

CORRIE PENN's Support Plan

Created: February 21, 2024
For: CORRIE PENN

Person Information

Person's Name CORRIE PENN's Support Plan	Preferred Name --
Primary Phone 2187454136	Primary Email --
Date of Birth 09/13/1974	
Primary Language English	

Overview

Effective Date Range

Start Date 04/01/2024	End Date 03/31/2025
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Program
Community Access for Disability Inclusion (CADI) Waiver

About Plan

Budget Information

Average Monthly Budget
\$ 10,052.37

About Me

What do I want my life to look like

Who I am and what is important to me

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Corrie Penn is a 49-year-old man living in a group home in Argyle, MN. Corrie enjoys being around people, holding hands, and being part of the action. He also enjoys going on walks and car rides, looking out the window, and moving around his environment in his wheelchair. It is important to Corrie to be involved as much as possible and to spend time with his Aunt and guardian, Cindy. It is also important to Corrie to be offered choices whenever possible. Corrie's daily routine consists of waking up, having someone assist him in getting dressed, and eating breakfast. During the day he likes to interact with his housemates and caregivers. He loves to look out the window and watch cars go by. Corrie also has frequent time that he spends sitting on the floor and moving around outside his chair, and also several times during the day that caregivers help him with walking. Corrie prefers to be given the choice of when to go to bed, but it is typically around 8PM each night.

What I want my life to look like

Family is very important to Corrie. His Aunt states that he likes one-on-one attention and enjoys meeting new people. He also enjoys spending time at Florian State Park. His Aunt would like Corrie to continue to be healthy and stay active. It is important to his Aunt that he stay above 100lbs in weight.

My Community Life

Corrie lives in Cedar South group home in Argyle, MN. He spends time with his housemates and caregivers. Corrie enjoys going for car rides, looking out the window, and going shopping at places like Wal-Mart. He can become anxious if he is in a crowded setting. Those working with him are mindful of this. He also enjoys spending time with his Aunt Cindy, either going for visits to her home or spending time with family at Florian State Park during summer months.

My Work Life

Corrie is not currently working at this time. He has attended the Warren ODC in the past, but his guardian has requested that he not continue at this time. His guardian feels that he able to have more enrichment at the group home than at the ODC currently.

My Choice about Work

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Not working; not interested in working

My Goals

1 Corrie will continue to be active in his community.



Target Date
Feb 28, 2026

My Action Items

1. Name

Corrie will spend time with his Aunt and family regularly such as visiting her home and spending time at Florian Park.

Description

Others will support Corrie in providing transportation as needed (either MCGH or his Aunt), and coordinating visits.

2. Name

Corrie will spend time in the community at minimum 1x per month.

Description

Caregivers will support Corrie in this goal by planning and transporting Corrie to the outing. They will include Corrie in choices as much as possible. Caregivers will also monitor watch Corrie during the outing for signs of anxiety and

2 Corrie will have his health needs met.

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Target Date
Mar 31, 2026

My Action Items

1. Name

Corrie will attend all appointments as scheduled.

Description

MCGH staff will provide transportation to all appointments or coordinate with Corrie's guardian if she would prefer to bring him. Caregivers will communicate with providers regularly regarding Corrie's health and concerns there may be as Corrie is unable to express these concerns himself.

My Supports

Services and Supports

Service Type

Services that support me

Start Date
04/01/2024

End Date
03/31/2025

Service Name
Case Management, 15 Minute

Procedure Code
T1016

Modifiers
UC, --, --, --

Provider Name
MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)
A000045100

Contact Information
Cassi Hermanson (218) 745-5124

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Units
144.00
Rate
\$ 24.47
Average Monthly Cost
\$ 293.64

Status
Change
Area of Need
Meaningful activities
Psychosocial health
Self-preservation

Frequency
Other
Other
Estimated time 3 hours per month

Support Instructions
Semi-annual face-to-face visits at a minimum. Case manager will implement, coordinate, and monitor services and support plan. Case management time for Corrie is estimated to be three hours per month.

Goals
Corrie will continue to be active in his community.
Corrie will have his health needs met.

Service Type
Services that support me

Start Date
04/01/2024
End Date
03/31/2025

CORRIE PENN

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Service Name
**Case Management Aid (Paraprofessional),
15 Minute**

Procedure Code
T1016
Modifiers
TF, UC, --, --

Provider Name
MARSHALL COUNTY SOCIAL SERVICES
Provider Identification Number (NPI/UMPI)
A000045100

Contact Information
Lisa Silanpaa (218) 745-5124

Units
48.00

Rate
\$ 9.39

Average Monthly Cost
\$ 37.56

Status
Add

Area of Need
Household management

Frequency
Other

Other
Estimated 1 hour per month

Support Instructions
Money management services, estimated time 1 hour per month

Goals
Corrie will continue to be active in his community.

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Service Type

Services that support me

Start Date
04/01/2024

End Date
03/31/2025

Service Name
**Community Residential Services, Adult,
Daily**

Procedure Code
S5140

Modifiers
UC, U9, --, --

Provider Name
MARSHALL COUNTY GROUP HOMES INC

Provider Identification Number (NPI/UMPI)
A895217500

Units
365.00

Rate
\$ 319.60

Average Monthly Cost
\$ 9,721.17

Status
Change

- Area of Need
- Eating and meal preparation**
- Health Interventions**
- Household management**
- Meaningful activities**
- Memory and cognition**
- Movement**
- Personal Cares**

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Frequency
Other

Other
Daily

Support Instructions
Test

Goals
**Corrie will continue to be active in his community.
Corrie will have his health needs met.**

Rate Inputs

Residential Address

Street Number
601

Street Name
Cedar Ave

City
Argyle

Zip Code
56713

Average Shared Direct Care Staff Hours Per Day

Daytime Hours:
38.43

Overnight Hours:
5.00

Number of Residents
5

Does the person need awake overnight staff?
Yes

Number of Residents Who Need Awake Overnight Shared Staff
2

Remote Awake Hours:
0.00

Number of Residents Monitored Remotely
0

Average Individual Direct Care Staff Hours Per Day

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Daytime Hours: 0.00	Overnight Hours: 0.00
Licensed Practical Nurse (LPN) Assessment/Treatment 0.09	Registered Nurse (RN) Assessment/Treatment 0.09
Remote Awake Hours: 0.00	
Other	
Transportation Adapted vehicle with lift	Customization No customization
Rates Notes --	
Non-Framework Rate Information	
Unit rate	Non-framework reason type --
REQUIRED: Explanation and calculation details for non-framework rate --	
Rate Information	
Framework Unit Rate \$ 319.60	Final Unit Rate \$ 319.60
Final Rate Details Framework rate	Total Cost \$ 116,654.00

Overall Cost of Services

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Total Cost Of Authorized Services
\$ 120,628.40

Safety and Well-being

My Plan To Address Safety Needs

Need(s) I will address

Communication

Learning

Work/school

My plan to address needs

Corrie's assessed needs will be met by services through Marshall County Group Homes. Supported employment/day services was offered to Corrie and his guardian through the ODC. At this time, Corrie's guardian requests that he not participate in this due to feeling that he is involved in more meaningful activities while with MCGH staff.

Corrie participated in the development of this plan and he has a choice in goals, services, providers, meeting location, meeting time, meeting participants, meeting agenda, living arrangements, employment options, daily routines, and daily activities.

My Backup Plan

Corrie is under the supervision and care of Marshall County Group Homes 24 hours per day. Marshall County Group Homes has a policy in place to ensure Corrie's needs are met during unforeseen events. They will follow the steps in this plan and contact guardian as appropriate. If Corrie has an emergency health event while in the care of Marshall County Group Homes, Corrie's preference would be to be admitted to North Valley Health Center in Warren, and notify Cindy, Corrie's guardian.

Support Plan Signature Sheet

Effective Date Range

04/01/2024 - 03/31/2025

Person

This document confirms I:

- Received required information
- Participated in the development of my plan
- Was given choices about the services I will receive from programs provided through the Minnesota Department of Human Services

Materials shared

Data privacy practices, that explain my right to confidentiality (DHS-4839E or agency's form)

Yes

Minnesota Health Care Programs, DHS-3182

Yes

My right to appeal (DHS-1941, or agency's form)

Yes

Other information

--

I was given a choice between receiving services in the community or in an institution.

Yes

I was able to invite who I wanted to come to my planning meeting.

Yes

I participated in developing my plan for receiving services.

Yes

I was given choices of different types of services, housing and employment support that could meet my assessed needs as indicated in my assessment and through discussion with my case manager.

Yes

I was offered a choice of all available services, supports and providers.

Yes

I agree with the services, supports and providers indicated in my plan.

Yes

I understand if I do not agree with any part of my written support plan, I can call my case manager, assessor or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.

Yes

I understand my case manager, assessor or care coordinator will send this signature page to me with my written plan.

Yes

Comments

--

I can call the following number if I am unable to reach my case manager/care coordinator.
218-745-5124**Signatures****My Signature**

My signature and responses on this form indicate:

- I received the information mentioned above.
- I know about the choices I have.
- I agree to the delivery of services as developed with my case manager, care coordinator and/or certified assessor.

The provider(s) listed in this plan can share a written report about my care needs with my case manager and/or certified assessor if I give the provider(s) my permission.

My Signature

WrittenDate Plan Sent to Me
03/22/2024

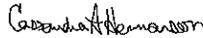
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People – I would like my plan shared with the following people

Case Manager/Care Coordinator

E-Signature



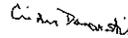
Date Signed

02/28/2024

Legal and Other Person's Signature

Other Person's Signature

E-Signature



Name

Cindy Donarski

Date Signed

03/04/2024

Relationship

Guardian

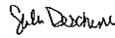
Providers - I would like my plan shared with the following provider(s)

Provider's Name

MARSHALL COUNTY GROUP HOMES INC

Provider's Signature

E-Signature



Date Signature Requested

03/05/2024

Signature Obtained

Yes, Attached

Provider acknowledgements

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Provider(s) signatures indicate the provider(s) who sign:

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the case manager or certified assessor about recommendations for the person's care needs for future assessments. (NOTE: The provider should submit the report at least 60 days before the end of the person's current service agreement so the information can be considered at the person's reassessment.)

Date Signed

3/5/2024

Provider Agency

Sabrina Deschene

