

DEBRA HANGSLEBEN's Support Plan

Created: May 14, 2024
For: DEBRA HANGSLEBEN

Person Information

Person's Name	Preferred Name
DEBRA HANGSLEBEN's Support Plan	--
Primary Phone	Primary Email
2187457605	--
Date of Birth	
05/07/1958	
Primary Language	
English	

Overview

Effective Date Range

Start Date	End Date
05/01/2024	04/30/2025

Program

Community Access for Disability Inclusion (CADI) Waiver

About Plan

Budget Information

Average Monthly Budget
\$ 2,522.64

About Me

What do I want my life to look like

Who I am and what is important to me

Deb is a very personable person who enjoys being out in the community and spending time with people in her apartment building. Deb wants people to know that she is very friendly and willing to have a conversation with anyone if given the opportunity. Deb is very focused on remaining in her apartment and being there as independent as possible. She has lived in the same unit for many years, and after a health scare, she has realized that being in the community is a very important thing to her. Deb enjoys visiting with friends, being outside, going shopping, and spending time in the common area of the apartment building. Deb is a very organized individual and is always willing to work with her team to make sure that her needs are being taken care of. Deb is willing to discuss her care and also inform the team when she feels that she needs something to keep her safe and independent. Her health and overall care is very important to her and she is always willing to use the services designed for this.

What I want my life to look like

Deb stated that she likes her life right now and that her current days are exactly what she wants her life to look like. Deb gets up in the morning and has breakfast. After this she will head down to the common area to see if anyone is having coffee. Then she goes outside to have a cigarette and enjoy the fresh air. After this, she will usually return to her apartment to do a few things and then settle in to watch some TV. Deb takes care of her own cooking and usually has lunch, after lunch she will usually have a quick nap. After her nap, Deb will go out for a cigarette and spend some time in the common area. During the day she will also have providers come in to help her, such as in home and chore services. Deb gets three showers/week which she is grateful for and also helps keep her apartment clean and organized with staff. Deb appreciates that she can have in home take her to/from her appointments, as they usually get some shopping done as well go out to her favorite restaurant, Culvers. She enjoys the butter burgers there, which she usually always orders.

My Community Life

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Deb lives in an apartment building called the Landmark in Warren, MN. She has lived in this building for quite a few years. Deb's apartment is a one bedroom, handicap accessible apartment which suits her physical ability well. The shower is completely walk in where she has a shower chair and rails to use. She also gets assistance from an individual for her showers. Her toilet also has the necessary rails and is a high toilet making it much easier for her to get on and off. Deb has a nice sized living room and kitchen that she enjoys as well. Deb is very involved within the "community" of her apartment building. She spends a lot of time in the common area and outside of the apartment where she socializes and smokes cigarettes. Deb is well know in the apartment and knows most other residents. Staff at the apartment enjoy her company and have been very good with helping Deb when need be. She knows the maintenance man well and he has been able to help her with a few things when they occur. Deb has services to help her get out in the community and these services take her grocery shopping on a regular basis. These services also bring her to/from her appointments. Deb enjoys getting out in the community and doing some things, with her favorite being lunch at Culver's. The community does offer a small variety of volunteer possibilities, but Deb is not interested in these at this time.

My Work Life

Deb does not work and has been retired for a few years. Deb has a history of work but hasn't worked a lot in the past 10 years due to her disability and poor physical stamina. The last job Deb had was the Warren ODC where she helped in the thrift store. She also worked some manual labor jobs, but these were decades ago when she was younger and more able to handle physical labor.

My Choice about Work

Not working; not interested in working

My Goals

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1 Deb will use her walker while walking, as she can be unsteady in her balance while not using it.



Target Date
Apr 30, 2024

My Action Items

1. Name

Deb

Description

Deb will make sure that she cooperates with support staff that have been arranged to help her with her tasks within her apartment. She will utilize the services necessary to keep her independent in her apartment, and will also communicate with staff and case manager to make sure the services she receives are adequate. Deb will work with staff to arrange her appointments and med refills, and she will take her meds as prescribed. She will have a clearly labeled pill box that will be on her kitchen table.

2 Deb will work with her support staff to keep her health and maintain her independent lifestyle within her own apartment.



Target Date
Apr 30, 2025

My Action Items

1. Name

DEBRA HANGSLEBEN's Support Plan

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Deb

Description

Deb will make sure that she cooperates with support staff that have been arranged to help her with her tasks within her apartment. She will utilize the services necessary to keep her independent in her apartment, and will also communicate with staff and case manager to make sure the services she receives are adequate. Deb will work with staff to arrange her appointments and med refills, and she will take her meds as prescribed. She will have a clearly labeled pill box that will be on her kitchen table.

2. Name

MCGH

Description

MCGH staff will provide the necessary in-home services to make sure that Deb is living well, health, and safely in her own apartment. They will provide the necessary staff and guidance to help her with her ADL/IADL activities while also helping with hygiene and med compliance. MCGH staff will also transport her to/from appointments as necessary.

3 Deb will arrange with staff to get transportation to visit her parent's gravesite at least annually.



Target Date
Jun 1, 2024

My Action Items

1. Name

Deb

Description

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Deb will make sure that she cooperates with support staff that have been arranged to help her with her tasks within her apartment. She will utilize the services necessary to keep her independent in her apartment, and will also communicate with staff and case manager to make sure the services she receives are adequate. Deb will work with staff to arrange her appointments and med refills, and she will take her meds as prescribed. She will have a clearly labeled pill box that will be on her kitchen table.

2. Name

Case Manager

Description

Case manager will implement the support plan and make referrals for services as needed and will monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case manager will review plan with individual at least twice a year and will update the plan as needed.

3. Name

MCGH

Description

MCGH staff will provide the necessary in-home services to make sure that Deb is living well, health, and safely in her own apartment. They will provide the necessary staff and guidance to help her with her ADL/IADL activities while also helping with hygiene and med compliance. MCGH staff will also transport her to/from appointments as necessary.

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My Supports

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Services and Supports

Service Type

Services that support me

Start Date

05/01/2024

End Date

04/30/2025

Service Name

**Individualized Home Supports with
Training, 1:1 Ratio, 15 Minute**

Procedure Code

H2014

Modifiers

UC, U3, --, --

Provider Name

MARSHALL COUNTY GROUP HOMES INC

Provider Identification Number (NPI/UMPI)

A895217500

Contact Information

Marshall County Group Homes - 218-437-6695

Units

2,080.00

Rate

\$ 12.23

Average Monthly Cost

\$ 2,119.87

Status

No change

Area of Need

--

Frequency

Weekly

Support Instructions

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In-home will help provide care to Deb to keep her in her own apartment in an independent manner. In-home will help with ADL/IADL cares, med management, med compliance, appointment transportation, and community involvement.

Goals

Deb will work with her support staff to keep her health and maintain her independent lifestyle within her own apartment.

Rate Inputs

Other	
Customization No customization	
Rate 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 \$ 12.23	Final Unit Rate \$ 12.23
Final Rate Details Framework rate	Total Cost \$ 25,438.40

Service Type

Services that support me

Start Date
05/01/2024

End Date
04/30/2025

DEBRA HANGSLEBEN's Support Plan

Created: May 14, 2024
For: DEBRA HANGSLEBEN

Service Name

Chore Services, 15 Minute

Procedure Code

S5120

Modifiers

--, --, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Contact Information

Marshall County Social Services - 218-745-5124

Units

624.00

Rate

\$ 4.32

Average Monthly Cost

\$ 224.64

Status

No change

Area of Need

--

Frequency

Weekly

Support Instructions

Provide necessary ADL/IADL assistance

Goals

Deb will work with her support staff to keep her health and maintain her independent lifestyle within her own apartment.

Service Type

DEBRA HANGSLEBEN's Support Plan

Created: May 14, 2024
For: DEBRA HANGSLEBEN

Services that support me

Start Date
05/01/2024

End Date
04/30/2025

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
Marshall County Social Services
Nick Safranski - Case manager
218-745-5124

Units
80.00

Rate
\$ 24.47

Average Monthly Cost
\$ 163.13

Status
No change

Area of Need
--

Frequency
Other

Other
As Needed

Support Instructions

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Case manager will assist Deb with getting the necessary services through her CADI waiver

Goals

Deb will work with her support staff to keep her health and maintain her independent lifestyle within her own apartment.

Service Type

Services that support me

Start Date

05/01/2024

End Date

04/30/2025

Service Name

PERS Monthly Service Fee

Procedure Code

S5161

Modifiers

--, --, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Contact Information

Marshall County Social Services 218-745-5124

Units

12.00

Rate

\$ 15.00

Average Monthly Cost

\$ 15.00

Status

--

Area of Need

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--

Frequency

Daily

Support Instructions

Deb will utilize her lifeline and this will be something that she can wear and have on her in case she falls and needs assistance.

Goals

Deb will use her walker while walking, as she can be unsteady in her balance while not using it.

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Overall Cost of Services

Total Cost Of Authorized Services
\$ 30,271.68

Safety and Well-being

My Plan To Address Safety Needs

Need(s) I will address

All areas of need have been addressed

My Backup Plan

Deb is able to maintain and take care of situations that would be classified as unforeseen events. She understands that when inclement weather is coming that she needs to take shelter, and follow all protocols/guidelines that the apartment building has in place for this. Deb is able to use her phone and is able to contact the appropriate people during a situation where she may need help.

Support Plan Signature Sheet

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Effective Date Range

05/01/2024 - 04/30/2025

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

CADI Brochure

Checklist

MA Information

Summary of services available in Marshall County

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

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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

Case manager will meet with Deb at least semi-annually to make sure that her plan is up to date and to make any changes to it over a 6 month period.

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

Signatures

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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

Written

Date Signed
04/11/2024

Date Plan Sent to Me
05/06/2024

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

Case Manager/Care Coordinator

Written

Date Signed
04/11/2024

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

No signature records available.