

# Marshall County Group Homes, Inc.

## SERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: *Dylan Nicholls*

Service plan review meeting date: *09/16/24*

Time: *12:15p*

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:** *IAPP – List of those in attendance and date of the annual meeting were updated. No other changes/additions. SP – Outcomes: All three of Dylan's outcomes from last year were deleted. The only outcome he currently works on is that Dylan, with staff assistance, will utilize the local newspapers, community businesses and organization to identify places he would like to volunteer, 1x/week for six consecutive months. Health Needs: Monitoring Dylan's blood pressure, as ordered by his physician and reporting the readings to Dylan's mother, per her request was added. SMA- Added that Dylan is now prescribed a medication for hypertension.*

**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, Tues, Wed and Thurs; he delivers Meals-On-Wheels on Fridays; he plays piano monthly at the North Valley Health Center in Warren. 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 delivers fresh water pitchers at North Star Manor in Warren Monday-Thursday. He is accompanied by an ODC Staff member.*

# Marshall County Group Homes, Inc.

**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: Dylan currently shreds papers at Marshall County Social Services, accompanied by his mother. The ODC, Inc. will discuss Dylan possibly doing this job as community employment with supports.*

## **Other meeting discussion notes:**

**Health:** *Henrietta, Residential RN presented a comprehensive report of Dylan's health this past year (see attached). Dylan's weight has been stable this past year. He has not had a seizure for many months. He has been prescribed a medication for hypertension as his blood pressures have been running elevated. Dylan is seeing Dr. Rebecca Novacek, Neurologist as his previous provider is no longer with Altru. His next appt with Altru Neurology is 9/30/24 at 10a. Denese will bring Dylan's Seizure Protocol, dated 10/9/2023, to the appt for approval or need for updates/changes. Dylan's next dental appt is 1/23/25.*

**MCGH Report:** *Dylan continues to be very busy during the week delivering Meals-on-Wheels, playing piano at North Valley Health Center x2/month, preparing the ads for Argyle Grocers every Friday, shredding paper for MCSS with his mother, attending the ODC 4 days/week. He enjoys doing crafts and activities with his housemates, except baking! Staff have noted that Dylan is eating more meals with his housemates rather than choosing to eat in his room. Bible Study has resumed this fall and Dylan is playing his keyboard during the music portion of the Bible Study. Carol stated that Pastor Swanson does call on Dylan for answers to questions and Dylan is able to answer. Denese will provide the group home with a new list of songs to play.*

**ODC Report:** *Dylan attends the ODC M, T, W, Th. He delivers fresh water pitchers to North Star Manor residents, with staff assistance, 4 days/week, he plays piano for his peers almost daily. An employment goal to be more independent in delivering water pitchers will be developed and implemented for Dylan. ODC reports were reviewed during the meeting.*

**Annual Meeting is scheduled for September 15, 2025, 12:15p at the ODC.**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

## Person Information

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Person's Name	Preferred Name
<b>DYLAN NICHOLLS's Support Plan</b>	<b>Dylan</b>
Primary Phone	Primary Email
<b>2184376697</b>	--
Date of Birth	
<b>10/26/1997</b>	
Primary Language	
<b>English</b>	

## Overview

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### Effective Date Range

Start Date	End Date
<b>11/01/2024</b>	<b>10/31/2025</b>

Program  
**Developmental Disabilities (DD) Waiver**

## About Plan

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### Budget Information

Average Monthly Budget  
**\$ 9,698.92**

## About Me

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# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024

For: DYLAN NICHOLLS

What do I want my life to look like

## Who I am and what is important to me

Dylan is a 26 year old male who lives in Argyle, MN in a residential home through Marshall County Group Homes. Dylan has a diagnosis of Autism and is on the Developmental Disabilities waiver. Dylan enjoys spending time with his family and going on home visits every weekend with his parents. Dylan also goes to mass every week with his parents at the St. Peter and Paul church in Warren. Dylan on the weeknights texts his parents nightly, "Good night" and "I love you."

It is important to Dylan to be able to spend time with his family frequently. It is important to Dylan to stay busy. Dylan's dream really is to continue to live his life as he is now as routine and family are important to him. Dylan said, "I'm happy at the group home and at the ODC." He wants to continue doing his activities at his residential home like playing keyboard or piano, using electronics, riding bike, and being able to go on home visits. It is important to Dylan to be able to go home every weekend. It makes Dylan happy to have his electronics, be outside, and go on home visits. Dylan also has a strong faith and attends mass with his parents and enjoys the Park River Bible Camp. Dylan will on occasion play piano at the Catholic church that he belongs to in Warren. Familiarity and routine are most important to Dylan. Dylan is going to the ODC M-TH to participate in leisure activities. It is important to Dylan that he can continue volunteering by delivering meals in Argyle on Fridays, playing piano at the Warren hospital twice a month, playing piano at the Good Samaritan Nursing Home on the last Thursday of the month, and playing piano at Bible Study that is held at his home every other Friday. He also volunteers at the local Argyle grocery store to help organize the coupons on Fridays and also shreds paper at social services twice a month.

Dylan enjoys using the iPad, biking, sitting outside, going to church, going on road trips with his Dad, staying at hotels, eating at McDonalds or the Dairy Queen, having lunch with his Mom at the park, visiting at his Grandfather's home (in the same yard as his parents), visiting at his Aunt Denelle's home, playing on the DS, calendars, using the calculator, Diamond Art, 300 piece puzzles, and playing piano. Dylan has also learned how to drive the golf cart and gator and enjoys driving in his yard at his parents' home.

Dylan is a happy person who is kind. Dylan's family is important to him as is routine and familiarity. Dylan has a diagnosis of Autism and has some sensory needs, such as not liking loud noises.

Dylan participated in the development of this plan and he has a choice in goals, services,

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024

For: DYLAN NICHOLLS

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

Dylan is happy with his life, including living at Marshall County Group Homes in Argyle, attending the ODC M-TH and working at North Star Manor Nursing Home passing water pitchers to the residents on M,-TH with the support of an ODC job coach. Dylan is happy with his numerous volunteer activities and going on home visits every weekend. Dylan is also happy with his current leisure activities at the ODC.

Dylan can be admired for his good manners, following the rules, being respectful of others, his musical abilities, his math skills, for being outgoing, his kindness, and for having a good sense of responsibility. Dylan is often happy and described as having a "kind heart." Dylan has a strong faith and belief in God.

For assistive technology and equipment, Dylan is able to use a cell phone to text. Dylan also enjoys using a calculator and iPad for leisurely interests.

## My Community Life

Dylan is happy with living at the Marshall County Group Home in Argyle, MN. Dylan lives close to his parents and goes on home visits every weekend with his parents. It is important to Dylan that he can continue volunteering by delivering meals in Argyle on Fridays, playing piano at the Warren hospital twice a month, playing piano at the Good Samaritan Nursing Home on the last Thursday of the month, and playing piano at Bible Study that is held at his home every other Friday. He also volunteers at the local Argyle grocery store to help organize the coupons on Fridays and also shreds paper at social services twice a month. Dylan is supported by either his family or his caregivers from Marshall County Group Home to participate in the volunteer activities.

## My Work Life

Dylan is working at a competitively employed job on M-TH for one hour each day at the

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**

For: **DYLAN NICHOLLS**

North Star Manor nursing home in Warren starting at 10:15. Dylan delivers the water pitchers to each of the resident's rooms. Dylan is supported by the ODC staff for this job as they transport him and accompany him along on this job as Dylan is at risk for seizures and requires supervision for safety. Dylan also needs some direction regarding special diets of the residents. Dylan is paid a competitive wage. Dylan is satisfied with his work at the nursing home.

## **My Choice about Work**

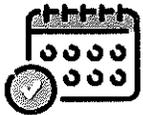
Working; not seeking to make changes to current work status or goals

## **My Goals**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

**1 I will keep working at North Star Manor nursing home passing water pitchers to the residents.**



Target Date  
**Oct 31, 2025**

## My Action Items

1. Name

**Transportation**

Description

**I will receive transportation from Tri-Valley to and from the ODC, from the ODC to my job at North Star Manor, and from Marshall County Group Homes or my parents to participate in volunteer activities.**

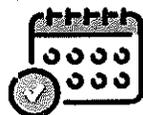
2. Name

**Work**

Description

**The ODC will provide job coaching to Dylan when he works at North Star Manor.**

**2 I will volunteer my time through several opportunities.**



Target Date  
**Oct 31, 2025**

## My Action Items

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

1. Name

## Transportation

Description

**I will receive transportation from Tri-Valley to and from the ODC, from the ODC to my job at North Star Manor, and from Marshall County Group Homes or my parents to participate in volunteer activities.**

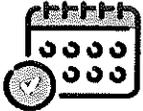
2. Name

## Assistance

Description

**My family and providers will provide opportunities for me to participate in activities that I enjoy and accompany me into the community as needed.**

**3 I will participate in activities that I enjoy such as using my electronics, going outside, riding bike, playing keyboard or piano, watching tv programs, Diamond Art, and attending mass.**



Target Date

**Oct 31, 2025**

My Action Items

1. Name

## Assistance

Description

**My family and providers will provide opportunities for me to participate in activities that I enjoy and accompany me into the community as needed.**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

## My Supports

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# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

## Services and Supports

Service Type

**Services that support me**

Start Date

**11/01/2024**

End Date

**10/31/2025**

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)

**A663187100**

Units

**329.00**

Rate

**\$ 273.10**

Average Monthly Cost

**\$ 7,487.49**

Status

**Add**

Area of Need

**Eating and meal preparation**

**Health Interventions**

**Household management**

**Learning**

**Meaningful activities**

**Memory and cognition**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

**Psychosocial health**  
**Self-preservation**

Frequency

**Other**

Other

**daily**

Support Instructions

**daily residential service except for 36 leave days**

Goals

**I will keep working at North Star Manor nursing home passing water pitchers to the residents.**

**I will volunteer my time through several opportunities.**

**I will participate in activities that I enjoy such as using my electronics, going outside, riding bike, playing keyboard or piano, watching tv programs, Diamond Art, and attending mass.**

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

## Rate Inputs

### Residential Address

Street Number

**605**

Street Name

**Cedar Ave**

City

**Argyle**

Zip Code

**56713**

### Average Shared Direct Care Staff Hours Per Day

Daytime Hours:

**26.86**

Overnight Hours:

**5.00**

Number of Residents

**4**

Does the person need awake overnight staff?

**No**

Remote Awake Hours:

**0.00**

Number of Residents Monitored Remotely

**0**

### Average Individual Direct Care Staff Hours Per Day

Daytime Hours:

**0.26**

Overnight Hours:

**0.00**

Licensed Practical Nurse (LPN)

Assessment/Treatment

**0.01**

Registered Nurse (RN)

Assessment/Treatment

**0.09**

Remote Awake Hours:

**0.00**

### Other

Transportation

**Adapted vehicle with lift**

Customization

**No customization**

### Rates Notes

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

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## Non-Framework Rate Information

Unit rate Non-framework reason type

--

REQUIRED: Explanation and calculation details for non-framework rate

--

## Rate Information

Framework Unit Rate	Final Unit Rate
<b>\$ 273.10</b>	<b>\$ 273.10</b>

Final Rate Details	Total Cost
<b>Framework rate</b>	<b>\$ 89,849.90</b>

Service Type

**Services that support me**

Start Date

**11/01/2024**

End Date

**10/31/2025**

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

Service Name

**Case Management, 15 Minutes**

Procedure Code

**T1016**

Modifiers

**UC, --, --, --**

Provider Name

**MARSHALL COUNTY SOCIAL SERVICES**

Provider Identification Number (NPI/UMPI)

**A000045100**

Units

**48.00**

Rate

**\$ 23.19**

Average Monthly Cost

**\$ 92.76**

Status

**Add**

Area of Need

**Eating and meal preparation**

**Health Interventions**

**Household management**

**Learning**

**Meaningful activities**

**Memory and cognition**

**Psychosocial health**

**Self-preservation**

**Work/school**

Frequency

**Other**

Other

**as needed**

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

## Support Instructions

**one hour per month authorized for at a minimum of semiannual visits, the case manager will coordinate, implement, and monitor the services and support plan, the case manager can be contacted for any disagreements or conflicts regarding the services or support plan and a team meeting can be held if needed, the case manager can be contacted for any updates or changes to the services or service plan.**

## Goals

--

## Service Type

**Services that support me**

## Start Date

**11/01/2024**

## End Date

**10/31/2025**

## Service Name

**Day Support Services, 15 Minute**

## Procedure Code

**T2021**

## Modifiers

**UC, --, --, --**

## Provider Name

**OCCUPATIONAL DEVELOPMENT CENTER  
INC**

## Provider Identification Number (NPI/UMPI)

**A647622800**

## Units

**4,500.00**

## Rate

**\$ 2.68**

## Average Monthly Cost

**\$ 1,005.00**

## Status

**Add**

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

Area of Need

**Meaningful activities**

**Memory and cognition**

**Psychosocial health**

**Self-preservation**

Frequency

**Daily**

Support Instructions

**attends the day support service M-TH**

Goals

**I will participate in activities that I enjoy such as using my electronics, going outside, riding bike, playing keyboard or piano, watching tv programs, Diamond Art, and attending mass.**

Rate Inputs

Direct Care Staffing

Average Staff Ratio

**1:8**

Licensed Practical Nurse (LPN) 15 Minute  
Units

**0.00**

Registered Nurse (RN) 15 Minute Units

**0.00**

Other

Customization

**No customization**

Rates Notes

--

**Non-Framework Rate Information**

Unit Rate

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

Non-framework reason type

--

REQUIRED: Explanation and calculation details for non-framework rate

--

## Rate Information

Framework Unit Rate

**\$ 2.68**

Final Unit Rate

**\$ 2.68**

Final Rate Details

**Framework rate**

Total Cost

**\$ 12,060.00**

Service Type

**Services that support me**

Start Date

**11/01/2024**

End Date

**10/31/2025**

Service Name

**Employment Support Services, 1:1 Ratio,  
15 Minute**

Procedure Code

**T2019**

Modifiers

**U9, --, --, --**

Provider Name

**OCCUPATIONAL DEVELOPMENT CENTER  
INC**

Provider Identification Number (NPI/UMPI)

**A647622800**

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

Units

**350.00**

Rate

**\$ 13.44**

Average Monthly Cost

**\$ 952.00**

Status

--

Area of Need

**Work/school**

Frequency

**Weekly**

Support Instructions

**1-1 job coaching for North Star Manor job M-TH for one hour**

Goals

**I will keep working at North Star Manor nursing home passing water pitchers to the residents.**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

## Rate Inputs

### Employment Services

Is the person self-employed?

**No**

Is the person an owner or partner in a microenterprise?

**No**

### Job #1

Select the occupational grouping for the job position

--

Person's Job Title:

Hourly Wage

--

--

Average Weekly Hours

Start/Hire Date

--

--

Is the person hired and paid directly by a community employer?

--

Does the person earn minimum wage or better (no less than the wages and benefits paid to people who do not have disabilities doing the same type of work)?

--

Name of community business where the person works:

--

### Other

Customization

**No customization**

Rates Notes

--

### Non-Framework Rate Information

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

Unit Rate

Non-framework reason type

--

REQUIRED: Explanation and calculation details for non-framework rate

--

## Rate Information

Framework Unit Rate

**\$ 13.44**

Final Unit Rate

**\$ 13.44**

Final Rate Details

**Framework rate**

Total Cost

**\$ 11,424.00**

Service Type

**Services that support me**

Start Date

**11/01/2024**

End Date

**10/31/2025**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024

For: DYLAN NICHOLLS

Service Name

**Transportation, One-Way Trip**

Procedure Code

**T2003**

Modifiers

**UC, --, --, --**

Provider Name

**TRI-VALLEY OPPORTUNITY COUNCIL INC**

Provider Identification Number (NPI/UMPI)

**A166524300**

Units

**388.00**

Rate

**\$ 5.00**

Average Monthly Cost

**\$ 161.67**

Status

**--**

Area of Need

**Meaningful activities**

Frequency

**Weekly**

Support Instructions

**transportation to and from ODC in Warren M-TH, two trips per day via Tri-Valley bus**

Goals

**I will participate in activities that I enjoy such as using my electronics, going outside, riding bike, playing keyboard or piano, watching tv programs, Diamond Art, and attending mass.**

# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

## Overall Cost of Services

Total Cost Of Authorized Services  
**\$ 116,387.02**

## Safety and Well-being

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### My Plan To Address Safety Needs

Need(s) I will address

**All areas of need have been addressed**

### My Backup Plan

**Dylan requires a 24-hour plan of care. Dylan's residential setting is staffed 24-hours a day. If there is a staffing problem, the Marshall County Group Home office can be contacted at 218-437-6695 or Cindy Gratzek at 218-201-1363. Dylan's parents can also be contacted and also in the event of an emergency. Denese's cell is 218-289-3886 and Randy's cell is 218-289-3877. Dylan should be brought to North Valley Health Center in the event of an emergency. Dylan should also be monitored for seizures. He has a monitor in his room (sound only) for staff to be aware of him having any seizure activity. Dylan has a rescue seizure medication to use as needed and has a seizure protocol to follow.**

## Support Plan Signature Sheet

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# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

Effective Date Range

**11/01/2024 - 10/31/2025**

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**

# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

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

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# DYLAN NICHOLLS's Support Plan

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

## 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

**09/16/2024**

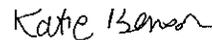
Date Plan Sent to Me

**10/30/2024**

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

Case Manager/Care Coordinator

**E-Signature**

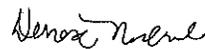


Date Signed

**09/16/2024**

Other Person's Signature

**E-Signature**



Name

**Denese Nicholls**

Date Signed

**09/16/2024**

Relationship

**guardian/mother**

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

Provider's Name

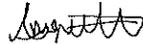
# DYLAN NICHOLLS's Support Plan

Created: September 16, 2024  
For: DYLAN NICHOLLS

## OCCUPATIONAL DEVELOPMENT CENTER INC

Provider's Signature

**E-Signature**



Date Signature Requested

**09/16/2024**

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

**9/16/2024**

Provider Agency

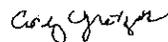
**Angelica Moffett**

Provider's Name

**MARSHALL COUNTY GROUP HOMES INC**

Provider's Signature

**E-Signature**



Date Signature Requested

**09/16/2024**

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**

# **DYLAN NICHOLLS's Support Plan**

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**

**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

**9/16/2024**

Provider Agency

**Cindy Gratzek**

# **DYLAN NICHOLLS's Support Plan**

Created: **September 16, 2024**  
For: **DYLAN NICHOLLS**