

Marshall County Group Homes, Inc.

SERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: *Ariel Wick*

Service plan review meeting date: *August 22, 2024*

Time: *9am*

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

Location of meeting: *Marshall County Group Home Office*

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: *Ariel wears prescription eyeglasses and has a Vagal Nerve Stimulator (VNS) implanted for seizures. She has a cell phone and is prescribed a CPAP Machine (but states she does not wear it).*

A review of the person's service and support outcomes occurred and the following determinations regarding those outcomes were made: *One outcome will focus on learning leisure interests in the community by participating in an outing of her choice one time monthly. The second outcome to explore leisure interests she can learn and do at home, will be discontinued as Ariel is working on crafts/baking and other leisure interests on her own at home.*

Changes needed to the Coordinated Service and Support Plan Addendum, Self-Management Assessment, or other document in the service plan, include, if any:

Ariel's mother provided an updated list of medications for Ariel. See attachment for list of medications. IAPP updates: Sexual Abuse - Due to her cognitive limitations, it is known that Ariel does not have a complete understanding of sexuality as she will state that she is pregnant but relates to her mother that she has not had sex and whether she would report sexual abuse. Physical Abuse - Ariel has been physically aggressive to her family members in May, June and July and was hospitalized four times in a Psychiatric Unit during these months. Law Enforcement has also been called to Ariel's family home when she was physically aggressive. Since the last hospitalization, guanfacine was added to her medications and there has been no physical aggression since. SMA Updates: Personal Safety - Ariel reported that she wearing her CPAP machine but not when she stays overnight at her Aunt Rachel's. Self-Management of Symptoms or Behaviors – see physical abuse statement above from IAPP. Ariel has not participated in any in-home outings in the past 6 months due to her physical aggression at home, hospitalizations and per her parents request. Since being prescribed Guanfacine, Ariel has not had any behavioral outbursts or physical aggression. She also has a prescribed and PRN dose of Olanzapine for agitation/aggression. CSSP Updates: Ariel's outcome focusing on leisure interests at home has been discontinued. Ariel's Seizure Protocol will be updated in September 2024 when she sees Dr. Heidi Currier, MN Epilepsy Group; Ariel has had changes to her prescribed medications – Risperidone was discontinued and Guanfacine was started; Hydroxyzine was discontinued and Olanzapine was started. List of Providers was updated.

Discussion regarding person-centered program planning:

What are the opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences? *Ariel is a student at Warren Alvarado Oslo High School in Warren where she is enrolled in streamlined and special education courses. She participates in socialization outings with the IHS Program and is involved with many activities with her family members.*

What are the opportunities for community access, participation, and inclusion in preferred community activities? *Ariel is free to choose which planned IHS outings she would like to participate in in the community such as bowling, going to a movie, going out to eat, watching county parades, going to the public library, swimming at a local pool, etc.*

What are the opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community? *Ariel is encouraged to interact with other IHS participants that are her age while on planned*

Marshall County Group Homes, Inc.

community outings.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?
Ariel is a 10th grader at WAO School starting this fall.

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:** *N/A Ariel lives with her parents in a home in Stephen, MN.*

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:**
Describe any further research or education that must be completed before a decision regarding this transition can be made: *Ariel is in 10th grade at Warren Alvarado Oslo High School.*

Other meeting discussion notes:

Health: *Ariel's mother provided an updated medication list as of 8/21/24 (see attached). Ariel's mother reported that Ariel has not had a seizure in the past few months and felt she was at a good place with her medications now. She has an appointment with Dr. Heidi Currier at the MN Epilepsy Group Center in September 2024. Ariel's mother will provide MCGH with an updated and signed seizure protocol following the appt. Ariel has been hospitalized four times and had 10+ mental health crisis Emergency Room visits this summer due to physical aggression towards her family. Ariel's mother reports that since Ariel was started on Guanfacine again there have been no episodes of aggression. She is seeing Dr. Mooney, Therapist x1/week. Ariel stated she is wearing her CPAP machine nightly, unless she is staying with her Aunt Rachel.*

IHS: *Ariel has not had any outings this review period due to her mental health and per parents request. Ariel's mother stated that she will send any medications with IHS Staff that Ariel is prescribed, when IHS is providing services during the prescription administration time. Also, the Diazepam and Olanzapine will be sent. IHS staff have a magnet for her VNS to use in the event Ariel has a seizure.*

School: *Ariel will be a sophomore this year. She said she likes homework and especially likes Science class. There is a new Special Education teacher, Brittany Dietz. Ariel said her goal for school this year is to be on time.*

Horse Therapy: *Ariel will be participating in the Horse Therapy Show in September.*

Other: *Ariel has Respite Services with her Aunt Rachel through Independence Plus.*

Important to Ariel: *going out to eat and shopping*

Semi-Annual Meeting: *November 20, 2024, 9:00am at the MCGH office*

Marshall County Group Homes, Inc.

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Seizure Emergency Plan For Patients With The Vagal Nerve Stimulator

Date: September 03, 2024

Dear School Staff

Ariel Wick, DOB: 03/26/2008, is a patient of the Minnesota Epilepsy Group. Ariel has a vagal nerve stimulator. The vagal nerve stimulator is an implant below the left collar bone stimulating the vagal nerve at the left neck. It cycles to stimulate the vagal nerve to decrease seizure frequency. It can be activated to provide additional impulse current to possibly abort seizure activity. Holding the magnet over the implant site for approximately three seconds will trigger the additional stimulation.

Ariel's seizure type(s) are as follows:

Simple partial evolving to complex partial evolving to generalized. Visual aura of rainbows flying towards her followed by vomiting, loss of awareness, head deviation to the right, with secondary generalization. Right extremities more involved than left.

Generalized tonic-clonic seizure (GTC)

Other Non-epileptic events: Non rhythmic movement of head, eyes may be open or closed, stares off, may drool, may have some arm stiffening

If Ariel has a seizure, please do the following:

1. Provide first aid. Keep safe. Do not restrain. Place in a side-lying position for a generalized tonic-clonic seizure. Time the seizure.
2. Use the vagal nerve stimulator magnet as follows: At the onset, swipe the magnet over the implant site to the count of 3. You may repeat if the magnet use is not effective in two to three minutes.
3. For a single seizure greater than 3 minutes OR for an aura lasting longer than 10 minutes, and not subsiding with the magnet, administer Diazepam Intensol 5 mg/mL - dose: 3 mL (15 mg) buccally (back toward molars).
*Call 911 if seizure continues without any signs of stopping or slowing down, if any signs of respiratory distress, cyanosis, or injury obtained during seizure.
4. Notify family for seizure activity, questions or concerns

5. The vagal nerve stimulator may be turned off by holding or taping the magnet over the implant continuously.

1) Do so if stimulation cycle, which occurs every three minutes on standard cycle, appears painful.

2) Do so if there is choking or difficulty breathing.

Precautions with the vagal nerve stimulator:

1) Do not place a hair clipper, vibrator, or loudspeaker near the chest. These and other similar equipment can cause inadvertent activation. Use the vagal nerve magnet to interrupt seizure activity. Use only the magnet provided for use with the device.

2) Avoid areas in which pacemaker warning signs are posted.

3) Inform medical personnel of implant.

Note: keep magnet 8 to 10 inches away from computer discs, credit card and other items affected by strong magnetic fields.

Please document date, type and length of seizure, use of magnet and whether or not it was effective.

Call our office at (651) 241-5290 with any questions or concerns you may have.

Sincerely,

PHYSICIAN'S SIGNATURE: _____



Date: 09/03/2024

Physician's Name: Heidi Currier, MD

Phone: (651) 241-5290

Minnesota Epilepsy Group

2720 Fairview Ave N, Ste 100

Roseville, MN 55113

EDUCATION

ARIEL WICK's Support Plan

Created: August 21, 2024
For: ARIEL WICK

Person Information

Person's Name

ARIEL WICK's Support Plan

Preferred Name

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Primary Phone

218-452-3432

Primary Email

angelawick01@gmail.com

Date of Birth

03/26/2008

Primary Language

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Overview

Effective Date Range

Start Date

09/01/2024

End Date

08/31/2025

Program

Developmental Disabilities (DD) Waiver

About Plan

Budget Information

Community First Services and Supports (CFSS)

Home Care Rating

Q

Total CFSS Time

Total CFSS Time: 180.00 minutes per day (12.00 units/day)

ARIEL WICK

Created: August 21, 2024
For: ARIEL WICK

Total CFSS Minutes Planned for an Alternative Service
CFSS Budget
\$ 53.40

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Average Monthly Budget
\$ 5,127.88

About Me

What do I want my life to look like

Who I am and what is important to me

Ariel is a 16-year-old single female living in Stephen, MN with her mom, dad, sister, and brother-in-law. Ariel is diagnosed with Moderate Intellectual Disability, Seizure Disorder, Autism Spectrum Disorder, and Anxiety. Ariel enjoys going to school every day at WAO in Warren, MN. She also enjoys doing things such as baking and doing crafts. Ariel has a great sense of humor and is extremely caring toward others. Ariel has a beautiful smile and is very enjoyable to spend time with. Ariel usually wakes up around 8am in the summer and her mom wakes her up at 6 on school days. She gets up, showers, gets dressed, takes medication and gets her stuff ready. At times she eats at home and other times she eats at school. Ariel's mom drops her off at school and after school she is picked up by her parents or walks to her Aunts. She does her homework and eats dinner and has a snack and then watches tv. She usually goes to bed around 7pm during the school year and 9pm in the summer. She takes evening medications.

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

What I want my life to look like

Ariel's dream is to live in the country and raise horses. She enjoys participating in EAL and spending time with her family. Ariel is happy living with her family currently, but would like to live on her own when she is an adult.

My Community Life

ARIEL WICK

Created: **August 21, 2024**
For: **ARIEL WICK**

Ariel enjoys going on outings with Marshall County Group Homes. She enjoys individual and group activities such as cookouts and dances put on by MCGH. Ariel enjoys shopping with MCGH and with family as well. She spends time with her peers during the school day and has participated in the past in activities through WAO such as Special Olympics or volunteering at the WAO Warehouse. She does not currently volunteer.

My Work Life

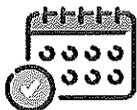
Ariel is currently not working at this time. She will receive support though voc rehab and WAO High School when she is ready to explore job opportunities.

My Choice about Work

Not working; not interested in working

My Goals

1 To reduce physical aggression and increase coping skills.



Target Date
Aug 31, 2025

My Action Items

1. Name

Equine Assisted Therapy

Description

Ariel will attend Equine Assisted Learning weekly during the summer months (est. April-September) to assist with learning coping skills. Marshall County Group Homes will assist with transportation as needed.

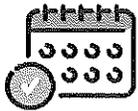
2. Name

Medical health

Description

Ariel will take medications as prescribed including her seizure medication. She will attend all medical and mental health appointments as scheduled. Parents will provide or coordinate transportation to and from appointments.

2 Ariel will remain healthy and reduce emergency room visits.



Target Date
Aug 31, 2025

My Action Items

1. Name

Medical health

Description

Ariel will take medications as prescribed including her seizure medication. She will attend all medical and mental health appointments as scheduled. Parents will provide or coordinate transportation to and from appointments.

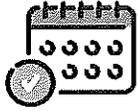
2. Name

Seizure protocol

Description

Providers working with Ariel will be trained in her VNS protocol and be able to implement it in the event of a seizure.

3 Ariel will increase socialization skills by participating in outings and community activities.



Target Date
Aug 31, 2025

My Action Items

1. Name

Outings

Description

Ariel will participate in outings 1x per month with Marshall County Group homes. This can include group activities or individual outings to Grand Forks or Thief River Falls.

2. Name

Seizure protocol

Description

Providers working with Ariel will be trained in her VNS protocol and be able to implement it in the event of a seizure.

My Supports

People And Community Organizations That Support Me

Person's Name

Dr. Rene Mooney

Relationship

Professional-Medical

Role

Support/Interdisciplinary care team

Organization's Name

Storybook Wellness

Support Description

Dr. Mooney provides outpatient therapy to Ariel 1x per week to address mental health.

Frequency

Weekly

Area Of Need

- Communication**
- Learning**
- Memory and cognition**
- Psychosocial health**

Goals

To reduce physical aggression and increase coping skills.
Ariel will remain healthy and reduce emergency room visits.

Person's Name
Brittney Deitz

Relationship
Special Education Case Manager

Role
Support/Interdisciplinary care team

Organization's Name
WAO public school

Support Description
WAO school provide Ariel with an IEP during school.

Frequency
Weekly

Area Of Need

- Communication**
- Health Interventions**
- Learning**
- Meaningful activities**
- Memory and cognition**

Goals

To reduce physical aggression and increase coping skills.
Ariel will increase socialization skills by participating in outings and community activities.

Modifications, Assistive Technology and Remote Support

Name or type

Ariel uses a Vagal Nerve Stimulator as part of her seizure protocol.

Support description

VNS assists with medical health and reduces duration of seizures. Family and support staff are trained in VNS protocol.

Frequency of use

Other

Other (Frequency of use)

As needed

Area Of Need

Health Interventions

Personal Cares

Self-preservation

Technology support contact

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Goals

Ariel will remain healthy and reduce emergency room visits.

Services and Supports

Service Type

Services that support me

Start Date

09/01/2024

End Date

08/31/2025

Service Name

Family Training, 15 Minute

Procedure Code

S5110

Modifiers

--, --, --, --

ARIEL WICK

Created: **August 21, 2024**
For: **ARIEL WICK**

Provider Name
MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)
A000045100

Contact Information
Wendy Smith
Sonshine Farm Refuge

Units
160.00

Rate
\$ 20.00

Average Monthly Cost
\$ 266.67

Status
Change

Area of Need
Communication
Health Interventions
Learning
Meaningful activities
Memory and cognition
Psychosocial health

Frequency
Weekly

Support Instructions
Ariel attends EAL once weekly from April to September.

Goals
To reduce physical aggression and increase coping skills.
Ariel will increase socialization skills by participating in outings and community activities.

Service Type

Services that support me

Start Date

09/01/2024

End Date

08/31/2025

Service Name

Case Management, 15 Minutes

Procedure Code

T1016

Modifiers

UC, --, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Units

144.00

Rate

\$ 23.19

Average Monthly Cost

\$ 278.28

Status

Change

Area of Need

Communication

Eating and meal preparation

Household management

Learning

Personal Cares

Psychosocial health

Frequency

Other

Other

Estimated time 3 hours per month

Support Instructions

Case management services to include r, monitoring and implementing support plan, assessing for additional needs and linking family with services as needed. Ariel and her parents can request her case manager update her support plan at any time during the year. If there is a complaint or grievance about the services you are receiving, please contact your county case manager or follow the agency's protocol. Minimum face to face contact semiannually with total contact at minimum quarterly. Estimated time three hours per month.

Goals

To reduce physical aggression and increase coping skills.

Ariel will remain healthy and reduce emergency room visits.

Ariel will increase socialization skills by participating in outings and community activities.

Service Type

Services that support me

Start Date

09/01/2024

End Date

08/31/2025

Service Name

Respite Care Services, Out of Home, 15 Minute

Procedure Code

S5150

Modifiers

UB, --, --, --

ARIEL WICK

Created: **August 21, 2024**
For: **ARIEL WICK**

Provider Name
INDEPENDENCE PLUS INC

Provider Identification Number (NPI/UMPI)
1588720395

Units
8,320.00

Rate
\$ 6.61

Average Monthly Cost
\$ 4,582.93

Status
--

Area of Need

Communication

Eating and meal preparation

Health Interventions

Household management

Learning

Meaningful activities

Memory and cognition

Personal Cares

Psychosocial health

Self-preservation

Frequency

Weekly

Support Instructions

Ariel can receive up to 40 hours a week of respite care. It is important that Ariel not use more than this.

Goals

Ariel will remain healthy and reduce emergency room visits.

Ariel will increase socialization skills by participating in outings and community activities.

Overall Cost of Services

Total Cost Of Authorized Services
\$ 61,534.56

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

Ariel's parents will take of her needs in an emergency. Ariel receives supervision while at school and will follow school protocol while at school.

Support Plan Signature Sheet

Effective Date Range

09/01/2024 - 08/31/2025

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

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

Signatures

My Signature

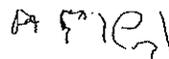
My signature and responses on this form indicate:

- 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

E-Signature



Date Signed

08/22/2024

Date Plan Sent to Me

09/10/2024

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

Case Manager/Care Coordinator

E-Signature



Date Signed

08/26/2024

Other Person's Signature

E-Signature



Name **Angela Wick** Date Signed **08/22/2024**

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 *Cindy Gratzek, R/S*

Date Signature Requested **08/22/2024** Signature Obtained **Yes, Attached**

Provider acknowledgements

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 **8/22/2024** Provider Agency **Cindy Gratzek**

Provider's Name
INDEPENDENCE PLUS INC

Provider's Signature
Handwritten

Signature captured in attachment

Date Signature Requested
09/04/2024

Signature Obtained
Yes, Attached

Provider acknowledgements

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
9/6/2024

Provider Agency
Lorilie