

Support Plan

PMI: 00166167

Person Information

Person's Name

SANDRA ARIAS

Preferred Name

--

Primary Phone

218-437-6697

Primary Email

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Date of Birth

04/04/1970

Primary Language

English

Overview

Effective Date Range

Start Date

05/01/2025

End Date

04/30/2026

Program

Community Access for Disability Inclusion (CADI) Waiver

About Plan

Budget Information

Case Mix

A

Average Monthly Budget

\$ 9,032.44

About Me

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What do I want my life to look like

Who I am and what is important to me

Sandra is a 55 year old woman who resides in Argyle, MN at the Marshall County Group Homes as of 6/27/23.

Sandra's dream is "My Family." Sandra's family members are very important to her. Sandra's son, Jonathon, who lives in Crookston is important to her. The residential caregivers assist Sandra to meet with Jonathon at a restaurant in Crookston once a month, usually the first Tuesday of the month. Sandra has a daughter, Sierra, who lives in Grand Forks and has two daughters of her own, Audrey and Goldie, as well as a son, Otis. Sandra speaks with her daughter frequently on the phone and visits her on occasion. Sandra's hope is to be able to see her daughter and grandchildren more frequently or about once a month. Sandra's caregivers will work to arrange this on a monthly basis. Sandra stays in close contact with her Dad, Frank, brother, Frank Jr. and brother, Pedro, who all live in Texas. Sandra's roommates and caregivers are important to her as well. Sandra gets along well with her caregivers at her home.

Within the last year, Sandra met her goals of changing her last name back to her maiden name of Arias and to get a divorce.

Sandra is proud of her Hispanic heritage and enjoys sharing Spanish words with others. Sandra's Christian faith is also important to her and she said "believing in God is beautiful."

What I want my life to look like

Sandra loves to dance and so the residential caregivers take her to the Listen Center Dances in Grand Forks on a regular basis. Sandra enjoys reading books and reading the Bible. Sandra enjoys coloring and drawing. Sandra also enjoys attending church and cooking or baking. Sandra has a big smile on her face when she dresses up, wears jewelry, wears makeup, and wears bows or clips in her hair. Sandra also enjoys going out to eat and shopping. Sandra has her own tv and enjoys watching the Disney channel and the tv show, Chicago Fire. Sandra likes to purchase new things or things at the Thrift Store. Sandra is also a big Vikings football fan! Sandra has been attending the Catholic Church in

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Argyle and she aspires to become a member of the church and join the Catholic Daughters as a way to be more involved in church and the community. Sandra is also very proud of her paid employment and that she can independently walk around the community of Argyle. Besides walking in town, it is important to Sandra to exercise in other ways such as riding an exercise bike, riding bike outside when the weather permits, jumping rope, and push-ups.

It is Sandra's preference to get up around 8 am and go to bed around 9pm. She reads, colors, and draws everyday. She also takes a nap everyday after lunch and watches the Disney channel daily.

Sandra was involved in the planning process and expressed her choices regarding service and provider selection, establishment of goals, meeting location, time, planning participants and agenda, and has choices in her activities, daily routines, social and leisure activities, employment, and living situation.

Sandra's strengths include that she is easy going, kind, hard worker, and likes to be helpful. Sandra has a wonderful way of greeting others and appreciating others.

My Community Life

Sandra moved into the Marshall County Group Home as of 6/27/23 and is happy living there and wants to remain living there at this time. The residential program will assist Sandra to meet her needs with communication, meal preparation, health interventions, household management, learning, meaningful activities, memory, psychosocial health, self-preservation, and work needs. The case manager will also monitor and coordinate services to meet all of these areas as well.

Sandra enjoys walking around the community of Argyle and is able to access area businesses.

Sandra has been attending the Catholic Church in Argyle and she aspires to become a

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member of the church and join the Catholic Daughters as a way to be more involved in church and the community.

My Work Life

Sandra is working every other Wednesday and then every Friday from 10 am until 12:30 pm at the Argyle Building Center and works about the same hours every other Wednesday at the building center in Stephen. She cleans the toilets and sinks, sweeps, mops the floor, dusts, vacuums, and takes out the garbage. Sandra also has been cleaning on Thursdays at the Marshall County Group Home office. She eats lunch and takes a nap after work. She takes the Tri-Valley bus to and from the Building Centers. Sandra is very proud to be earning her own money and to have a paycheck. Sandra is satisfied with her work and the work schedule.

My Choice about Work

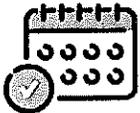
Working; not seeking to make changes to current work status or goals

My Goals

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1 I will attend the Listen Center Dances on a monthly basis.



Target Date
Apr 30, 2026

My Action Items

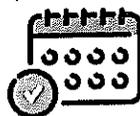
1. Name

Dances

Description

The caregivers at Sandra's home will ask Sandra at least monthly if she would like to go to the Listen Center Dance in Grand Forks. The caregivers will provide transportation to the dance. Sandra will pay for the cost of admission.

2 I will continue to remain employed at the Argyle Building Center.



Target Date
Apr 30, 2026

My Action Items

1. Name

Work

Description

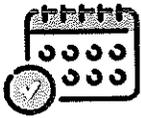
Sandra will receive transportation to work by Tri-Valley bus. The residential provider will send a copy of her paychecks to Lisa, the money manager at social services who will in turn report her work earnings to Social Security.

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Sandra will continue to work hard at her job. The residential provider and case manager are available if Sandra has any concerns or questions about her employment.

3 I will stay in contact with my family on a regular basis.



Target Date
Apr 30, 2024

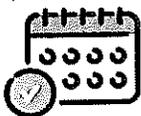
My Action Items

1. Name
Family

Description

Sandra will stay in contact with her family by phone calls, letters, and visits as she is able. The residential caregivers will provide transportation to visit her son in Crookston once a month and to visit her daughter in Grand Forks once a month.

4 I will be active in my community.



Target Date
Apr 30, 2026

My Action Items

1. Name

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Community Involvement

Description

The residential caregivers will inquire about Sandra becoming a member of the Catholic church in Argyle and will assist Sandra to complete the steps to become a member. Sandra will volunteer as she is able to help with church events and will join Catholic Daughters.

My Supports

People And Community Organizations That Support Me

Person's Name

Sierra Enlow

Relationship

Child/Step Child

Role

Emergency Contact

Organization's Name

--

Support Description

Sierra is the emergency contact for Sandra and provides emotional support to Sandra. Phone is 701-739-0810. Address is 1412 N 1st St, Grand Forks, Grand Forks County, North Dakota 58203-2402

Frequency

Monthly

Area Of Need

Meaningful activities

Goals

I will stay in contact with my family on a regular basis.

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Services and Supports

Service Type

Services that support me

Start Date

05/01/2025

End Date

04/30/2026

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)

A895217500

Contact Information

Cindy Gratzek, 218-437-6695, Box D, Argyle, MN 56713

Units

365.00

Rate

\$ 284.45

Average Monthly Cost

\$ 8,652.02

Status

--

Area of Need

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Communication

Eating and meal preparation

Health Interventions

Household management

Learning

Meaningful activities

Memory and cognition

Psychosocial health

Self-preservation

Work/school

Frequency

Other

Other

daily

Support Instructions

daily assistance provided

Goals

I will attend the Listen Center Dances on a monthly basis.

I will stay in contact with my family on a regular basis.

I will be active in my community.

I will continue to remain employed at the Argyle Building Center.

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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:
27.97

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:
0.39

Overnight Hours:
0.00

Licensed Practical Nurse (LPN)
Assessment/Treatment
0.10

Registered Nurse (RN)
Assessment/Treatment
0.09

Remote Awake Hours:
0.00

Other

Transportation
Standard vehicle

Customization
No customization

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Rates Notes

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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

\$ 284.45

\$ 284.45

Final Rate Details

Total Cost

Framework rate

\$ 103,824.25

Service Type

Services that support me

Start Date

End Date

05/01/2025

04/30/2026

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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

Katie Benson, 218-745-5124, 208 E Colvin Ave, Ste 14, Warren, MN 56762

Units

144.00

Rate

\$ 24.47

Average Monthly Cost

\$ 293.64

Status

--

Area of Need

- Health Interventions**
- Household management**
- Learning**
- Meaningful activities**
- Memory and cognition**
- Psychosocial health**
- Self-preservation**
- Work/school**

Frequency

Other

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Other
as needed

Support Instructions

3 hours per month authorized, case manager will at a minimum will meet with Sandra on a semiannual basis, case manager will coordinate, implement, and monitor the services and support plan, the case manager can be contacted if any changes are needed to the support plan, the case manager can be contacted and a team meeting can be held if there are any disagreements regarding services or the support planning process. The case manager will authorize services that will assist Sandra in meeting her goals.

Goals

- I will attend the Listen Center Dances on a monthly basis.**
- I will continue to remain employed at the Argyle Building Center.**
- I will be active in my community.**

Service Type

Services that support me

Start Date
05/01/2025

End Date
04/30/2026

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 Sillanpaa, Marshall County Social Services, 218-745-5124, 208 E Colvin Ave, Ste

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14, Warren, MN 56762

Units

24.00

Rate

\$ 9.39

Average Monthly Cost

\$ 18.78

Status

--

Area of Need

Household management

Frequency

Other

Other

monthly

Support Instructions

half hour authorized per month for social welfare money management services

Goals

--

Service Type

Services that support me

Start Date

05/01/2025

End Date

04/30/2026

Service Name

Transportation, One-Way Trip

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Procedure Code

T2003

Modifiers

UC, --, --, --

Provider Name

**TRI VALLEY TRANSPORTATION
PROGRAMS**

Provider Identification Number (NPI/UMPI)

A582467100

Units

272.00

Rate

\$ 3.00

Average Monthly Cost

\$ 68.00

Status

--

Area of Need

Work/school

Frequency

Weekly

Support Instructions

transportation to and from work twice a week to Argyle at \$3.00 per day and two of those days per month are to Stephen at the \$5.00 rate per day. 272 units needed for the year.

Goals

I will continue to remain employed at the Argyle Building Center.

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Overall Cost of Services

Total Cost Of Authorized Services

\$ 108,389.29

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

Sandra requires a 24-hour plan of care but she can be alone in the community or at home up to four hours at a time. Sandra knows how to use the phone at her home if she needs emergency assistance. Sandra's residential caregivers will assist Sandra if needed as the home is staffed 24 hours a day.

Support Plan Signature Sheet

Support Plan

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Effective Date Range

05/01/2025 - 04/30/2026

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

--

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.

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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

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My Signature

My signature and responses on this form indicate:

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

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

My Signature

E-Signature

SANDRA ARIAS

Date Signed

03/20/2025

Date Plan Sent to Me

04/18/2025

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

Case Manager/Care Coordinator

E-Signature

Katie Bero

Date Signed

03/20/2025

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

ang gator

Date Signature Requested

03/20/2025

Signature Obtained

Yes, Attached

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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

3/20/2025

Provider Agency

Cindy Gratzek

