

Individual Abuse Prevention Plan (IAPP)

For Adult Foster Care without HCBS-245D License
Minnesota Statutes, sections 245A.65, Subd. 2, and 626.557, Subd. 14

Name of person: _____

Date developed/revised: _____

Program name: _____

For each area below, assess if the person is at risk of being abused and abusing others. If they are at risk, indicate why. Describe specific measures to reduce risk of abuse within the scope of licensed services. Identify referrals needed when the person is at risk outside the scope or control of the licensed services.

If a restriction of the person's rights is determined necessary to ensure their health, safety, and well-being, you must complete the addendum at the end of this plan.

Are any of this person's rights being restricted? Yes No

A. Physical Abuse

Is the person at risk of abuse in this area? Yes No

- Is not able to identify potentially dangerous situations
- Does not have community orientation skills
- Has inappropriate interactions with others
- Is not able to deal with verbally/physically aggressive people
- Is verbally/physically abusive to others
- Has a history of being a "victim"
- Other:

Describe the specific measures to minimize risk of physical abuse:

B. Sexual Abuse

Is the person at risk of abuse in this area? Yes No

- Does not have an understanding of sexuality
- Is likely to seek out or cooperate in an abusive situation
- Is not able to be assertive
- Other:

Describe the specific measures to minimize risk of sexual abuse:

C. Emotional Abuse

Is the person at risk of abuse in this area? Yes No

- Is not able to identify potentially dangerous situations
- Has inappropriate interactions with others
- Is not able to deal with verbally/physically aggressive persons
- Is verbally/physically abusive to others
- Has a history of being a "victim"
- Is not able to be assertive
- Other:

Describe the specific measures to minimize risk of emotional abuse:

D. Self-Abuse

Is the person at risk of abuse in this area? Yes No

- Dresses inappropriately
- Refuses to eat
- Is not able to care for self-help needs
- Does not have self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other:

Describe the specific measures to minimize risk of self-abuse:

E. Financial Exploitation

Is the person at risk of abuse in this area? Yes No

- Is not able to handle own financial matters
- Other:

Describe the specific measures to minimize risk of financial exploitation:

F. Physical Aggression

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

Yes No

If yes, describe the specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised:

An IAPP must be developed by the license holder for each person as part of the initial service plan. The person shall participate in developing the IAPP to the full extent of their ability. The person’s legal representative, if applicable, must be given opportunity to participate in developing the IAPP.

The interdisciplinary team must document the review of the IAPP at least annually, using the individual assessment and any reports of abuse relating to the person. The IAPP must be revised to reflect the results of the review.

Signatures of those reviewing and/or participating in the development of this plan:

Person/Legal representative	Date
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Facility representative	Date
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Other	Date
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Other	Date
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IAPP Addendum

245A.11, subdivision 10: Rights Restrictions

Name of person: _____

Date of initial implementation of restriction: _____

Restricting certain rights is allowed if necessary to ensure the health, safety, and well-being of the person.

The restriction must be implemented in the *least restrictive manner necessary* to protect the person. You must provide support to reduce or eliminate the need for the restriction.

1. Identify the rights to be restricted:

A person's right to...

- have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person
- receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication
- have use of and free access to common areas in the residence and the freedom to come and go from the residence at will
- privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, including privacy in the person's bedroom
- choose the resident's visitors and time of visits and participate in activities of commercial, religious, political, and community groups without interference if the activities do not infringe on the rights of another resident or household member
- privacy, including use of the lock on the resident's bedroom door or unit door. A resident's privacy must be respected by license holders, caregivers, household members, and volunteers by knocking on the door of a resident's bedroom or bathroom and seeking consent before entering, except in an emergency
- engage in chosen activities and have an individual schedule supported by the license holder that meets the resident's preferences
- freedom and support to access food at any time

2. Identify/justify why the restriction is needed and how this need was determined:

3. Detail how the restriction will be implemented:

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

Approval of rights restriction:

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

Person/Legal representative

Date

Withdrawal of approval of rights restriction:

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

Person/Legal representative

Date