**Individual Abuse Prevention Plan (IAPP)**

**Instructions and requirements:**

This program is required to establish and enforce ongoing written individual abuse prevention plans as required under Minnesota Statutes, section [626.557](https://www.revisor.mn.gov/statutes/?id=626.557), subdivision 14 and section [245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subdivision 2 (b).

Development and review of the plan: An individual abuse prevention plan shall be developed for each new person as part of the initial individual program plan or service plan required under the applicable licensing rule. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan. The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan. The expanded support team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

Plan contents: The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Requirements of [626.557](https://www.revisor.mn.gov/statutes/?id=626.557), subd. 14(b): Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

Persons with history of violent crime an act of physical aggression toward others: If the program knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Legal Authority: MS §§ [245D.071](https://www.revisor.mn.gov/statutes/?id=245D.071), subd. 2, [245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subd. 2, and [626.557](https://www.revisor.mn.gov/statutes/?id=626.557), subd. 14

**Individual Abuse Prevention Plan (IAPP)**

Person’s Name: Jonathan Green \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: Independent Living Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

1. **Sexual abuse**

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

**X** Lack of understanding of sexuality

1. Likely to seek or cooperate in an abusive situation
2. Inability to be assertive

**X** Other: may not report abuse

Specific measures to minimize risk of abuse for each area checked:

Jonathan may not defend himself from sexual abuse because of his age and disability. Staff will supervise Jonathan in the community at all times. Jonathan may not report abuse because he may not know how. Staff will discuss with Jonathan the importance of telling an adult any incidents of abuse. Staff will immediately act to remove Jonathan from a situation where abuse is suspected or observed. Staff will follow chain of command and any situation in which sexual abuse is observed or suspected will be reported and investigated by the standards of the Vulnerable Adult Act.

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).

1. **Physical Abuse**

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

1. Inability to identify potentially dangerous situations

**X** Lack of community orientation skills

1. Inappropriate interactions with others

**X** Inability to deal with verbally/physically aggressive persons

**X** Verbally/physically abusive to others

1. “Victim” history exists

**X** Other: may not report abuse

Specific measures to minimize risk of abuse for each area checked:

Jonathan lacks community orientation skills and has a history of aggression toward others. Staff will supervise Jonathan in the community at all times. Staff will verbally intervene to defend Jonathan if someone is mistreating him. Staff will physically intervene if verbal direction does not work to remove Jonathan from the situation. Staff will follow chain of command and any situation in which physical abuse is observed, reported, or suspected will be reported and investigated by the standards of the Vulnerable Adult Act.

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).

1. **Self Abuse**

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

**X** Dresses inappropriately

1. Refuses to eat
2. Inability to care for self-help needs

**X** Lack of self-preservation skills (ignores personal safety)

1. Engages in self-injurious behaviors

**X** Neglects or refuses to take medications

1. Other:

Specific measures to minimize risk of abuse for each area checked:

Jonathan lacks self-preservation skills. Staff will supervise Jonathan in the community at all times and provide verbal prompts regarding pedestrian safety. Jonathan may dress inappropriately for the weather. Staff will loan Jonathan clothing and remind Jonathan to remove excess layers. Jonathan has a history of refusing to take medications or spitting medications out. Staff will notify guardian of inappropriate clothing choices or medication refusal.

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).

1. **Financial Exploitation**

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

**X** Inability to handle financial matters

1. Other:

Specific measures to minimize risk of abuse for each area checked:

Jonathan is unable to manage his financial matters. Jonathan's guardian will handle his finances. Staff will practice money skills and counting change with Jonathan to increase money management ability. Staff will watch for signs of financial exploitation and will follow chain of command if financial exploitation is suspected. Any situation in which financial abuse is observed, reported, or suspected will be reported and investigated by the standards of the Vulnerable Adult Act.

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).

1. **Is the program aware of this person committing a violent crime or act of physical aggression toward others?** 🞎 Yes **X** 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:

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).

An individual abuse prevention plan is developed for each new person as part of the initial service plan. The person will participate in the development of the plan to the full extent of their ability. When applicable, the person’s legal representative will be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team will document the review of the plan at least annually, using an individual assessment, as required in MN Statutes, section 245D.071, subd. 3, and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

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

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| --- | --- | --- | --- |
| Name | Signature | Title | Date |
|  |  | Person completing IAPP |  |
|  |  | Person |  |
|  |  | Legal Representative |  |
|  |  | Case Manager |  |
|  |  | Program Representative |  |
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