

# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

## Person Information

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Person's Name	Preferred Name
<b>MICHAEL POKRZYWINSKI's Support Plan</b>	--
Primary Phone	Primary Email
<b>2187456625</b>	--
Date of Birth	
<b>09/26/1978</b>	
Primary Language	
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## Overview

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Effective Date Range	
Start Date	End Date
<b>11/01/2024</b>	<b>10/31/2025</b>
Program	
<b>Developmental Disabilities (DD) Waiver</b>	

## About Plan

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Budget Information
Average Monthly Budget
<b>\$ 2,127.27</b>

## About Me

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# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

## What do I want my life to look like

### **Who I am and what is important to me**

Michael lives in Warren with his parents and sister. Micheal is on the DD waiver and has been on this waiver for many years. He receives in-home services and supported employment services through the Warren ODC. Micheal is a very personable young man is very active with the community and has a large support network of friends and family. He has lived in Warren his whole life and is able to spend time safely in the community whenever there is an activity he would like to attend. Micheal can be shy at times, but is able to communicate well and enjoys joking with his family and friends.

Micheal is a very good worker and he is always one to do his job and more. Staff always have good things to say about his work ethic and his work attitude. Michael is always looking for new jobs and is able to perform a lot of different tasks that other people can't perform. He is very mobile and strong, so he can handle a variety of duties. Michael enjoys living with his family in Warren, and this scenario is his preference.

### **What I want my life to look like**

Micheal really enjoys working with his Dad in the yard and on small engines. He is quite good at working on equipment and likes to work on lawn mowers. This is something Micheal has done for many years and seems to really enjoy it. Micheal is very interested in working and wants to work in the community. He used to work in a competitive setting at Digi-Key, but this position was unfortunately dissolved. Micheal mentioned at his annual meeting that he would like to work in a competitive environment. He is more than capable of doing most things at a job site, the only concern would be that Micheal becomes very shy and doesn't speak much to people he's not familiar with. He may not be able to help customers effectively if he does this. Micheal enjoys spending time in the community with his friends. He enjoys going to the races on Friday nights in Grand Forks. Micheal is a big fan of stock car racing and has a lot of NASCAR clothing and other fan gear.

### **My Community Life**

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Micheal lives with his parents and sister in Warren, MN. The home is in a nice, accessible neighborhood and the house is well maintained. Micheal has lived in this house his whole life and has no desire of leaving it. Micheal has his own bedroom and it's upstairs so he has his own private area. He is able to handle stairs just fine as he is young and in good health physically. Accessing the whole house is not an issue for Micheal.

Micheal is involved in the community and is very safe while in the community alone. He rides his bike during the nice weather months and takes this bike all around town. He is able to get around town in a safe and effective manner. Micheal has a very nice set of friends who spends a lot of time with. Micheal spends time with one friend in particular and they spend a lot of time at his apartment. Micheal does quite well with this and is able to be in the community unsupervised. He is able to use a phone and respond for help in case of an emergency. Micheal is reminded to practice safety while in the community and to make sure that he is spending time with appropriate people who have his best interests in mind.

Micheal is not interested in volunteer activities at this time.

## **My Work Life**

Micheal is a very good worker and has had many jobs in the past. He has spent most of his work career at the ODC where he has performed a variety of tasks such as: janitorial, mowing, cleaning snow, cleaning, stocking shelves, mopping, sweeping, bird house assembly, etc. Most recently, Micheal had a job at Digi-Key in Thief River Falls. He was quite good at this and was able to complete all tasks as necessary. This job was unfortunately dissolved due to a Digi-Key decision. Micheal is currently doing some odd jobs at the ODC and in the community but is interested in finding some more permanent work within the community. A goal has been formulated to make sure that Micheal will have access to employment opportunities when they arise. The ODC will help with job exploration and also provide a job coach if necessary.

## **My Choice about Work**

Not working; interested or actively engaged in taking actions toward work goals

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For: MICHAEL POKRZYWINSKI

**Do I need support to achieve work goals?**

Yes

**The type of support and next steps I need to achieve my work goals:**

Will work with the ODC to formulate an employment goal.

## My Goals

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# MICHAEL POKRZYWINSKI's Support Plan

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1 Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.



Target Date  
**Oct 31, 2025**

## My Action Items

1. Name

**Micheal**

### Description

**Micheal will try to wear a new shirt to work every da. He needs to work on his hygiene and he will be more focused on this. He will receive reminders from his mother to ensure that he has a clean change of clothes and that he wears the necessary products in the morning to ensure that his hygiene is appropriate in the community. Micheal is interested in working in the community and he will make sure that he looks appropriately and his hygiene is appropriate for working in the community. Micheal will work with his team to establish a working goal and work towards community employment. Micheal needs to continue taking his medications appropriately. He has a large amount of meds and it can be confusing at times. A med machine will be explored for him in order to help keep his meds straight. Micheal continues to check his blood sugars at the ODC and at home. He will continue to check as many times as told by his physician. Overall, his BSL have been pretty good and it's a good testament to him and his med regimen.**

2. Name

**Case Manager**

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

## Description

Case manager will assist in any way possible and monitor the situation through the providers working with Micheal on an everyday basis. This worker will check in with the ODC to make sure that Micheal is wearing clean, sanitary clothes every day to work.

Case manager will follow up with Micheal and his checking of his blood sugars. He will need to get better at this, and this worker will remind him to get more training for the device used to check his sugars. Case manager will implement a med machine if non-compliance with meds becomes an issue.

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.

## 2 Micheal will take his medications as prescribed.



Target Date  
**Oct 31, 2025**

## My Action Items

### 1. Name

**Micheal**

### Description

Micheal will try to wear a new shirt to work every da. He needs to work on his hygiene and he will be more focused on this. He will receive reminders from his mother to ensure that he has a clean change of clothes and that he wears the necessary products in the morning to ensure that his hygiene is appropriate in the community. Micheal is interested in working in the

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community and he will make sure that he looks appropriately and his hygiene is appropriate for working in the community. Micheal will work with his team to establish a working goal and work towards community employment. Micheal needs to continue taking his medications appropriately. He has a large amount of meds and it can be confusing at times. A med machine will be explored for him in order to help keep his meds straight. Micheal continues to check his blood sugars at the ODC and at home. He will continue to check as many times as told by his physician. Overall, his BSL have been pretty good and it's a good testament to him and his med regimen.

2. Name

**ODC/MCGH**

Description

The ODC staff will offer reminders to Micheal in order to make sure that he is dressed appropriately for the weather and work. Micheal will receive reminders about appropriate hygiene when he is to go out and work in the community. ODC staff will develop a plan to help Micheal find employment within the community. They will also help with job coaching when a job is found.

MCGH in-home staff will help with appointments, transportation, and scheduling appointments. They will also offer Micheal chances to go out in the community and attend community events when they are available.

## 3 Micheal will check his blood sugar while he's at the ODC.



Target Date  
**Oct 31, 2025**

My Action Items

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

## 1. Name

**Micheal**

### Description

**Micheal will try to wear a new shirt to work every da. He needs to work on his hygiene and he will be more focused on this. He will receive reminders from his mother to ensure that he has a clean change of clothes and that he wears the necessary products in the morning to ensure that his hygiene is appropriate in the community. Micheal is interested in working in the community and he will make sure that he looks appropriately and his hygiene is appropriate for working in the community. Micheal will work with his team to establish a working goal and work towards community employment. Micheal needs to continue taking his medications appropriately. He has a large amount of meds and it can be confusing at times. A med machine will be explored for him in order to help keep his meds straight. Micheal continues to check his blood sugars at the ODC and at home. He will continue to check as many times as told by his physician. Overall, his BSL have been pretty good and it's a good testament to him and his med regimen.**

## 2. Name

**Case Manager**

### Description

**Case manager will assist in any way possible and monitor the situation through the providers working with Micheal on an everyday basis. This worker will check in with the ODC to make sure that Micheal is wearing clean, sanitary clothes every day to work.**

**Case manager will follow up with Micheal and his checking of his blood sugars. He will need to get better at this, and this worker will remind him to get more training for the device used to check his sugars. Case manager will implement a med machine if non-compliance with meds becomes an issue.**

**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**

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**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

**ODC/MCGH**

Description

**The ODC staff will offer reminders to Micheal in order to make sure that he is dressed appropriately for the weather and work. Micheal will receive reminders about appropriate hygiene when he is to go out and work in the community. ODC staff will develop a plan to help Micheal find employment within the community. They will also help with job coaching when a job is found.**

**MCGH in-home staff will help with appointments, transportation, and scheduling appointments. They will also offer Micheal chances to go out in the community and attend community events when they are available.**

# MICHAEL POKRZYWINSKI's Support Plan

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## My Supports

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# MICHAEL POKRZYWINSKI's Support Plan

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## Services and Supports

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Service Type

**Services that support me**

Start Date

**11/01/2024**

End Date

**10/31/2025**

Service Name

**Home Delivered Meals**

Procedure Code

**S5170**

Modifiers

--, --, --, --

Provider Name

**LUTHERAN SOCIAL SERVICE OF MN**

Provider Identification Number (NPI/UMPI)

**A953725200**

Units

**365.00**

Rate

**\$ 7.51**

Average Monthly Cost

**\$ 228.43**

Status

**No change**

Area of Need

**Eating and meal preparation**

Frequency

**Daily**

Support Instructions

**provide proper nutrition**

Goals

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

**Micheal will check his blood sugar while he's at the ODC.**

Service Type

**Services that support me**

Start Date

**11/01/2024**

End Date

**10/31/2025**

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**

Units

**300.00**

Rate

**\$ 12.23**

Average Monthly Cost

**\$ 305.75**

Status

**No change**

Area of Need

**Meaningful activities**

Frequency

**Weekly**

Support Instructions

# MICHAEL POKRZYWINSKI's Support Plan

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**provide help with med machine, transportation, schedule appointments, and socialization**

## Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.**

## Rate Inputs

Other	
Customization <b>No customization</b>	
Rate Notes --	
<b>Non-Framework Rate Information</b>	
Unit Rate	Non-framework reason type --
REQUIRED: Explanation and calculation details for non-framework rate --	
<b>Rate Information</b>	
Framework Unit Rate <b>\$ 12.23</b>	Final Unit Rate <b>\$ 12.23</b>
Final Rate Details <b>Framework rate</b>	Total Cost <b>\$ 3,669.00</b>

## Service Type

**Services that support me**

Start Date

End Date

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

**11/01/2024**

**10/31/2025**

Service Name

**Individualized Home Supports with  
Training, 1:2 Ratio, 15 Minute**

Procedure Code

**H2014**

Modifiers

**UC, UN, U3, --**

Provider Name

**MARSHALL COUNTY GROUP HOMES INC**

Provider Identification Number (NPI/UMPI)

**A895217500**

Units

**60.00**

Rate

**\$ 6.12**

Average Monthly Cost

**\$ 30.60**

Status

**No change**

Area of Need

**Learning**

**Meaningful activities**

**Self-preservation**

Frequency

**Monthly**

Support Instructions

**provide socialization**

Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be**

# MICHAEL POKRZYWINSKI's Support Plan

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aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.

## Rate Inputs

Other	
Customization <b>No customization</b>	
Rate Notes --	
<b>Non-Framework Rate Information</b>	
Unit Rate	Non-framework reason type --
REQUIRED: Explanation and calculation details for non-framework rate --	
<b>Rate Information</b>	
Framework Unit Rate <b>\$ 6.12</b>	Final Unit Rate <b>\$ 6.12</b>
Final Rate Details <b>Framework rate</b>	Total Cost <b>\$ 367.20</b>

## Service Type

### Services that support me

Start Date  
**11/01/2024**

End Date  
**10/31/2025**

## Service Name

**Transportation, Mileage (Non-Commercial Vehicle)**

# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

Procedure Code

**S0215**

Modifiers

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

Provider Name

**MARSHALL COUNTY GROUP HOMES INC**

Provider Identification Number (NPI/UMPI)

**A895217500**

Units

**500.00**

Rate

**\$ 0.67**

Average Monthly Cost

**\$ 27.92**

Status

**No change**

Area of Need

**Meaningful activities**

**Self-preservation**

Frequency

**Monthly**

Support Instructions

**provide transportation to/from appointments and community events**

Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.**

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Service Type

**Services that support me**

# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

Start Date

**11/01/2024**

End Date

**10/31/2025**

Service Name

**Case Management, 15 Minutes**

Procedure Code

**T1016**

Modifiers

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

Provider Name

**MARSHALL COUNTY SOCIAL SERVICES**

Provider Identification Number (NPI/UMPI)

**A000045100**

Units

**100.00**

Rate

**\$ 23.19**

Average Monthly Cost

**\$ 193.25**

Status

**No change**

Area of Need

**Learning**

Frequency

**Other**

Other

**As needed**

Support Instructions

**Provide case management necessary to ensure Micheal's needs are met**

Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be**

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.

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

**5,000.00**

Rate

**\$ 2.68**

Average Monthly Cost

**\$ 1,116.67**

Status

**No change**

Area of Need

**Learning**

**Meaningful activities**

**Work/school**

Frequency

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

## Weekly

Support Instructions

**Provide job services and job coaching for employment opportunities**

Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.**

**Micheal will check his blood sugar while he's at the ODC.**

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

Non-framework reason type

--

REQUIRED: Explanation and calculation details for non-framework rate

# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

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## Rate Information

Framework Unit Rate	Final Unit Rate
<b>\$ 2.68</b>	<b>\$ 2.68</b>
Final Rate Details	Total Cost
<b>Framework rate</b>	<b>\$ 13,400.00</b>

Service Type

## Services that support me

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

Service Name  
**Employment Development Services, Plan,  
15 Minute**

Procedure Code	Modifiers
<b>T2019</b>	<b>U1, --, --, --</b>

Provider Name	Provider Identification Number (NPI/UMPI)
<b>OCCUPATIONAL DEVELOPMENT CENTER INC</b>	<b>A647622800</b>

# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

Units

**160.00**

Rate

**\$ 14.88**

Average Monthly Cost

**\$ 198.40**

Status

**No change**

Area of Need

**Self-preservation**

**Work/school**

Frequency

**Weekly**

Support Instructions

**help Micheal find community employment**

Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.**

# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
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## Rate Inputs

Other	
Customization <b>No customization</b>	
Rates Notes --	
<b>Non-Framework Rate Information</b>	
Unit Rate	Non-framework reason type --
REQUIRED: Explanation and calculation details for non-framework rate --	
<b>Rate Information</b>	
Framework Unit Rate <b>\$ 14.88</b>	Final Unit Rate <b>\$ 14.88</b>
Final Rate Details <b>Framework rate</b>	Total Cost <b>\$ 2380.80</b>

## Service Type

### Services that support me

Start Date  
**11/01/2024**

End Date  
**10/31/2025**

Service Name  
**Transportation, One-Way Trip**

Procedure Code  
**T2003**

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

Provider Name

Provider Identification Number (NPI/UMPI)

# MICHAEL POKRZYWINSKI's Support Plan

Created: November 13, 2024  
For: MICHAEL POKRZYWINSKI

## TRI VALLEY TRANSPORTATION PROGRAMS

**A582467100**

Units

**315.00**

Rate

**\$ 1.00**

Average Monthly Cost

**\$ 26.25**

Status

**No change**

Area of Need

**Self-preservation**

**Meaningful activities**

Frequency

**Weekly**

Support Instructions

**provide transportation to/from ODC**

Goals

**Micheal will wear new clothing every day to work and alternate between shoes, as he tends to wear the same shirts and shoes to work every day. Micheal will also be aware of his hygiene when working in the community, and will be encouraged to wear deodorant every morning before going to community jobs.**

# MICHAEL POKRZYWINSKI's Support Plan

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## Overall Cost of Services

Total Cost Of Authorized Services  
**\$ 25,527.15**

## Safety and Well-being

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### My Plan To Address Safety Needs

Need(s) I will address

#### **Health Interventions**

#### **Household management**

#### **Personal Cares**

My plan to address needs

**Micheal has been offered help and have a med machine provided to him in order to maintain his medication regimen and to ensure that he takes his meds appropriately. In-home through MCGH will provide the necessary services to set up the med machine. In-home will also help set up appointments and transport Micheal as necessary.**

**Micheal is able to manage most household tasks. He will continue to be encouraged to maintain his own living area while also doing laundry appropriately while maintaining an acceptable level of hygiene. In-home services will be offered to help with proper hygiene and doing laundry appropriately if this need continues to be an issue. Micheal knows how to wash/dry his clothes, but may need reminders or a "refresher" lesson on maintaining his hygiene and laundry.**

My Backup Plan

**Micheal is up to date with all medical needs and his mother/staff help him with scheduling appointments and transportation to/from appointments. Micheal continues to take his meds, and needs reminders to take them on a regular, consistent basis. Michael is able to verbalize if something is making him uncomfortable and his speech would be familiar to someone he just met. Micheal is**

# MICHAEL POKRZYWINSKI's Support Plan

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shy at times, so it's unknown if he would approach a stranger and speak with them. Micheal is able to be in the community alone for multiple hours at a time. He is aware of situations that may be harmful to himself or others.

## Support Plan Signature Sheet

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# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

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**

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For: **MICHAEL POKRZYWINSKI**

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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# MICHAEL POKRZYWINSKI's Support Plan

Created: **November 13, 2024**  
For: **MICHAEL POKRZYWINSKI**

## 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

**Handwritten**

**Signature captured in attachment**

Date Signed  
**10/17/2024**

Date Plan Sent to Me  
**10/25/2024**

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

Case Manager/Care Coordinator

**Handwritten**

**Signature captured in attachment**

Date Signed  
**10/17/2024**

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

**No signature records available.**