# Person Information

Person's Name
**WAYNE FREI**

Preferred Name
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Primary Phone
**2187456400**

Primary Email
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Date of Birth
**04/19/1962**

Primary Language
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# Overview

Effective Date Range

Start Date
**05/01/2025**

End Date
**04/30/2026**

Program
**Developmental Disabilities (DD) Waiver**

# About Plan

## Budget Information

Average Monthly Budget
**$ 11,834.01**

# About Me

# What do I want my life to look like

## Who I am and what is important to me

Wayne lives in a group home in Warren, MN. He has been at this place for a handful of years and is doing quite well. Wayne has grown accustomed to the home and the staff and is very comfortable at this setting. Wayne is a very routine person who doesn't like being out of the house much. He prefers to be home and is content with doing his favorite things such as, drinking coffee, eating, watching TV, listening to music, and playing with the box of toys he keeps by the table. This box contains a lot of different things, but they focus around games and things that can be stacked and organized.

Wayne is able to get around the home with a walker. He has made great progress when it comes to his mobility and his ability to maneuver independently. Wayne was dealing with a broken hip many years ago, and he was told that he more than likely wouldn't be able to walk again. He has made great progress over the years and is now walking with the assistance of a walker. He still is discouraged to move without a walker and to not walk around without staff being available to him. His risk of falling is still there and no one wants another fall as that is what led to the hip fracture the first time.

Wayne continues to do well with his routine and attending all appointments. It can be difficult bringing him to/from appointments as when Wayne leaves the house, he usually becomes very agitated and vocal. He will holler and scream, "go home" over and over again. He also has become physically aggressive with staff while lashing out and trying to hit them. Wayne also becomes self-abusive and will hit himself at times when in the van. Staff try to minimize this with a PRN and limited appointments, but Wayne also has to attend certain appointments to make sure that his health needs are being met.

## What I want my life to look like

Wayne really enjoys being at the home and being in his routine. He has grown very close to staff, and he has grown to be very comfortable with his settings. Staff enjoy Wayne and feel like he couldn't be happier with his current situation. Wayne is very particular about his routine and likes to do a variety of things. Wayne enjoys drinking coffee, and usually hollers out to staff, "coffee, coffee" as he sits at the kitchen table. Staff do their best to try and limit some of the coffee intake as he would drink cup after cup if given the opportunity. Staff try to remind Wayne that it's important for his health to drink water as

well. Wayne has a box of toys next to the table that he likes to play with. He usually gravitates towards games that involve some type of texture component to it. Wayne's vision is very poor so he relies on the textures and feelings while he plays his games. The games usually involve some type of stacking or moving that he likes to do.

Wayne really enjoys textures and sensory things. He has staff apply lotion to his arms and likes to smell it when applied. Wayne also likes when staff rub his arm while using the lotion. Wayne has many types of hobbies while at home. He likes to rock in his chair, listen to music, specifically Elvis, and sit at the table drinking coffee and playing games. Wayne will at times ask to go for a walk and staff will take him outside. He doesn't stay out very long but will at times get some fresh air.

## My Community Life

Wayne lives in a group home in Warren, MN. The home is owned and managed by Marshall County Group Homes, Inc. Wayne has lived in this home for a handful of years and has adjusted really well to the home. The home is very accessible, and it is a one level home with ample room, wide hallways, and accessibility equipment. Wayne has his own room which is very spacious. Wayne is very in tune with staff and is very comfortable around them. He enjoys the home and really enjoys being there.

Wayne's community life is somewhat minimal. He doesn't like leaving the home and will usually always refuse an outing. Wayne will go outside at times and ask staff to take him for a walk or take out the garbage. When Wayne does this, staff usually take him outside for a limited time. Wayne doesn't like to stay outside long, but he is always encouraged to go outside and do things out of the home if he wants to. When Wayne goes to appointments there are usually behaviors and hollering. He is taken to necessary appointments, but Wayne usually refuses any outings in the community.

Wayne does not participate in any type of volunteer activity.

## My Work Life

Wayne used to attend the ODC and participate in the leisure/wellness program. Wayne does not attend the ODC in Warren anymore. Ever since COVID he has not been able to attend due to staffing shortages and their inability to care for someone with his needs. Wayne has not worked his entire life and with his severe intellectual disability and blindness his opportunity to work would be quite small.

### My Choice about Work

Not working; not interested in working

## My Goals

## 1 Wayne will continue to walk with his walker while also utilizing staff for guidance and assistance.

Target Date
**Apr 30, 2026**

My Action Items

1. Name
   **Walker**

   Description
   **Wayne will utilize his walker while getting around the house. He will make sure that staff are aware he is walking around and will let staff assist him and be near him while he is walking. It's important that Wayne uses his walker and walks carefully as he has a history of falling that resulted in a hip fracture many years ago.**

2. Name
   **Case Manager**

   Description
   **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 Wayne will continue all necessary medical appointments and follow up with all recommendations. It is important for Wayne to be up to date with

**all appointments as he lacks the ability to verbalize aches, pains, and/or sickness.**

Target Date
**Apr 30, 2026**

My Action Items

1. Name
   **Appointments**

   Description
   **Wayne will attend all appointments that are scheduled for him. Staff have to set up the appointment, transport, and attend the appointment as Wayne is not able to comprehend or understand what is being said to him. He would not be able to follow any recommendations on his own. Staff are responsible for making sure that Wayne is up to date with all necessary medical appointments.**

2. Name
   **Case Manager**

   Description
   **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.**

3. Name
   **MCGH staff**

   Description

**Staff will ensure that Wayne's needs are met while at home or in the community. Staff will keep Wayne up to date with all of his appointments and make sure that he is attending these on a regular basis. Staff will continue to work with Wayne to make him feel comfortable and work with him towards achieving his goals. Staff will find things to keep Wayne busy while he is at home during the day.**

## 3 Wayne will pick activities that interest him to stay busy and also to keep improving his ambulatory, social, and fine motor skills.

Target Date
**Apr 30, 2026**

My Action Items

1. Name
   **Picking activities**

   Description
   **Wayne will be given opportunities to participate in activities and games at the home. Wayne has a tote that has a lot of his interests in there when it comes to games and activities, such as stacking blocks, lotion, and sensory objects. Wayne will have opportunities to pick what he likes and what he wants to play with.**

2. Name
   **Case Manager**

   Description
   **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.**

3. Name
**MCGH staff**

Description
**Staff will ensure that Wayne's needs are met while at home or in the community. Staff will keep Wayne up to date with all of his appointments and make sure that he is attending these on a regular basis. Staff will continue to work with Wayne to make him feel comfortable and work with him towards achieving his goals. Staff will find things to keep Wayne busy while he is at home during the day.**

# My Supports

## 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)
**A267661000**

Units
**365.00**

Rate
**$ 382.71**

Average Monthly Cost
**$ 11,640.76**

Status
**No change**

Area of Need

**Personal Cares**

**Self-preservation**

**Eating and meal preparation**

**Communication**

**Health Interventions**

**Household management**

**Learning**

**Meaningful activities**

**Memory and cognition**

**Movement**

Frequency
**Other**

Other
**Daily**

Support Instructions
**MCGH staff will provide the necessary services to make sure that Wayne's daily needs are being met.**

Goals

**Wayne will continue to walk with his walker while also utilizing staff for guidance and assistance.**

**Wayne will pick activities that interest him to stay busy and also to keep improving his ambulatory, social, and fine motor skills.**

Rate Inputs

## Residential Address

Street Number
**705**

Street Name
**N 2nd Street**

City
**Warren**

Zip Code
**56762**

## Average Shared Direct Care Staff Hours Per Day

Daytime Hours:
**39.21**

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
**3**

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
**0.09**

Registered Nurse (RN) Assessment/Treatment
**0.09**

Remote Awake Hours:
**0.00**

## Other

Transportation
**Adapted vehicle with lift**

Customization
**No customization**

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
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**Rate Information**

Framework Unit Rate
**$ 382.71**

Final Unit Rate
**$ 382.71**

Final Rate Details
**Framework rate**

Total Cost
**$ 139,689.15**

Service Type
**Services that support me**

## Support Plan



Start Date
**05/01/2025**

End Date
**04/30/2026**

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
**Self-preservation**
**Health Interventions**
**Learning**
**Memory and cognition**
**Meaningful activities**

Frequency
**Other**

Other
**As needed**

Support Instructions

## Support Plan



**Case manager will provide the necessary services to make sure that all of Wayne's needs are being met.**

Goals

**Wayne will continue all necessary medical appointments and follow up with all recommendations.  It is important for Wayne to be up to date with all appointments as he lacks the ability to verbalize aches, pains, and/or sickness.**

## Overall Cost of Services

Total Cost Of Authorized Services
**$ 142,008.15**

# 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
**Wayne lives in a group home with 24/7 staffing. Wayne's vulnerable if not provided care and supervision, so he is not to be left alone while he is at the home or in the community. The home has staffing available to him 24 hours/day and 7 days/week. There are no concerns in regards to his needs as the staffing provided by the group home ensures that all his needs are met. Wayne receives case management through the DD waiver, which provides him with the oversight and care needed to make sure that services are adequate. If there is a problem with services, case manager will resolve them and make the appropriate referrals needed to ensure that his needs are being met. Wayne is under public guardianship and has the oversight to make the most appropriate medical decisions to ensure that his physical needs are being met.**

# Support Plan Signature Sheet

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
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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

**Handwritten**

**Signature captured in attachment**

Date Signed
**04/28/2025**

Date Plan Sent to Me
**06/03/2025**

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

Case Manager/Care Coordinator

**Handwritten**

**Signature captured in attachment**

Date Signed
**04/28/2025**

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

**No signature records available.**