

Support Plan

PMI: 00522066

Person Information

Person's Name

GREGORIO RUIZ

Preferred Name

Greg Ruiz

Primary Phone

2187454092

Primary Email

--

Date of Birth

11/21/1976

Primary Language

English

Overview

Effective Date Range

Start Date

06/01/2025

End Date

05/31/2026

Program

Developmental Disabilities (DD) Waiver

About Plan

Budget Information

Average Monthly Budget

\$ 2,210.38

About Me

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What do I want my life to look like

Who I am and what is important to me

Greg is a 48 year old male who lives in an apartment at the Landmark in Warren, MN.

Greg enjoys going to the Occupational Development Center or ODC because he can see his friends, it is part of his routine, and is a place he is comfortable with. Greg enjoys riding his bike by himself or with friends, going to the car races in Grand Forks on Fridays in the summer with friends, playing video games daily, watching movies, and spending time with his friends. Greg visits his mother, Dominga, who lives in Grand Forks, ND occasionally and speaks with her on the phone on a regular basis. Greg also enjoys talking to his friend, Ashley, on the phone daily and buying her a Christmas present. It is important to Greg to be able to visit his brother, Isaac's grave at the cemetery in Oslo on a regular basis. Greg has an xbox and nintendo switch that he enjoys playing video games on.

What I want my life to look like

Greg can be admired for his laid-back personality, work ethic, and ability to keep his apartment so neat and clean. Greg is someone who is typically quiet around others and not real talkative.

It is important to Greg and his dream to continue living in his own apartment and to have a nice bike that he can ride around town. It is Greg's goal to obtain competitive work. Greg has not had any consistent work since his Dig-Key job ended as of 6/30/24.

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

The Marshall County Group Homes, in-home program, takes him to the cemetery on a regular basis, takes him grocery shopping, assists him with cooking once a week, sets up

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his medications, and takes him to doctor appointments. Greg is on the developmental disabilities waiver and Greg's case manager visits with Greg once a month and assists him with his telehealth psychiatry appointments. It is important for Greg to find employment that he receives employment services from the ODC as well as day support services from the ODC Monday through Thursday. Greg will receive transportation by the Tri-Valley bus to and from the ODC during the winter months. Greg rides his bike to the ODC during the nice weather. Greg will receive home delivered meals and a Dose Health medication dispensing machine.

My Community Life

Greg lives in an apartment at the Landmark building located in Warren, MN and has lived there for many years. Greg also attends the ODC in Warren. Greg enjoys riding his bike around town during the nice weather and going to the gas station to purchase a pop.

My Work Life

Greg attends the ODC M-TH and fills in for janitorial jobs as needed. Greg will be receiving employment services through the ODC to assist him in seeking competitive employment. Greg had been working at Digi-Key through the ODC until that job ended 6/30/24. Greg had also been previously cleaning at area businesses and churches, but those enclave jobs have ended.

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:

Greg will receive employment services from the ODC in Warren to help him find a job.

Support Plan

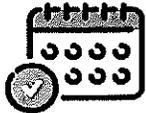
PMI: 00522066

My Goals

Support Plan

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1 I will go shopping out of town as needed.



Target Date
May 31, 2026

My Action Items

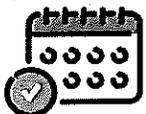
1. Name

Shopping

Description

My in-home worker will take me shopping in Grand Forks on occasion. I will receive money management from social services and will have a TrueLink card available which my in-home worker will assist me to make purchases.

2 I will keep riding my bike when the weather permits.



Target Date
May 31, 2026

My Action Items

1. Name

Bike

Description

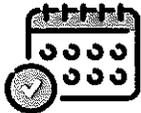
I will receive money management services from social services so that I have money to purchase a bike as needed. My in-home worker will take me shopping to purchase a bike as needed. I will take care of my bike and store my

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bike in the winter.

3 I will keep living in my own apartment.



Target Date
May 31, 2026

My Action Items

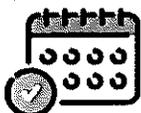
1. Name

Apartment

Description

I will be responsible for cleaning my apartment. I will receive supportive services including home delivered meals, money management, and individualized home supports.

4 I will find competitive employment.



Target Date
May 31, 2026

My Action Items

1. Name

Employment

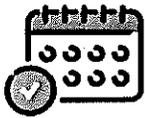
Description

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I will receive employment services from the ODC to assist me in finding competitive employment. Once I find a job, I will be responsible for my attendance and will complete tasks as assigned.

5 I will visit my brother's gravesite on a regular basis.



Target Date
May 31, 2026

My Action Items

1. Name

Cemetery

Description

My in-home worker will transport me to the cemetery at least three times a year and assist me to purchase anything that I want to bring to the gravesite.

My Supports

People And Community Organizations That Support Me

Person's Name

Dominga Ruiz

Relationship

Parent/Step-Parent

Role

Emergency Contact

Organization's Name

--

Support Description

Dominga is Greg's mother and provides emotional support. Dominga can be contacted at 701-215-7527.

Frequency

Weekly

Area Of Need

Psychosocial health

Goals

--

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Services and Supports

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

Service Name

Assistive Technology / Equipment

Procedure Code

T2029

Modifiers

UB, --, --, --

Provider Name

DOSE HEALTH

Provider Identification Number (NPI/UMPI)

1891155909

Units

12.00

Rate

\$ 60.00

Average Monthly Cost

\$ 60.00

Status

--

Area of Need

Health Interventions

Frequency

Other

Other

monthly

Support Instructions

Support Plan

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monthly medication dispensing machine

Goals

I will keep living in my own apartment.

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

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

--

Area of Need

Eating and meal preparation

Frequency

Daily

Support Plan

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Support Instructions

7 meals per week

Goals

I will keep living in my own apartment.

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

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

456.00

Rate

\$ 12.23

Average Monthly Cost

\$ 464.74

Status

--

Area of Need

Support Plan

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Eating and meal preparation

Health Interventions

Household management

Learning

Self-preservation

Personal Cares

Psychosocial health

Meaningful activities

Memory and cognition

Frequency

Weekly

Support Instructions

9.5 hours per week authorized for shopping, medication set up, home organization, taking to the Oslo cemetery, outings as time permits

Goals

I will go shopping out of town as needed.

I will keep living in my own apartment.

I will visit my brother's gravesite on a regular basis.

Support Plan

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Rate Inputs

Other

Customization

No customization

Rate 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

Final Unit Rate

\$ 12.23

\$ 12.23

Final Rate Details

Total Cost

Framework rate

\$ 5,576.88

Service Type

Services that support me

Start Date

End Date

06/01/2025

05/31/2026

Service Name

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

Procedure Code

Modifiers

H2014

UC, UN, U3, --

Support Plan

PMI: 00522066

Provider Name	Provider Identification Number (NPI/UMPI)
MARSHALL COUNTY GROUP HOMES INC	A895217500

Units
50.00

Rate
\$ 6.12

Average Monthly Cost
\$ 25.50

Status
--

Area of Need
Learning
Meaningful activities
Psychosocial health

Frequency
Other

Other
as needed

Support Instructions
1:2 ratio authorized for outings with a friend, two outings per year

Goals
--

Support Plan

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Rate Inputs

Other

Customization

No customization

Rate 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

Final Unit Rate

\$ 6.12

\$ 6.12

Final Rate Details

Total Cost

Framework rate

\$ 306.00

Service Type

Services that support me

Start Date

End Date

06/01/2025

05/31/2026

Service Name

Case Management, 15 Minutes

Procedure Code

Modifiers

T1016

UC, --, --, --

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Provider Name	Provider Identification Number (NPI/UMPI)
MARSHALL COUNTY SOCIAL SERVICES	A000045100

Units
120.00

Rate
\$ 23.19

Average Monthly Cost
\$ 231.90

Status
--

Area of Need
Meaningful activities
Memory and cognition
Psychosocial health
Self-preservation
Eating and meal preparation
Health Interventions
Household management
Learning
Personal Cares

Frequency
Other

Other
monthly visits

Support Instructions
2.5 hours per month authorized, case manager will monitor all needs and services, case manager will at a minimum will meet with the client on a semiannual basis, case manager will coordinate, implement, and monitor the services and support plan, the

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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 the client in meeting their goals

Goals

I will keep living in my own apartment.

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

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

Units

96.00

Rate

\$ 9.39

Average Monthly Cost

\$ 75.12

Status

--

Area of Need

Support Plan

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Household management

Memory and cognition

Frequency

Other

Other

monthly

Support Instructions

**2 hours per month of para authorized for money management/Social Security rep
payee services**

Goals

I will go shopping out of town as needed.

I will keep riding my bike when the weather permits.

I will keep living in my own apartment.

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

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

502.00

Support Plan

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Rate

\$ 0.67

Average Monthly Cost

\$ 28.03

Status

--

Area of Need

Household management

Meaningful activities

Frequency

Other

Other

as needed

Support Instructions

pass through for transportation for Marshall County Group Homes: waiver transportation to access the community. Generally to include three shopping trips to Grand Forks, 80 miles round trip each, three visits to the Oslo Cemetery, 34 miles round trip each, two group outings to Grand Forks per year, 80 miles each.

Goals

I will go shopping out of town as needed.

I will visit my brother's gravesite on a regular basis.

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

Service Name

Support Plan

PMI: 00522066

Transportation, One-Way Trip

Procedure Code

T2003

Modifiers

UC, --, --, --

Provider Name

**TRI VALLEY TRANSPORTATION
PROGRAMS**

Provider Identification Number (NPI/UMPI)

A582467100

Units

416.00

Rate

\$ 1.00

Average Monthly Cost

\$ 34.67

Status

--

Area of Need

Work/school

Frequency

Daily

Support Instructions

transportation to and from the ODC M-TH

Goals

I will find competitive employment.

Service Type

Services that support me

Start Date

End Date

Support Plan

PMI: 00522066

06/01/2025

05/31/2026

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

4,200.00

Rate

\$ 2.68

Average Monthly Cost

\$ 938.00

Status

--

Area of Need

Meaningful activities

Learning

Memory and cognition

Psychosocial health

Self-preservation

Work/school

Personal Cares

Frequency

Daily

Support Instructions

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attends the ODC M-TH

Goals

I will find competitive employment.

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

--

Rate Information

Framework Unit Rate

\$ 2.68

Final Unit Rate

\$ 2.68

Final Rate Details

Total Cost

Support Plan

PMI: 00522066

Framework rate

\$ 11,256.00

Service Type

Services that support me

Start Date

06/01/2025

End Date

05/31/2026

Service Name

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

Procedure Code

T2019

Modifiers

U1, --, --, --

Provider Name

OCCUPATIONAL DEVELOPMENT CENTER

Provider Identification Number (NPI/UMPI)

A647622800

Support Plan

PMI: 00522066

INC

Units

100.00

Rate

\$ 14.88

Average Monthly Cost

\$ 124.00

Status

--

Area of Need

Work/school

Frequency

Other

Other

as needed

Support Instructions

employment development services to seek competitive employment

Goals

I will find competitive employment.

Support Plan

PMI: 00522066

Rate Inputs

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

--

Rate Information

Framework Unit Rate

\$ 14.88

Final Unit Rate

\$ 14.88

Final Rate Details

Framework rate

Total Cost

\$ 1488.00

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Overall Cost of Services

Total Cost Of Authorized Services
\$ 26,524.61

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

Greg does not require 24 hour supervision, but needs a 24 plan of care. Greg has a cell phone in which he can contact a team member if needed or call 911 if needed. Greg goes to the ODC M-TH and the individualized home support provider sees Greg on a weekly basis. Katie Benson, social worker, can be contacted at 701-238-4718 if there is an emergency.

Support Plan Signature Sheet

Support Plan

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Effective Date Range

06/01/2025 - 05/31/2026

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

--

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

Gregorio Ruiz

Date Signed

05/06/2025

Date Plan Sent to Me

05/13/2025

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

Case Manager/Care Coordinator

E-Signature

Katie B. Moore

Date Signed

05/06/2025

Other Person's Signature

E-Signature

Stacy Laudal

Name

Stacy Laudal

Date Signed

05/06/2025

Relationship

guardian

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

Provider's Name

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**OCCUPATIONAL DEVELOPMENT CENTER
INC**

Provider's Signature

E-Signature



Date Signature Requested

Signature Obtained

05/06/2025

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

5/6/2025

Jenna Sieracki

Provider's Name

MARSHALL COUNTY GROUP HOMES INC

Provider's Signature

E-Signature



Date Signature Requested

Signature Obtained

05/06/2025

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**

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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

5/6/2025

Provider Agency

Cindy Gratzek

Support Plan
