

# Marshall County Group Homes, Inc.

## SINGLE DATED SIGNATURE PAGE

Name: *Dylan Nicholls*

Date: 3/4/24

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 meeting (for 245D Intensive support)
<input type="checkbox"/> 60-day meeting (for 245D Basic support)	<input type="checkbox"/> Quarterly progress report review meeting	<input checked="" type="checkbox"/> Semi-annual progress report review meeting
<input type="checkbox"/> Annual meeting	<input type="checkbox"/> Special support team meeting	<input type="checkbox"/> Other: Semi-Annual Report

\*Orientation the policies were received within 24 hours or admission or 72 hours for persons who would benefit from a later orientation.

Today, as support team members, we reviewed the following documents and copies were provides as requested:

<input type="checkbox"/> Self-Management Assessment (SMA)	<input type="checkbox"/> Individual Abuse Prevention Plan (IAPP)	<input type="checkbox"/> SP Addendum
<input type="checkbox"/> Service Outcomes and Behavior Outcome (if applicable)	<input type="checkbox"/> Progress Report with Recommendations	<input checked="" type="checkbox"/> Meeting Minutes with Attendance Notes
<input type="checkbox"/> VA Maltreatment Reporting and Internal Review Policy	<input type="checkbox"/> Maltreatment of Minors (if applicable)	<input type="checkbox"/> Residency Agreement signed and Consumer Rights
<input type="checkbox"/> Emergency use of Manual Restraints Policy	<input type="checkbox"/> Drug and Alcohol Policy	<input type="checkbox"/> Service Suspension/Termination Policy
<input type="checkbox"/> Data Privacy/HIPPA Policy	<input type="checkbox"/> Authorization for Medication & Treatment Authorization	<input type="checkbox"/> Authorization to Act in an Emergency
<input checked="" type="checkbox"/> Funds and Property Authorization	<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:

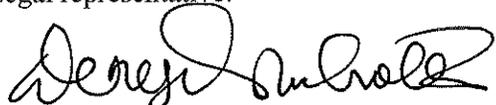
Per MN Statutes, section 245D.071, subdivision 4, (c), within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and the addendum must be submitted to and dated signatures obtained dated by the person served and/or legal representative 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 *Coordinated Service 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.

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\* By signing below, I am indicating the completion and approval of Coordinated Service and Support Plan Addendum, Self-Management assessment, and Individual Abuse Prevention Plan.

## SIGNATURE PAGE

SIGNATURES	Title / Agency	DATE
Person served: 		Date: 3-4-24
Legal representative: 	Mother/guardian	Date: 3-4-24
Case manager: Katie Benson	Case manager/MCSS	Date: 3-4-24
RPS MCGH: 	RPS, MCGH	Date: 3/4/24
DCC MCGH:		Date:
ODC: 	Day Service Supervisor	Date: 3/4/24
Nurse:		Date:
Other support team member:		Date:
Other support team member:		Date:
Other support team member:		Date:

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## SERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: *Dylan Nicholls*

Service plan review meeting date: *03/04/2024*

Time: *12:30p*

Type of service plan review meeting (i.e. annual): *Annual Meeting*

Location of meeting: *ODC*

The purpose of this meeting is to provide an opportunity for support team or expanded support team members to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes. This meeting is also intended to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress towards accomplishing outcomes, or other information provided by the team.

**A Review of Technology needs for the individual served:** *Dylan has a personal cell phone and a calculator. He will send text messages to his mother.*

**A review of the person's service and support outcomes occurred and the following determinations regarding those outcomes were made:**

*Outcome #1: Dylan will choose places in the community where he can do volunteer work, with assistance from staff, at least 1x/week for six consecutive months. **More data is needed on this outcome. It is recommended that staff document weekly that Dylan has discussed volunteer options within his community by reviewing the local newspaper, church bulletin or community bulletin board at the Argyle Mall.***

**Changes needed to the Coordinated Service and Support Plan Addendum, Self-Management Assessment, or other document in the service plan, include, if any:** *No changes were made to any of Dylan's plans during his Semi-Annual Meeting.*

**Discussion regarding person-centered program planning:**

**What are the opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences?** *Dylan is offered the choice to participate in community outings with his housemates and when he attends the ODC, Inc. His residential home provides leisure activities he enjoys, such as: diamond art projects, playing the piano, playing UNO. Dylan's parents are very involved with him and engage in activities on weekends when he is at their home.*

**What are the opportunities for community access, participation, and inclusion in preferred community activities?** *Dylan attends the Warren ODC Mon, Wed and Fri; he delivers Meals-On-Wheels 2 days/week; he plays piano monthly for the Argyle Senior Citizens and at the North Valley Health Center in Warren x2/month. Dylan spends weekends with his family and they are very involved in family activities and attend church weekly. Dylan's mother takes him to MCSS x2/month to shred papers – this is something that Dylan enjoys doing very much.*

**What are the opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community?** *Dylan has a cell phone and he will send his mother text messages; he is encouraged to participate in planned outings with his housemates.*

**What are the opportunities to seek competitive employment and work at competitively paying jobs in the community?** *Dylan does not express any desire to work in the community.*

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**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**: *Due to Dylan's cognitive level, he would be at safety risk to live without supervision. Dylan is under a 24 hour plan of care due to his seizure diagnosis and his cognitive level.*

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**: *At this time, Dylan is happy with his balance between the day services he receives and the bit of community jobs and volunteering. Describe any further research or education that must be completed before a decision regarding this transition can be made:*

*If there were additional community employment and job coaches available, Dylan would be interested in working more at North Star Manor.*

## **Other meeting discussion notes:**

**Health:** *Dylan's weight has been stable this past year. He has not had a seizure for many months. Denese, his mother, stated that he can ride his bike around town again, with staff, and always wearing a helmet. He had been only riding in the group home parking lot and bus garage lot across the street, due to having seizures. Denese, his mother, asked for a report of Dylan's blood pressure readings so she can share them with his PCP. (Cindy to email to her).*

**MCGH Report:** *Dylan continues to be very busy during the week delivering Meals-on-Wheels, playing piano at the Argyle Senior Center and North Valley Health Center, shredding paper for MCSS with his mother, attending the ODC 3 days/week. Dylan has been filling water pitchers at North Star Manor two times weekly with staff. Carol, DCC reported that Dylan is playing his keyboard daily in his room – sometimes with prompts from staff and sometimes on his own initiative. He enjoys doing crafts and activities with his housemates, except baking!*

**ODC Report:** *Dylan attends the ODC M, W, F. Most days he is at the ODC, he plays piano for his peers. Lacey reported that the ODC is trying to increase staffing and that Dylan may be able to work at North Star Manor 3 days/week (M,W,F)*

**Annual Meeting is scheduled for September 16, 2024, 12:15p at the ODC.**



Marshall County Group Homes, Inc.

### Programmatic Report (Bar Graph)

Status: Saved

Entered By: Cindy Gratzek, RPC on 03/04/2024 10:20 AM

#### Report Type : Programmatic

Report Description	Semi-Annual	Review Period	Month
Individual Name	Dylan Nicholls,	Time Zone	US/Central
Date Range	10/01/2023 - 03/04/2024		

#### Generated Report

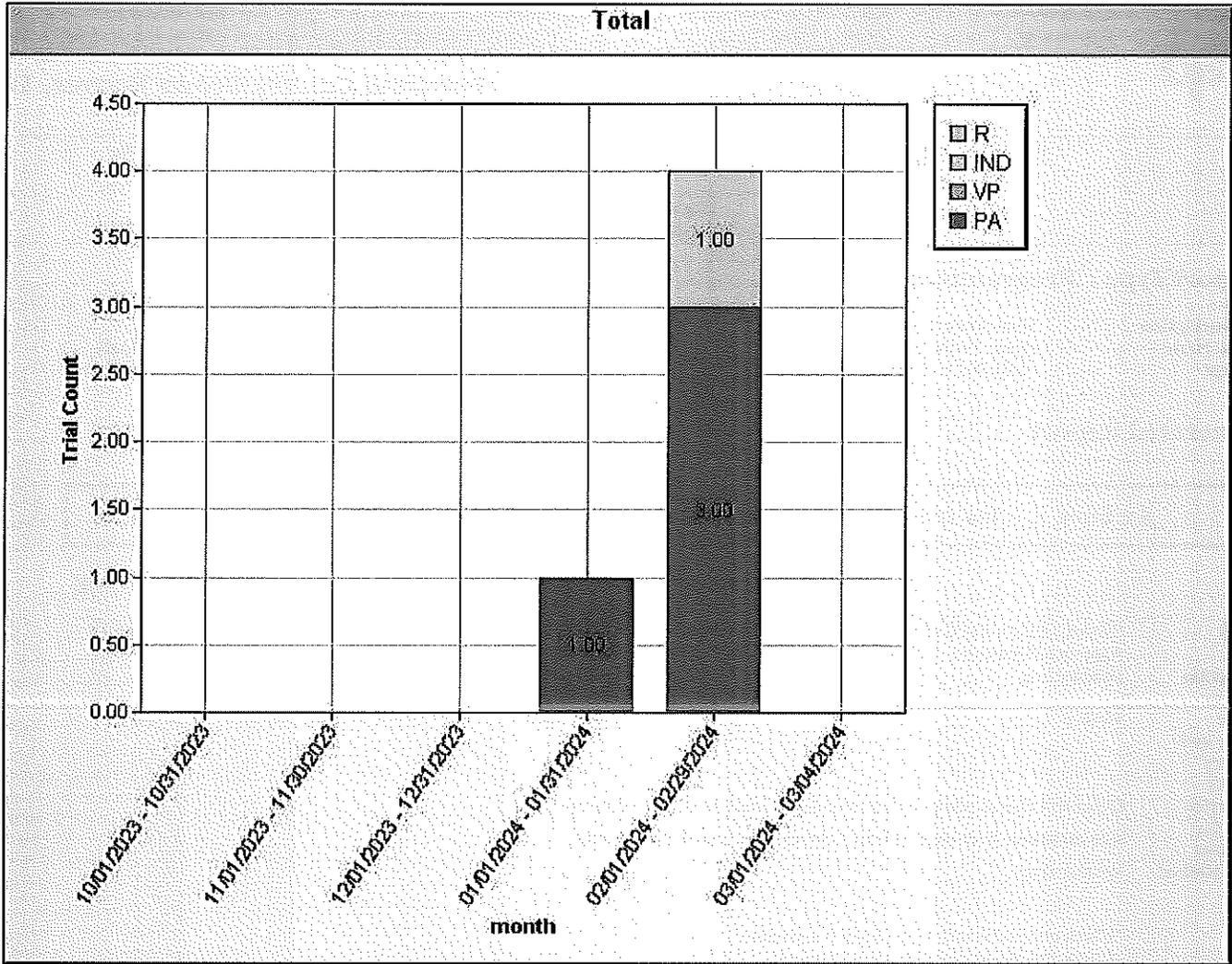
S = Score, C = Trial Count, DB = Deviation from Baseline Score, DP = Deviation from Previous Score

#### Volunteering

Form ID	ISP-MCGHMN-MEW4P5HZJ4VJL
Status	Approved (Dynamic)
ISP Program	Volunteering
Frequency	1
Schedule	Weekly
Schedule and Frequency	
Comment	
Goal/Service	Dylan will choose places in the community where he can do volunteer work,
Criteria for Completion	with assistance from staff, at least 1x/week for 6 consecutive months.
Scoring Method	Volunteering

Score(s)	
PA	Client completed task with physical assistance
VP	Client completed task with verbal prompts
IND	Client completed task independently
R	Client refused to work on outcome

**Task(s)**  
**Volunteering** A. Dylan , with staff assistance, will utilize the local newspapers, community businesses and organizations to identify places he would like to volunteer. B. When Dylan expresses an interest in volunteering for a business/organization, staff will contact the business/organization to ask if there is an opportunity for Dylan to volunteer for them. C. Dylan, Staff and the busniess/organization will discuss what Dylan would like to do and set a date and time to volunteer his services. D. Staff will accompanny Dylan when he volunteers due to his vulnerability.



**Progress Towards Outcome**

Progress Towards Outcome Needs more Data

**Comments/Recommendations**

Commented / Recommended By	Comments / Recommendations
Name: Cindy Gratzek Title: RPC Date: 03/04/2024 10:20 AM	<b>Comments</b> Dylan will choose places in the community where he can do volunteer work, with assistance from staff, at least 1x/week for 6 consecutive months. Dylan is happy with the volunteering he currently is doing at NVHC, Senior Center in Argyle, Argyle Grocers and Home Delivered Meals. No further volunteer options/ideas have been pursued as of this date.
	<b>Recommendations</b> Recommend that staff document weekly that Dylan has discussed volunteer options within his community by reviewing the local newspaper, church bulletin or community bulletin board at the Argyle Mall.