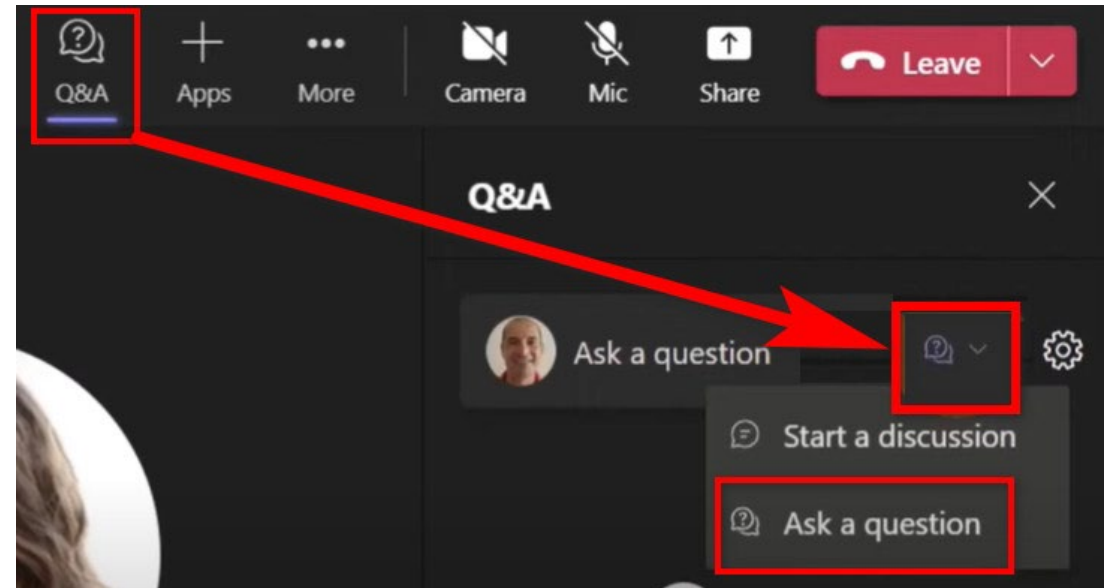




Unlocking New Resources: HRD Collaborative Systems
Change Program
“Individual Abuse Prevention Plan”

Reminder

- **Participants are muted.**
- **To ask a question or provide a comment, click on the Q&A bubble to open the Q&A, and provide your question or comment.**
- **This session will be recorded.**



Agenda

12:00 – 12:10 P.M. Welcome

12:10 – 12:15 P.M. Collaborative Systems Change

12:15 – 12:30 P.M. New Resources

12:30 – 12:40 P.M. Subject Matter Experts

12:40 – 1:00 P.M. Q&A

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. In Minnesota, we are standing on the ancestral lands of the Dakota people. We want to acknowledge the history of this land, including the Dakota, the Ojibwe, the Ho-Chunk, and the other nations of people who also called this place home. Native peoples were removed unjustly, and we in this space are the beneficiaries of that removal. At MDH, as we understand that land is related to health, we want to be a good steward of the land we are on. This acknowledgement is just one piece of that. We understand the systemic racism, historic trauma, and genocide that has impacted Indigenous communities and peoples in our state.

We recognize that a land acknowledgement is a first step. We support this action with resources and shared decision-making to meet Tribal public health priorities and needs. With our Indigenous neighbors and coworkers, we can advance health equity and work to ensure all communities across the state are thriving and all people have what they need to be healthy.

We encourage state employees and the public to research the history of the lands we are on and if you are able, find Native-led events to attend, organizations to support, and causes to champion.

Tribal-State Relations Acknowledgement Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our work, we demonstrate our commitment to Tribal-State relations in the following ways:

MDH has an office of American Indian Health that focuses on the needs of our Tribal Partners.

MDDH is promoting its employees to take the Tribal State Relations Training.

Learning Objectives

- Increase participants' understanding of the new resources.
- Provide subject matter experts' insights to deepen knowledge around the resource topic.
- Support participants in strengthening their understanding of the Individual Abuse Prevention Plan (IAPP) in Assisted Living and Home Care.
- Offer an interactive Q&A at the end of the session.



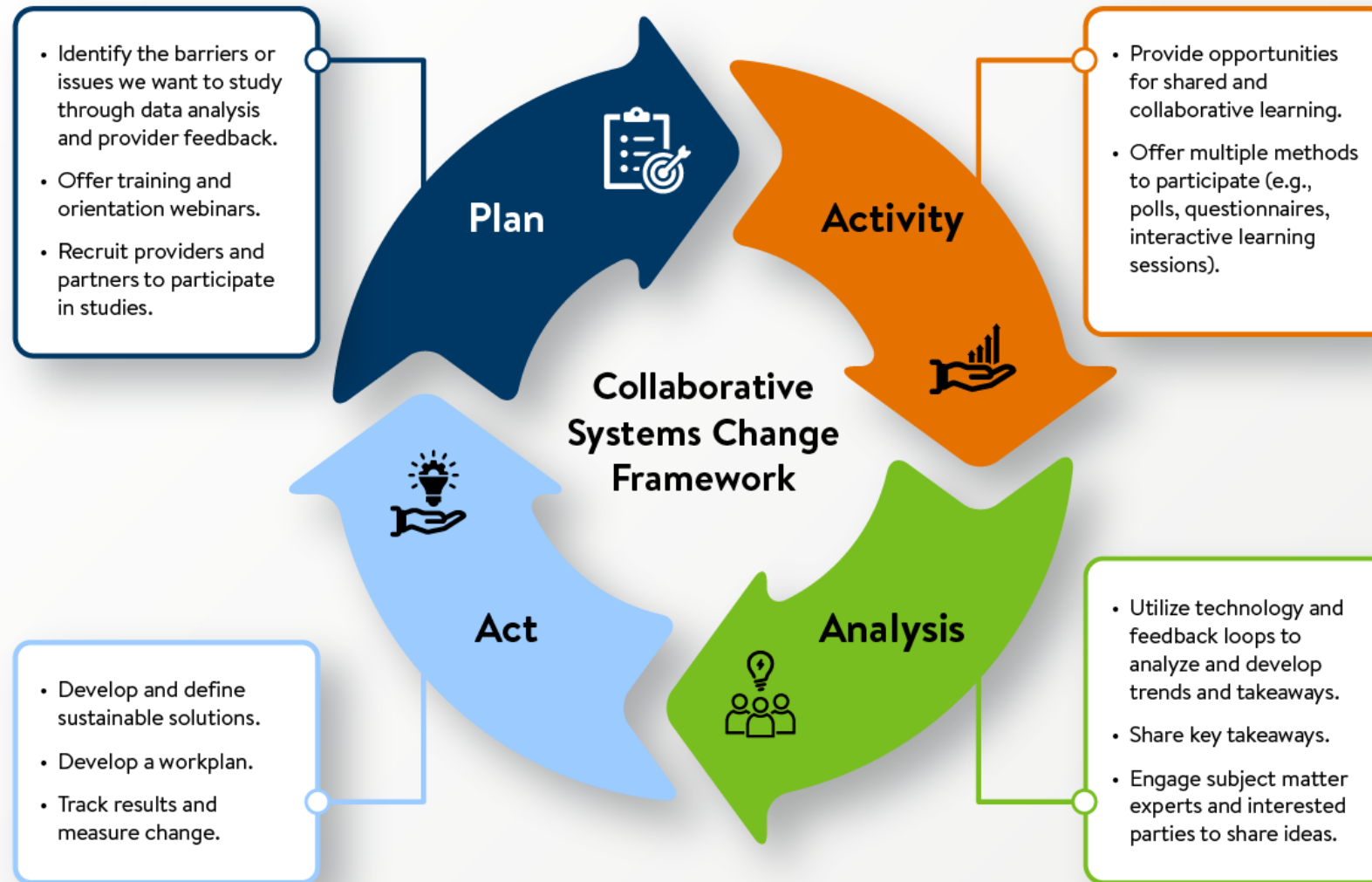
Collaborative Systems Change

What is Collaborative Systems Change?

- Create space for collaborative learning.
- “Take off the regulator hat”.
- Listen without judgment or blame.
- Be open to all voices/roles/position.
- Reveal how systems influences decisions.
- Understand complexities.
- Seek ideas for improvements.
- Move towards health/racial justice.
- Improve compliance and prevent violations.



Framework



Thank you!

- Lakewood Health Systems
- Presbyterian Homes
- The Phoenix Residence, Inc.
- Better Living Home Care
- Leading Age Minnesota
- Care Providers Minnesota
- Lores Consulting
- Minnesota Home Care Association
- Elder Voice Advocates

- Minnesota Office of Ombudsman for Long Term Care (OOLTC)
- Office of Ombudsman for Mental Health and Development Disabilities (OMHDD)
- Board of Executive for Long Term Services and Support (BELTSS)
- Infectious Disease Epidemiology, Prevention and Control (IDEPC)
- Minnesota Board of Nursing
- HRD Staff
- HRD Senior Leadership Team



Individual Abuse Prevention Plan (IAPP) Assisted Living

2022-2023 Takeaways: IAPP

- **Conducted five mappings:** Individual Abuse Prevention Plan.
- **Confusion about the statutory and regulatory requirements** for the development of an individual abuse prevention plan (IAPP) and intervention strategies.
 - Volume of instructional material on MDH website and statutory requirements.
 - Multiple requirements, agencies, and board to comply with.
 - Time constraints.
 - Asking residents about vulnerabilities.
 - Varying interpretations of “vulnerable”.
 - Perceived limits to providers asking about medical conditions (privacy, housing).

Individual Abuse Prevention Plan Assisted Living - Storyboard

Health Regulation Division | SEPTEMBER 2025

Individual Abuse Prevention Plans (IAPP) in Assisted Living (AL) Developing an IAPP

[Minnesota Statutes, sections 144G.42, subdivision 6\(b\)](#) and [626.557, subdivision 14](#) require an IAPP be developed.

The plan must contain 1) individualized review or assessment of the person susceptible to abuse by another person, 2) the person's risk of abusing other vulnerable adults, and statements of the specific measures to be taken to minimize the risk of abuse, 3) including self-abuse.

- An IAPP is not considered a healthcare or nursing assessment .
- Examples of self-abuse
 - Resident has history of not taking anti-psychotic medications and is on civil commitment.
 - Resident has history of suicidal ideation and attempts to cut wrist with 3 hospitalizations.
 - Resident has a history of not showers/bathing, is frequently incontinent and has worsening pressure ulcers.

Who is required to have an IAPP?

All individuals you are serving or housing, including in home care.

Yes, all AL residents, even those considered to be housing-only are required to have an IAPP completed.



When does an IAPP have to be completed or revised?

- Upon admission/move in
- When the resident's risks change.
 - i.e., If a resident is involved in a resident -to-resident altercation, the resident's IAPP should be revised to indicate the vulnerability (incident) and a plan developed by the resident, AL and their team to keep them safe from abuse.

Remember: The IAPP is not an assessment tool; rather, it is a required plan that outlines how the licensed assisted living provider will implement safeguards to help protect the resident from potential abuse, prevent the resident from abusing others, and minimize the risk of self-harm, within the provider's scope of services and environment of care.

Who can develop an IAPP with a resident?

There are no requirements for the personnel who develops an IAPP; this could be any personnel(s) the facility ensures is knowledgeable and competent to evaluate the resident's risk. The content of the plan is what is important.

Resources for IAPP Development:

[Welcome to your new services](#)

[Developing the IAPP Assisted Living Providers](#)

CONTACT

Minnesota Department of Health
651-201-4200

Individual Abuse Prevention Plan

Assisted Living - Welcome to your new services



Welcome to your new services!

What we want you to know.

Assisted living (AL) laws in Minnesota require any person receiving assisted living services, including housing, to have an Individual Abuse Prevention Plan (IAPP). We are required to ask you these questions as everyone who works at this facility is a mandated reporter of abuse, neglect, and exploitation. The resulting plans are meant to be supportive to you as you move on to enjoy your new home.

What is an IAPP?

This is a plan that will be developed by you and your provider. The plan is an important tool the provider will use to ensure you are safe from abuse, if that risk is identified. Developing the IAPP requires a candid conversation between you and the provider about your history, current and future risks, and how the provider can assist to protect you. The plan will be individualized based on your need.

What does an IAPP cover?

- **Physical Abuse** — hitting, punching, pushing, pinching, slapping, dragging.
- **Verbal Abuse** — humiliating you in front of others; calling you insulting names, such as “stupid,” “disgusting,” or “worthless”; getting angry in a way that is frightening to you; threatening to hurt you, people you care about, or pets; the abuser threatening to harm him/herself when upset with you.
- **Sexual Abuse** — unwanted touching or sexual advancements, forced sexual acts, rape.
- **Financial Exploitation** — stealing goods, services or money. Using a relationship or status to manipulate money from you, financial scams.
- **Neglect** — not eating food to the point of malnutrition, not taking prescribed medication to the point of mental health crisis or hospitalization, not managing necessary hygiene to the degree it threatens your health and wellbeing.

If any of these are not applicable to you, then they will mark, “not a concern”.

Thank you for taking the time to review this information bulletin.

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Individual Abuse Prevention Plan

Assisted Living- Developing the IAPP (pages 1-2)



Developing the Individual Abuse Prevention Plan (IAPP)

ASSISTED LIVING

All residents living in an Assisted Living are required to have an IAPP, even those considered, "housing only." Below are some suggested approaches providers can take when developing the IAPP with residents who may be concerned about the suggestion to participate in developing this plan.

Things to Keep in Mind

Let's talk about what we know about the diverse population of Minnesota Assisted Living residents.

- Some residents fear that completing an IAPP implies they are vulnerable or incapable. They may feel it contradicts their self-perception as independent and self-sufficient adults.
- Many residents are coping with significant transitions such as leaving behind long-term homes, treasured possessions, familiar routines, pets, or social networks. Grief and resistance are common parts of this adjustment process.
- Some residents move into Assisted Living not for their own needs, but to support a spouse who requires care. They may not see the relevance of the IAPP to their own life.
- Residents may be living with mental health conditions (diagnosed or undiagnosed) that impact their insight, communication, or willingness to engage. These conditions may also influence their reactions to questions about abuse, risk, or safety.

The importance of Language

Completing the IAPP is required, but how the designated facility staff engage each resident, identify possible risk areas, and develop a customized plan, can be the difference on whether the resident participates or answers the questions honestly.

No one wants to be described as vulnerable.

Avoid using words like vulnerable, risk, or abuse if you can. Focus on having conversations and asking questions that will get you to the same answers.

Avoid reading the questions on the form, or using language that most residents are going to interpret as meaning they are less independent, or able to care for themselves, etc.

Approach

Service providers are also encouraged to evaluate who in the facility is designated to develop the IAPP with new residents. Assigning this task to a trained and competent staff member who is able to take more time, advance new approaches, and provide some creative space in how the questions are asked will benefit the development of the IAPP. Discussions with AL providers who have historically designated nursing staff with this task have reported the IAPP getting completed along with nursing assessments. Additionally, by assigning this task to the admitting RN, the IAPP was likely completed in a short time period alongside other assessments, read word for word, and rushed due to the RN's existing work-load.

It is important that the person who will be completing the IAPP reviews any social and medical history related to the new resident prior to meeting with them to develop the IAPP. This will assist in knowing what kinds of questions to ask and where to steer the questions. Being open with the resident (unless records suggest otherwise) about having read through their history is a way to also steer the conversation if needed.

Other Considerations

When developing the IAPP in an assisted living setting, it is essential to consider that resident's living environment and the individuals who are regularly present. For example, does the resident share their living space with other residents, have frequent visitors such as family members, or receive ongoing care from staff or outside providers? It is also important to note whether the resident interacts with vulnerable populations within the facility such as other older adults with cognitive or physical impairments. You would adjust the below questions based on their living arrangements.

Example questions

Abuse by others

Q. What would you do if you felt unsafe?

Q. Do you have safe relationships in your life? How about unsafe? What does/would that look like?

Individual Abuse Prevention Plan

Assisted Living- Developing the IAPP (pages 3-4)

DEVELOPING THE INDIVIDUAL ABUSE PREVENTION PLAN

- Q. Is there anyone you are concerned about visiting you at your new home?
- Q. If you were at a store and a stranger wanted to use your phone or borrow money from you, what do you think you would do?
- Q. If you said no, and they start screaming at you and threatening you, what would you do?
- Q. Has anyone ever treated you like that before? What was that like?
- Q. Do you like to meet new people? How do you go about doing that? Are you dating? What does that look like?

Abusing others

- Q. Do you like to be around people, or do you mostly stay to yourself?
- Q. Have you ever been in a physical or verbal altercation? If yes, with who?
- Q. Do you get along with your family?
- Q. Can you tell me about some of your past relationships? Healthy relationships? Unhealthy?
- Q. Have you ever been in a fight? What did that look like?
- Q. Have you had roommates in the past? How did that go?
- Q. Ever lived in a communal space before? What did that look like and what were the challenges for you?
- Q. Do you ever have difficulty staying calm. Is that something you are working on?

Abuse to self

- Q. How do you plan to access the community? Q. How will you get around?
- Q. Do you have any concerns about being out in this area alone at night?
- Q. Have you ever gotten lost or hurt while out? Do you use your equipment?
- Q. What does it look like when you are not taking your medication, are there signs?
- Q. How do you manage your medications, have you ever taken too many or stopped taking your medications?
- Q. Do you feel like you are pretty good at knowing when you are having a hard time with your mental health, feeling sad or depressed? Have you ever thought of hurting yourself?

DEVELOPING THE INDIVIDUAL ABUSE PREVENTION PLAN

- Q. Do you feel confident managing your finances independently? Do you have someone you trust to help you with your financial decisions if needed? Are you aware of scams targeting older adults (asking for money, email scams)?
- Q. Do you feel you take good care of yourself? What do you think is important about that?
- Q. Do you eat regularly, bathe regularly? Are there any self-care areas that have been difficult for you in the past?
- Q. Do you have adequate access to food?

IAPP Revisions

The IAPP is an ever-evolving document that will need to be reviewed and revised by the team as incidents, a change in condition, or circumstances change for the resident. The team should continue to co-create the document with the resident as new vulnerabilities are identified and/or change, so the plan remains current to his/her needs.

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09/16/25

To obtain this information in a different format, call: 651-201-4200.



Individual Abuse Prevention Plan (IAPP) Home Care

Individual Abuse Prevention Plan Home Care-Storyboard

Health Regulation Division | SEPTEMBER 2025

Individual Abuse Prevention Plans (IAPP) in Home Care Developing an IAPP

Minnesota Statutes, sections 144G.42, subdivision 6(b); and 626.557, subdivision 14 require an IAPP be developed.

The plan must contain 1) individualized review or assessment of the person susceptible to abuse by another person, 2) the person's risk of abusing other vulnerable adults, and statements of the specific measures to be taken to minimize the risk of abuse, 3) including self-abuse.

- An IAPP is not considered a healthcare or nursing assessment.
- Examples of self-abuse
 - Resident has history of not taking anti-psychotic medications and is on civil commitment.
 - Resident has history of suicidal ideation and attempts to cut wrist with 3 hospitalizations.
 - Resident has a history of not showers/bathing, is frequently incontinent and has worsening pressure ulcers.

Who is required to have an IAPP?

All individuals served in home care.



When does an IAPP have to be completed or revised?

- Upon admission to services.
- When the client's risks/vulnerabilities change.
 - i.e., If a client was identified to have stopped taking their medications, which resulted in a mental health crisis and hospitalization, the client's IAPP should be revised to indicate the vulnerability (incident), and a plan should be developed to keep them safe from self-abuse.

Remember: The IAPP is not an assessment tool; rather, it is a required plan that outlines how the licensed assisted living provider will implement safeguards to help protect the resident from potential abuse, prevent the resident from abusing others, and minimize the risk of self-harm, within the provider's scope of services and environment of care.

Who can develop an IAPP with a resident?

There are no requirements for the personnel who develops an IAPP; this could be any personnel(s) the facility ensures is knowledgeable and competent to evaluate the resident's risk. The content of the plan is what is important.

Resources for IAPP Development:

[Welcome to your new services](#)

[Developing the IAPP Home Care Providers](#)

CONTACT

Minnesota Department of Health
651-201-4200

Individual Abuse Prevention Plan

Home Care-Welcome to your new services



Welcome to your new services!

What we want you to know.

Home Care laws in Minnesota require any person receiving home care services to have an Individual Abuse Prevention Plan (IAPP). We are required to ask you these questions as everyone who works at this home care agency is a mandated reporter of abuse, neglect, and exploitation. The resulting plans are meant to be supportive to you.

What is an IAPP?

This is a plan that will be developed by you and your provider. The plan is an important tool the provider will use to ensure you are safe from abuse, if that risk is identified. Developing the IAPP requires a candid conversation between you and the provider about your history, current and future risks, and how the provider can assist to protect you. The plan will be individualized based on your need.

What does an IAPP cover?

- **Physical Abuse** — hitting, punching, pushing, pinching, slapping, dragging.
- **Verbal Abuse** — humiliating you in front of others; calling you insulting names, such as “stupid,” “disgusting,” or “worthless”; getting angry in a way that is frightening to you; threatening to hurt you, people you care about, or pets; the abuser threatening to harm him/herself when upset with you.
- **Sexual Abuse** — unwanted touching or sexual advancements, forced sexual acts, rape.
- **Financial Exploitation** — stealing goods, services or money. Using a relationship or status to manipulate money from you, financial scams.
- **Neglect** — not eating food to the point of malnutrition, not taking prescribed medication to the point of mental health crisis or hospitalization, not managing necessary hygiene to the degree it threatens your health and wellbeing.

If any of these are not applicable to you, then they will mark, “not a concern”.

Thank you for taking the time to review this information bulletin.

Individual Abuse Prevention Plan

Home Care - Developing the IAPP (pages 1-2)



Developing the Individual Abuse Prevention Plan (IAPP)

HOME CARE PROVIDERS

All clients receiving services from a Home Care provider are required to have an IAPP. Below are some suggested approaches providers can take when developing the IAPP with clients who may be concerned about the suggestion to participate in developing this plan.

Things to Keep in Mind

Let's talk about what we know about the diverse population of Minnesotans that Home Care providers serve.

- Some clients fear that completing an IAPP implies they are vulnerable or incapable. They may feel it contradicts their self-perception as independent and self-sufficient adults.
- Some clients receiving Home Care not for their own needs, but to support a spouse who requires care. They may not see the relevance of the IAPP to their own life.
- Clients may be living with mental health conditions (diagnosed or undiagnosed) that impact their insight, communication, or willingness to engage. These conditions may also influence their reactions to questions about abuse, risk, or safety.

The importance of Language

Completing the IAPP is required, but how the designated staff (admissions or employee) engage each client, identify possible risk areas, and develop a customized plan, can be the difference on whether the client participates or answers the questions honestly.

Clients may not want to be described as vulnerable.

Avoid using words like "vulnerable, risk, or abuse" if you can. Focus on having conversations and asking questions that will get you to the same answers.

Avoid reading questions straight from the IAPP document, or using language that most clients are going to interpret as meaning they are less independent, or able to care for themselves, etc.

Start questions by asking, "How do you..., When you do..., what does it look like when... and, if someone did this..., how would you respond?"

If the client begins to go off topic and/or over share, use this to your advantage by asking other questions that may help you assess risk or get additional social history. The more you engage, the more trust you'll gain.

Approach

Service providers are also encouraged to evaluate who is designated to develop the IAPP with new clients. Look at your admissions process and ensure the tasks are assigned to a trained and competent staff member who can take more time to ask questions and develop a rapport with the individual which will benefit the development of the IAPP. Ideally the IAPP is not developed under time restraints or with a lot of other documents or assessments. This could lead to the client (and the staff) getting tired, short on time, and rushing the process.

It is important that the person who will be completing the IAPP reviews any social and medical history related to the new client prior to meeting with them to develop the IAPP. This will assist in knowing what kinds of questions to ask and where to steer the questions. Being open with the client (unless records suggest otherwise) about having read through their history is a way to also steer the conversation if needed.

Other Considerations

When developing the IAPP it will be important to consider what setting the client lives in (public housing, house/apt and the accessibility in their home, etc.). Additionally, consider who the client lives with and who else is regularly present (do they live with family, minors or other vulnerable adults?). You would adjust the below questions based on their living arrangements.

Example questions

Abuse by others

Q. What would you do if you felt unsafe?

Q. Do you have safe relationships in your life? How about unsafe? What does/would that look like?

Q. Is there anyone you are concerned about visiting you at your home?

Q. If you were at a store and a stranger wanted to use your phone or borrow money from you, what do you think you would do?

Q. If you said no, and they start screaming at you and threatening you, what would you do?

Q. Has anyone ever treated you like that before? What was that like?

Q. Do you like to meet new people? How do you go about doing that? Are you dating? What does that look like?

Abusing others

Individual Abuse Prevention Plan

Home Care- Developing the IAPP continue (page 3)

DEVELOPING THE INDIVIDUAL ABUSE PREVENTION PLAN

- Q. Do you like to be around people, or do you mostly stay to yourself?
- Q. Have you ever been in a physical or verbal altercation? If yes, with who?
- Q. Do you get along with your family?
- Q. Can you tell me about some of your past relationships? Healthy relationships? Unhealthy?
- Q. Have you ever been in a fight? What did that look like?
- Q. What are some things that can upset you? What do you do when you are upset?
- Q. Do you ever have difficulty staying calm. Is that something you are working on?

Abuse to self

- Q. How do you plan to access the community?
- Q. How will you get around?
- Q. Do you have any concerns about being out in this area alone at night?
- Q. Have you ever gotten lost or hurt while out? Do you use your equipment?
- Q. What does it look like when you are not taking your medication, are there signs?
- Q. How do you manage your medications, have you ever taken too many or stopped taking your medications?
- Q. Do you feel like you are pretty good at knowing when you are having a hard time with your mental health, feeling sad or depressed? Have you ever thought of hurting yourself?
- Q. Do you feel confident managing your finances independently? Do you have someone you trust to help you with your financial decisions if needed? Are you aware of scams targeting older adults (asking for money, email scams)?
- Q. Do you feel you take good care of yourself? What do you think is important about that?
- Q. Do you eat regularly, bathe regularly? Are there any self-care areas that have been difficult for you in the past?
- Q. Do you have adequate access to food?

IAPP Revisions

The IAPP is an ever-evolving document that will need to be reviewed and revised by the team as incidents, a change in condition, or circumstances change for the client. The team should

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DEVELOPING THE INDIVIDUAL ABUSE PREVENTION PLAN

continue to co-create the document with the client as new vulnerabilities are identified and/or change, so the plan remains current to his/her needs.

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IAPP Assisted Living

Storyboard

- [English](#)
- [Hmong](#)
- [Spanish](#)
- [Somali](#)

Welcome to your new services

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- [Hmong](#)
- [Spanish](#)
- [Somali](#)

Developing the IAPP

- [English](#)
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IAPP Home Care

Storyboard

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Developing the IAPP

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Questions & Answers

IAPP Webinar – Post-Presentation Survey

Thank You!

**Use the QR Code to access a
quick survey for today's session.**

Your honest feedback is
appreciated!



Thank You!

If you have any questions, please contact Catherine Lloyd at
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If you have any questions, specifically to outreach or today's webinar,
please contact Liachia Thao at
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