Jackson County Development Achievement Center

SUPPORT PLAN ADDENDUM

Name of person served: Tara Pederson

Date of development: 01/20/2026

For the annual period from: 01/23/2026 To: 07/31/2026

Name and title of person completing the *Support Plan Addendum*: Jayme Ulloa, DC-IHS

Legal representative: Ted & Julie Pederson, Parents

Case manager: Ann Bartelt, DVHHS

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 *Support Plan Addendum*.

Services and Supports

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

The DAC will provide Individualized Home Support with Family Training (IHS) services to Tara. IHS are services provided to a person in the community to enable the person to remain in their home. This includes training of the person's capabilities to care for and maintain the person in their home. This service provides support needs, assistance and supervision of at least one of the community living service categories such as community participation; health, safety and wellness; household management; or adaptive 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):

None at this time. Will reassess at her initial planning meeting.

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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:

Tara has an iPhone that she usually will leave in her room for phone calls. Staff can assist Tara with monitoring spam calls and deleting them for her. Tara will carry her phone with when in the community in her wallet. Tara has an iPad she uses for her to play some games on and watch things she likes.

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

See Self-Management Assessment.

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**:

Tara will receive services Monday through Friday. Jackson County DAC Direct Support Staff and the management team will provide the services to Tara. Staff will communicate to Tara's mother on days they may be absent or need to reschedule. Tara's mother may also communicate to staff indicating she does not want services if she has other plans or is not feeling well. Staff provide services to Tara that supports her preferences, daily needs and activities, and accomplishments of her person goals and service outcomes. Staff respect Tara's history, dignity, and cultural background. Staff provide support so that Tara has the self-determination to develop and exercise functional and age-appropriate skills, decision making and choice, personal advocacy, communication, and affirmation and protection of her civil and legal rights. Staff provide support in the most integrated setting available that supports promotes and allows inclusion and participation in the community as Tara desires that enables her to interact with nondisabled persons to the fullest extent possible and develops and maintains her role as a valued community member. Staff also provides opportunities to promote Tara's self-sufficiency as well as develops and maintains her social relationships and natural supports. Staff also assist in providing a balance between risk and opportunity to support Tara in her activities of her own choosing that may otherwise present a risk to the person's health, safety or rights.

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**?

Tara will have outcomes implemented to help her develop and maintain essential & life-enriching skills, abilities,

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strengths, interests and preferences. Staff and Tara work on these outcomes to complete the outcomes together to encourage her ability to be independent and contribute to her independence. Staff also utilize teachable moments to develop self-preservation skills.

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

Staff are able to provide Tara transportation to activities of her choosing during her service hours or during monthly group activities to is interested in. Tara's family is close by and would also assist with means of transportation for her to participate in community activities.

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

Staff offer ideas and choice to Tara to help her develop and strengthen personal relationships with other persons in the community.

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

Tara is currently seeking competitive employment but has been difficult finding a job. She loves volunteering at a boutique in Fairmont called Giddy Up.

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

Tara receives services with case management.

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:

Ann Bartelt, DVHHS Case Manager 507-822-8199

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**:

Tara lives in a home in Jackson with another lady around her age.

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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**:

Tara currently does not attend a day service program or is employed within the community. Tara volunteers at a boutique called Giddy Up in Fairmont.
Tara is seeking for employment and went through the E1MN course previously.

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

Will be working with another provider at this time for community employment.

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:

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person?

☐ Yes ☒ No

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

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

Is the license holder the owner, lessor, or tenant of the service site?

☐ Yes (continue) ☒ No (skip this next section)

Is there a known safety threat that requires toxic substances or dangerous items to be made inaccessible to the person?

Yes No NA – license holder is not the owner, lessor, or tenant of the service site

If toxic substances or dangerous items are inaccessible, what specific measures are being taken to minimize the safety risk and to restore accessibility to all persons receiving services at the service site?

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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 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".

Monitoring health conditions:

Tara currently takes medication for her thyroid and also for her constipation she takes MiraLAX 1/2 cup; otherwise, is very healthy.

Assistance with or coordination of health service appointments:

Staff will report to mom if Tara is not feeling well and mom will take her for an appointment. Mom coordinates and takes Tara to all her appointments or screenings.

Using medical equipment, devices, adaptive aides or technology safely and correctly:

Glasses, CPAP machine

If the license holder is assigned responsibility for medication set up, assistance, or medication administration, the license holder will provide that support according to procedures listed here as applicable. If medication support is not assigned to this license holder, please state "NA".

☐ Medication set up: NA

☐ Medication assistance: Yes, staff will give Tara verbal reminders to take her medications if she hasn't and will monitor them.

☐ Medication administration: NA

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:

NA

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

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- 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

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:

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

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 give Tara a "side" hug, "high fives", handshake and/or a touch on the shoulder to calm or comfort her. Tara will communicate if she does not want to be touched, and staff will honor her request.

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:

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☒ Yes ☐ No If yes, explain how it will be used:

Staff may give Tara hand over hand assistance to complete a task such as sweeping, folding laundry, mopping, cooking, etc. Tara will communicate if she does not want hand over hand assistance to complete a task and staff will honor her request.

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:

Staff may block for less than 60 seconds without holding or limiting Tara's movement to interrupt her behavior. Staff may block and redirect Tara's limbs without holding her or limiting her movement in order to move away to protect themselves or Tara from injury.

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:

In case of an emergency and Tara is in imminent risk of harm, staff will assist Tara in safely evacuating that location. This may include taking Tara by the hand and leading her to a safe location.

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:

NA

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:

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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:

Glasses, CPAP machine.

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:

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present, and staff are required to be at the site to provide direct service? ☐ Yes ☒ No

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person's service recipient record:

☐ 1:4 ☐ 1:6 ☐ 1:8 ☐ Other (please specify): ☒ NA

Frequency Assessments

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

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

3. Request to receive the *Progress Report and Recommendation*:
   ☒ At the support team meeting ☐ At least five working days in advance of the support team meeting

4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:
   ☐ Quarterly ☐ Other (specify): ☒ NA

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