brook Albright	Licensed provider:	Date: 9-13-22
Other support team member: Christy Braaard	Other support team member:	Date:
Other support team member:	Other support team member:	Date: