Person Information

Person's Name
HAILEY KLEVEN

Preferred Name
--

Primary Phone
2189654588

Primary Email
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Date of Birth
02/24/2004

Primary Language
English

Overview

Effective Date Range

Start Date
02/01/2025

End Date
01/31/2026

Program
Developmental Disabilities (DD) Waiver

About Plan

Budget Information

Average Monthly Budget
$ 8,532.85

About Me

What do I want my life to look like

Who I am and what is important to me

Hailey is a 20-year-old female living in a group home in Argyle, Minnesota. She attends school at Warren-Alvarado-Oslo High School. Previously, her parents had indicated that they would like her to continue until the December before her 22nd birthday, however, they have indicated they would like to explore post-secondary options including the Polk County Developmental Achievement Center. Hailey likes to color and draw, especially iPhone and Apple products. Hailey is able to recognize the generation of Apple products. Hailey enjoys attending horse therapy which assists with her symptoms of anxiety. Hailey is Christian and tries to church on Sundays when possible. It is important to Hailey and her parents that she be given opportunities to grow in her independence. Her parents want her to have the same types of life experiences as other young adults.

Hailey wakes up around 6am and completes morning cares such as brushing teeth, eating breakfast and leaves around 7:20am for school. She returns home at 3:45 then relaxes a bit, using her Ipad, or watching TV. Hailey showers either before or after supper. and goes to bed around 8:30 or 9pm. She goes to church on Sundays and participates in activities with peers in her home at times.

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

What I want my life to look like

Hailey would like to continue living at Marshall County Group Homes and to one day work at an Apple Store. She enjoys spending time on her Ipad, making phone crafts and spending time with her family.

My Community Life

Hailey lives in a community residential home through Marshall County Group Homes. She has three other housemates and enjoys where she lives.

My Work Life

Hailey is currently attending WAO High School and is not working. She and her parents are exploring options for employment and day services following her schooling. Hailey and her family have not decided if they will have her attend school until her 22nd birthday or if they will transition to employment/leisure programs before then.

My Choice about Work

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

Do I need support to achieve work goals?

Yes

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

Hailey would need support discovering and finding jobs as well as onsite supports to learn and maintain employment.

My Goals

1 Hailey would like to have a job one day, preferably at an Apple store.

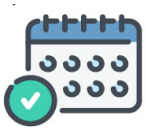
Target Date
Jan 31, 2030

My Action Items

1. Name
   Explore vocational/educational opportunities

   Description
   Hailey and her parents will explore options for her for the summer including the Polk County DAC, Warren, ODC, and returning to WAO High School.

2 Hailey would like to remain healthy and safe.



Target Date
Jan 31, 2026

My Action Items

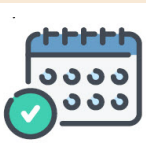
1. Name
   Attend appointments

   Description
   Hailey will attend appointments as recommended by providers. Parents and Marshall County Group Homes will work to ensure these needs are met.

2. Name
   Attend trauma therapy

   Description
   Hailey will attend trauma therapy at a frequency determined by her provider. MCGH and Hailey's parents will assist in transportation and scheduling appointments.

3 Hailey would like to participate in community activities.



Target Date
Jan 31, 2026

My Action Items

1. Name
   Outings

   Description
   MCGH will offer outings for Hailey such as to the library or coffee shop on a regular basis.

My Supports

People And Community Organizations That Support Me

Person's Name
Jennifer Pageler

Relationship
Special Education Case Manager

Role
Support/Interdisciplinary care team

Organization's Name
Warren-Alvarado-Oslo High School

Support Description
Hailey receives special education through WAO High School. She graduated in May 2023, but is able to continue attending school until her 22nd birthday.

Frequency
Daily

Area Of Need

☑Communication

☑Learning

☑Meaningful activities

☑Memory and cognition

☑Work/school

Goals

Hailey would like to have a job one day, preferably at an Apple store.

Person's Name
Jade Noah

Relationship
Trauma Therapist

Role
Support/Interdisciplinary care team

Organization's Name
CVIC

Support Description
Jade provides trauma-based therapy to Hailey currently every other week.

Frequency
Other

Other (Frequency)
Every other week

Area Of Need

☑Psychosocial health

☑Self-preservation

Goals

Hailey would like to remain healthy and safe.

Modifications, Assistive Technology and Remote Support

Name or type
Orthotic braces, iPad.

Support description
Orthotic braces assist with ambulation for Hailey.

Frequency of use
Daily

Area Of Need

☑Movement

Technology support contact
--

Goals

Hailey would like to remain healthy and safe.

Services and Supports

Service Type

Services that support me

Start Date
02/01/2025

End Date
01/31/2026

Service Name
Case Management, 15 Minutes

Procedure Code
T1016

Modifiers
UC, --, --, --

Provider Name
MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)
A000045100

Contact Information
Cassi Hermanson, 218-745-5125

Units
144.00

Rate
$ 23.19

Average Monthly Cost
$ 278.28

Status
Change

Area of Need

Meaningful activities

Psychosocial health

Self-preservation

Work/school

Frequency
Other

Other
2 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. Hailey or her guardian can request her case manager update her support plan at any time during the year. If there is a complaint or grievance about the services you are receiving, please contact your county case manager or follow the agency's protocol. Minimum face to face contact semi annually with total contact at minimum quarterly. Estimated time three hours per month.

Goals

Hailey would like to have a job one day, preferably at an Apple store.

Hailey would like to remain healthy and safe.

Hailey would like to participate in community activities.

Service Type
Services that support me

Start Date
02/01/2025

End Date
01/31/2026

Service Name
Family Training, 15 Minute

Procedure Code
S5110

Modifiers
--, --, --, --

Provider Name
MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)
A000045100

Contact Information
Wendy Smith, Son Shine Farm Refuge

Units
155.00

Rate
$ 20.00

Average Monthly Cost
$ 258.33

Status
Change

Area of Need

Meaningful activities

Movement

Psychosocial health

Learning

Frequency
Weekly

Support Instructions
Hailey attends Equine Assisted Learning weekly during warmer months. This is a 75 minute session.

Goals
--

Service Type

Services that support me

Start Date
02/01/2025

End Date
01/31/2026

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)
A663187100

Contact Information
Kristal Walen, MCGH 218-437-6695.

Units
365.00

Rate
$ 262.89

Average Monthly Cost
$ 7,996.24

Status
Change

Area of Need

Communication

Eating and meal preparation

Health Interventions

Household management

Learning

Meaningful activities

Personal Cares

Self-preservation

Frequency
Other

Other
Daily rate

Support Instructions
Rate for daily support at Cedar North Group home.

Goals

Hailey would like to remain healthy and safe.

Hailey would like to participate in community activities.

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:
24.05

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:
0.53

Overnight Hours:
0.00

Licensed Practical Nurse (LPN) Assessment/Treatment
0.09

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
$ 262.89

Final Unit Rate
$ 262.89

Final Rate Details
Framework rate

Total Cost
$ 95,954.85

Overall Cost of Services

Total Cost Of Authorized Services
$ 102,394.21

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
Hailey's group home, Marshall County Group Homes, will ensure that she is safe during inclement weather conditions or medical emergencies. In the event of insufficient staffing, MCGH will follow their protocols.

Support Plan Signature Sheet

Effective Date Range

02/01/2025 - 01/31/2026

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
N/A

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 Hailey

Date Signed
01/29/2025

Date Plan Sent to Me
02/05/2025

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

Case Manager/Care Coordinator
E-Signature Cassandra Hemanson

Date Signed
02/05/2025

Other Person's Signature
E-Signature Debra Kleven

Name
Debra Kleven

Date Signed
01/29/2025

Relationship

Mother/Guardian

Other Person's Signature

E-Signature

Name

Robert Kleven

Date Signed

01/29/2025

Relationship

Guardian, father

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

Date Signature Requested

01/29/2025

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

1/29/2025

Provider Agency

Cindy Gratzek, MCGH