

Support Plan

Person Information

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

Overview

Effective Date Range

Start Date 04/01/2025	End Date 03/31/2026
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Program
Community Access for Disability Inclusion (CADI) Waiver

About Plan

Budget Information

Case Mix
J

Average Monthly Budget
\$ 15,678.59

About Me

What do I want my life to look like

Who I am and what is important to me

Corrie Penn is a 50-year-old man living in a group home in Argyle, MN. Corrie enjoys being around people, holding hands, and being part of the action. He also enjoys going on walks and car rides, looking out the window, and moving around his environment in his wheelchair. It is important to Corrie to be involved as much as possible and to spend time with his Aunt and guardian, Cindy. It is also important to Corrie to be offered choices whenever possible. Corrie's daily routine consists of waking up, getting dressed, and eating breakfast. During the day he likes to interact with his family. He loves to look out the window and watch cars go by. Corrie also has frequent time that he spends sitting on the floor and moving around outside his chair, and also several times during the day that caregivers help him with walking. Three days per week he attends Polk County DAC for a leisure program. He is out of the home from about 7:45 am to 3:45 pm. Corrie prefers to be given the choice of when to go to bed, but it is typically around 8PM each night.

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

What I want my life to look like

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

My Community Life

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

My Work Life

Corrie started at the EGF Developmental Achievement Center in June 2024 in the leisure program. He attends 3 days per week.

My Choice about Work

Not working; not interested in working

My Goals

1 Corrie will continue to be active in his community.



Target Date
Mar 31, 2026

My Action Items

1. Name

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

Description

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

2. Name

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

Description

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

3. Name

Polk County DAC

Description

Corrie will attend Polk County DAC to assist in social interaction and community participation. Polk County DAC will facility community outings regularly.

2 Corrie will have his health needs met.



Target Date
Mar 31, 2026

My Action Items

1. Name

Corrie will attend all appointments as scheduled.

Description

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

My Supports

Services and Supports

Service Type

Services that support me

Start Date

04/01/2025

End Date

03/31/2026

Service Name

Day Support Services, 15 Minute

Procedure Code

T2021

Modifiers

UC, --, --, --

Provider Name

EGF POLK COUNTY DAC

Provider Identification Number (NPI/UMPI)

M288023700

Contact Information

Shellie Vingelen, Polk County DAC

Units

4,500.00

Rate

\$ 4.88

Average Monthly Cost

\$ 1,830.00

Status

Add

Area of Need

Communication

Learning

Meaningful activities

Memory and cognition

Personal Cares

Psychosocial health

Work/school

Frequency

Other

Other

3 days per week

Support Instructions

Corrie attends Polk County DAC beginning 6/17/24 3 days per week with eventual increase to 5 days per week.

Goals

Corrie will continue to be active in his community.

Rate Inputs

Direct Care Staffing	
Average Staff Ratio 1:3	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

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Rate Information

Framework Unit Rate
\$ 4.88

Final Unit Rate
\$ 4.88

Final Rate Details
Framework rate

Total Cost
\$ 21,960.00

Service Type

Services that support me

Start Date
04/01/2025

End Date
03/31/2026

Service Name
Transportation, One-Way Trip

Procedure Code
T2003

Modifiers
UC, --, --, --

Provider Name
EGF POLK COUNTY DAC

Provider Identification Number (NPI/UMPI)
M288023700

Units
380.00

Rate
\$ 100.00

Average Monthly Cost
\$ 3,166.67

Status
Add

Area of Need
Learning
Meaningful activities
Psychosocial health
Work/school

Frequency
Other

Other
3 days per week

Support Instructions
Travel from Warren to EGF and back for Polk County DAC 3 days per week with increase to 5 days per week.

Goals
Corrie will continue to be active in his community.

Service Type
Services that support me

Start Date
04/01/2025

End Date
03/31/2026

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)

A307487900

Contact Information

Kristal Walen, 218-437-6011

Units

365.00

Rate

\$ 335.34

Average Monthly Cost

\$ 10,199.93

Status

Change

Area of Need

Communication

Eating and meal preparation

Health Interventions

Household management

Learning

Meaningful activities

Memory and cognition

Movement

Personal Cares

Psychosocial health

Self-preservation

Frequency

Other

Other

Daily

Support Instructions

Daily Residential Rate

Goals

Corrie will continue to be active in his community.

Corrie will have his health needs met.

Rate Inputs

Residential Address

Street Number

601

Street Name

Cedar Ave

City

Argyle

Zip Code

56713

Average Shared Direct Care Staff Hours Per Day

Daytime Hours:

32.51

Overnight Hours:

5.00

Number of Residents

4

Does the person need awake overnight staff?

Yes

Number of Residents Who Need Awake Overnight Shared Staff

2

Remote Awake Hours:

0.00

Number of Residents Monitored Remotely

0

Average Individual Direct Care Staff Hours Per Day

Daytime Hours:
0.00

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
--

Non-Framework Rate Information

Unit rate
Non-framework reason type
--

REQUIRED: Explanation and calculation details for non-framework rate
--

Rate Information

Framework Unit Rate
\$ 335.34

Final Unit Rate
\$ 335.34

Final Rate Details
Framework rate

Total Cost
\$ 122,399.10

Service Type

Services that support me

Start Date

04/01/2025

End Date

03/31/2026

Service Name

Case Management, 15 Minute

Procedure Code

T1016

Modifiers

UC, --, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Contact Information

Cassi Hermanson (218) 745-5124

Units

144.00

Rate

\$ 24.47

Average Monthly Cost

\$ 293.64

Status

Change

Area of Need

Learning

Psychosocial health

Self-preservation

Work/school

Frequency

Other

Other

Estimated time 3 hours per month

Support Instructions

Case management services to include, monitoring and implementing support plan, assessing for additional needs and linking with services as needed. Corrie can request his 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 semi annually with total contact at minimum quarterly. Estimated time two hours per month.

Goals

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

Service Type

Services that support me

Start Date

04/01/2025

End Date

03/31/2026

Service Name

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

Procedure Code

T1016

Modifiers

TF, UC, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Contact Information

Lisa Silanpaa (218) 745-5124

Units

48.00

Rate

\$ 9.39

Average Monthly Cost

\$ 37.56

Status

Change

Area of Need

Household management

Frequency

Other

Other

Estimated 1 hour per month

Support Instructions

Money management services, estimated time 1 hour per month

Goals

Corrie will continue to be active in his community.

Service Type

Services that support me

Start Date

04/01/2025

End Date

03/31/2026

Service Name

Transportation, Mileage (Non-Commercial Vehicle)

Procedure Code

S0215

Modifiers

UC, --, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Units

1,560.00

Rate

\$ 0.66

Average Monthly Cost

\$ 85.80

Status

Add

Area of Need

Learning

Meaningful activities

Work/school

Frequency

Other

Other

3 days per week

Support Instructions

Transportation from Warren to Argyle 3 days per week for Polk County DAC.

Goals

Corrie will continue to be active in his community.

Service Type

Services that support me

Start Date

04/01/2025

End Date

03/31/2026

Service Name

Transportation, One-Way Trip

Procedure Code

T2003

Modifiers

UC, --, --, --

Provider Name

**TRI VALLEY TRANSPORTATION
PROGRAMS**

Provider Identification Number (NPI/UMPI)

A582467100

Units

156.00

Rate

\$ 5.00

Average Monthly Cost

\$ 65.00

Status

Add

Area of Need

Meaningful activities

Self-preservation

Work/school

Frequency

Other

Other

3 days per week

Support Instructions

Transportation from Argyle to Warren 3 days per week one way for DAC.

Goals

Corrie will continue to be active in his community.

Overall Cost of Services

Total Cost Of Authorized Services

\$ 188,143.10

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

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

Support Plan Signature Sheet

Effective Date Range

04/01/2025 - 03/31/2026

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

N/A

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

Yes

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

Yes

I participated in developing my plan for receiving services.

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

Comments

--

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

218-745-5124

Signatures

My Signature

My signature and responses on this form indicate:

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

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

My Signature

E-Signature

unable to sign

Date Signed

03/14/2025

Date Plan Sent to Me

03/24/2025

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

Case Manager/Care Coordinator

E-Signature

Date Signed

03/04/2025

Other Person's Signature

E-Signature

Name

Cindy Donarski

Date Signed

02/13/2025

Relationship

Guardian

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

Provider's Name

EGF POLK COUNTY DAC

Provider's Signature

E-Signature

Date Signature Requested

02/13/2025

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

Provider Agency

2/13/2025

Vivan McKewin

Provider’s Name

Marshall County Group Homes, Inc.

Provider’s Signature

E-Signature



Date Signature Requested

Signature Obtained

02/13/2025

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

Provider Agency

2/13/2025

Sabrina Deschene, MCGH