

Support Plan

PMI: 00049190

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## Person Information

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Person's Name

**ERNEST JORGENSON**

Preferred Name

**Ernie Jorgenson**

Primary Phone

**2184376429**

Primary Email

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Date of Birth

**02/26/1965**

Primary Language

**English**

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## Overview

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Effective Date Range

Start Date

**06/01/2025**

End Date

**05/31/2026**

Program

**Community Access for Disability Inclusion (CADI) Waiver**

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## About Plan

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Budget Information

Case Mix

**B**

Average Monthly Budget

**\$ 1,899.51**

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## About Me

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## What do I want my life to look like

### **Who I am and what is important to me**

Ernie is a 60 year old man who lives in his own home in Argyle, MN with his black cat, Midnight. Ernie very much enjoys living in his home and is happy with how he spends his time. Ernie's dream is to keep living at home with Midnight and watching movies, tv shows, going out to eat and shopping at Thrift Stores on a monthly basis.

Ernie enjoys watching and collecting movies as he has over 3,000 VCR movies and he likes to watch tv. In particular, he enjoys tv programming that includes wrestling, westerns, Oakwood Homes (try to find gold) Pickers, Danny's Auto (fixes up cars), and watches the news daily. He likes to go to rummage sales and Thrift Stores, Solitaire, ride electric bike in town on occasion, and tinker outside. He used to fix up bikes. He also likes to go out to eat, go to the casino, and spend time with Theresa and Liz, his paid caregivers. Ernie's routine includes watching movies or tv and playing hand held solitaire daily. Ernie watches Oakwood Homes and Pickers on a weekly basis.

Food is important to Ernie. Ernie enjoys two eggs over easy and two french toast if he goes out to eat. His favorite place to eat is Dairy Queen and Pizza Ranch in Grand Forks. He is drinking about 4 diet Dr. Thunders a day. He is eating two gallons of ice cream a week and ice cream sandwiches a week. He buys soft candy, hard candy, and mini chocolate bars.

Teresa takes Ernie shopping once a month in Grand Forks and they access Walmart, Hugos and Thrift Stores per Ernie's request. It is important for Ernie that he receive instruction to not purchase too many items at the Thrift Store. Ernie does not drive, but he can access the community of Argyle with his electric bike. The in-home provider transports Ernie to his medical appointments.

Nicotine is also important to Ernie and it is important to him to have nicotine lozenges available to him.

Ernie can be admired for his sense of humor and easy going personality. Ernie can also be admired for his positive attitude and how he is satisfied with what he has and how he is living his life. Ernie prefers to remain living in his home with supportive services. Ernie typically goes to bed by 11pm-midnight and gets up in the morning around noon.

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**What I want my life to look like**

It is important to me and my aspiration to have money available to me to go out to eat and to go shopping, including to rummage sales and thrift stores. I like to be able to go out to eat with my friend, Robert, and be able to buy ice cream, chocolate bars, and diet Dr. Thunder. I enjoy going shopping to rummage sales and Thrift stores. It is important to me to have cable tv so that I can watch my favorite tv shows, Oakwood Homes, Danny's Auto, and Pickers. It is important to me to have access to money to spend. It's important to me to remain living in my own home. It is also important to me to continue to have an electric bike so that I can access the community of Argyle when the weather is nice. I have been offered to have chore services for lawncare and it's important to me to continue mowing the lawn on my own.

Ernie 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.

**My Community Life**

I live in my own home with my cat, Midnight in Argyle, MN. I live in the home that my parents lived in. I enjoy going to the Legion and the Dell restaurant in Argyle to have a pop or eat. I enjoy meeting my friend, Robert, at the Legion. I do not volunteer, but it is important to me to recycle any cans that I have.

**My Work Life**

I do not work and am satisfied with my current lifestyle of enjoying leisure activities. It would be hard for me to work due to my breathing, tiring easily, and becoming easily distracted.

**My Choice about Work**

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Not working; not interested in working

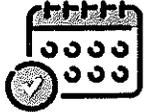
**My Goals**

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**1 I will continue to live in my own home, with my cat, Midnight.**



Target Date  
**May 31, 2026**

My Action Items

1. Name

**Cat**

Description

**Ernie will take care of his cat on a daily basis.**

2. Name

**Money**

Description

**Ernie will contact Marshall County Social Services about spending money that he needs for rummage sales, shopping, going out to eat, and for his cat. Ernie will go to Marshall County Group Home office to pick up his spending money.**

3. Name

**Services**

Description

**Ernie will receive chore services, home delivered meals, PERS, and independent living skills and training that is paid for by the CADI waiver.**

4. Name

**Money Management**

Description

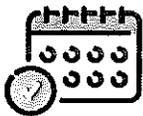
**Lisa Sillanpaa from Marshall County Social Services will send to Marshall County Group Homes on a monthly basis spending money for Ernie. Ernie will go to**

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**the office when he wants to access personal spending money on a weekly basis and be given smaller sums of money at a time, less than \$30 a time except for when he goes shopping once a month with Teresa, then he gets more spending money. Lisa will pay Ernie's bills and will load money onto the TrueLink card on a monthly basis.**

**2 I will keep watching my VCR movies and tv shows that I enjoy.**



Target Date  
**May 31, 2026**

**My Action Items**

1. Name

**Shopping**

Description

**Ernie's chore provider, Theresa Nelson, will take Ernie shopping in Grand Forks once a month. Theresa has the TrueLink Card that is loaded with money monthly for Ernie to spend when they go shopping in Grand Forks. Theresa will prompt Ernie to be mindful of what and how many things he buys. Ernie can also access the local grocery store in Argyle as needed and he has a charge account set up there.**

2. Name

**Money Management**

Description

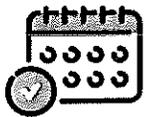
**Lisa Sillanpaa from Marshall County Social Services will send to Marshall Count Group Homes on a monthly basis spending money for Ernie. Ernie will go to the office when he wants to access personal spending money on a weekly basis and be given smaller sums of money at a time, less than \$30 a time except for**

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when he goes shopping once a month with Teresa, then he gets more spending money. Lisa will pay Ernie's bills and will load money onto the TrueLink card on a monthly basis.

**3 I will go shopping on a monthly basis with a stop at a Thrift Store.**



Target Date  
**May 31, 2026**

My Action Items

1. Name

**Shopping**

Description

**Ernie's chore provider, Theresa Nelson, will take Ernie shopping in Grand Forks once a month. Theresa has the TrueLink Card that is loaded with money monthly for Ernie to spend when they go shopping in Grand Forks. Theresa will prompt Ernie to be mindful of what and how many things he buys. Ernie can also access the local grocery store in Argyle as needed and he has a charge account set up there.**

2. Name

**Money Management**

Description

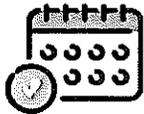
**Lisa Sillanpaa from Marshall County Social Services will send to Marshall County Group Homes on a monthly basis spending money for Ernie. Ernie will go to the office when he wants to access personal spending money on a weekly basis and be given smaller sums of money at a time, less than \$30 a time except for when he goes shopping once a month with Teresa, then he gets more spending money. Lisa will pay Ernie's bills and will load money onto the TrueLink card on**

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a monthly basis.

**4 I will go out to eat at a minimum of a monthly basis.**



Target Date  
**May 31, 2026**

My Action Items

1. Name

**Eating Out**

Description

**Theresa Nelson will take Ernie out to eat once a month when they go shopping. The Marshall County Group Home in-home staff will arrange for Ernie and a peer to go out to eat on occasion. Ernie also accesses the local restaurant and Legion to go out to eat on occasion.**

2. Name

**Money Management**

Description

**Lisa Sillanpaa from Marshall County Social Services will send to Marshall Count Group Homes on a monthly basis spending money for Ernie. Ernie will go to the office when he wants to access personal spending money on a weekly basis and be given smaller sums of money at a time, less than \$30 a time except for when he goes shopping once a month with Teresa, then he gets more spending money. Lisa will pay Ernie's bills and will load money onto the TrueLink card on a monthly basis.**

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## My Supports

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### People And Community Organizations That Support Me

Person's Name

**Sam Magelky**

Relationship

**Guardian**

Role

**Emergency Contact**

Organization's Name

**Guardian & Conservator**

**Lutheran Social Service of Minnesota**

**Guardianship Options 103**

**3101 S Frontage Rd, Moorhead, MN**

**56560**

**Phone: 218-303-5332/Cell: 218-620-**

**9535/Fax: 218-217-3051**

Support Description

**guardianship/conservatorship/emergency contact**

Frequency

**Monthly**

Area Of Need

**Health Interventions**

**Memory and cognition**

Goals

**I will continue to live in my own home, with my cat, Midnight.**

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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

**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**

Units

**144.00**

Rate

**\$ 24.47**

Average Monthly Cost

**\$ 293.64**

Status

--

Area of Need

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**Eating and meal preparation**

**Health Interventions**

**Household management**

**Learning**

**Meaningful activities**

**Memory and cognition**

**Personal Cares**

**Psychosocial health**

**Self-preservation**

Frequency

**Other**

Other

**as needed**

Support Instructions

**quarterly team meetings to be held, three hours per month authorized for at a minimum of semiannual visits, the case manager will coordinate, implement, and monitor the services and support plan, the case manager can be contacted for any disagreements or conflicts regarding the services or support plan and a team meeting can be held if needed, the case manager can be contacted for any updates or changes to the services or service plan.**

Goals

**I will go shopping on a monthly basis with a stop at a Thrift Store.**

**I will go out to eat at a minimum of a monthly basis.**

**I will continue to live in my own home, with my cat, Midnight.**

Service Type

**Services that support me**

Start Date

End Date

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**06/01/2025**

**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**

Contact Information

**Lisa Sillanpaa-218-745-5124**

Units

**144.00**

Rate

**\$ 9.39**

Average Monthly Cost

**\$ 112.68**

Status

**--**

Area of Need

**Household management**

Frequency

**Other**

Other

**monthly**

Support Instructions

**money management services, 3 hours per month authorized, having personal money to spend and having Ernie's bills paid supports Ernie in meeting all of his goals.**

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Goals

- I will continue to live in my own home, with my cat, Midnight.**
- I will keep watching my VCR movies and tv shows that I enjoy.**
- I will go shopping on a monthly basis with a stop at a Thrift Store.**
- I will go out to eat at a minimum of a monthly basis.**

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

**Household management**

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Frequency

**Daily**

Support Instructions

**7 meals per week**

Goals

**I will continue to live in my own home, with my cat, Midnight.**

Service Type

**Services that support me**

Start Date

**06/01/2025**

End Date

**05/31/2026**

Service Name

**PERS Monthly Service Fee**

Procedure Code

**S5161**

Modifiers

**--, --, --, --**

Provider Name

**EVERYFIT INC**

Provider Identification Number (NPI/UMPI)

**1215358361**

Contact Information

**Qmedic**

Units

**12.00**

Rate

**\$ 65.00**

Average Monthly Cost

**\$ 65.00**

Status

**Support Plan**

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Area of Need

**Movement**

**Self-preservation**

Frequency

**Monthly**

Support Instructions

**monthly PERS**

Goals

**I will continue to live in my own home, with my cat, Midnight.**

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**

Contact Information

**Marshall County Group Homes, 218-437-6695**

Units

**576.00**

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Rate

**\$ 12.23**

Average Monthly Cost

**\$ 587.04**

Status

--

Area of Need

**Communication**

**Health Interventions**

**Household management**

**Learning**

**Meaningful activities**

**Memory and cognition**

**Personal Cares**

**Psychosocial health**

Frequency

**Weekly**

Support Instructions

**weekly visits, 12 hours per month authorized, take to doctor appointments, set up medications, run errands as needed, socialization events as needed**

Goals

**I will continue to live in my own home, with my cat, Midnight.**

**I will go out to eat at a minimum of a monthly basis.**

**Support Plan**

PMI: 00049190

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**

**\$ 7,044.48**

Service Type

**Services that support me**

Start Date

End Date

**06/01/2025**

**05/31/2026**

Service Name

**Chore Services, 15 Minute**

Procedure Code

Modifiers

**S5120**

--, --, --, --

**Support Plan**

PMI: 00049190

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

Contact Information  
**Theresa Nelson as a pass through provider-218-230-6984**

Units  
**1,600.00**

Rate  
**\$ 4.32**

Average Monthly Cost  
**\$ 576.00**

Status  
--

Area of Need  
**Eating and meal preparation**  
**Household management**  
**Meaningful activities**  
**Psychosocial health**  
**Personal Cares**

Frequency  
**Weekly**

Support Instructions  
**40 hours per month authorized for cleaning, laundry, home organization, errands, out of town shopping, reminders to use inhalers/flutter**

Goals  
**I will continue to live in my own home, with my cat, Midnight.**  
**I will go shopping on a monthly basis with a stop at a Thrift Store.**  
**I will go out to eat at a minimum of a monthly basis.**

Support Plan

PMI: 00049190

Service Type

**Services that support me**

Start Date

**06/01/2025**

End Date

**05/31/2026**

Service Name

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

Procedure Code

**H2014**

Modifiers

**UC, UN, U3, --**

Provider Name

**MARSHALL COUNTY GROUP HOMES INC**

Provider Identification Number (NPI/UMPI)

**A895217500**

Units

**72.00**

Rate

**\$ 6.12**

Average Monthly Cost

**\$ 36.72**

Status

**--**

Area of Need

**Health Interventions**

**Household management**

**Learning**

**Meaningful activities**

**Memory and cognition**

**Personal Cares**

**Support Plan**

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**Psychosocial health**

Frequency

**Monthly**

Support Instructions

**1.5 hours per month of 1:2 service authorized for monthly outings with a friend**

Goals

**I will go out to eat at a minimum of a monthly basis.**

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**

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Final Rate Details  
**Framework rate**

Total Cost  
**\$ 440.64**

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### Overall Cost of Services

Total Cost Of Authorized Services  
**\$ 22,794.11**

## Safety and Well-being

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### My Plan To Address Safety Needs

Need(s) I will address

#### **Work/school**

My plan to address needs

**All of Ernie's needs are met by the waiver services he is receiving. Ernie is not interested in working due to his health and endurance. Ernie participates in meaningful activities. If Ernie decides he wants to work, he can contact his case manager at 218-745-5124.**

My Backup Plan

**Ernie requires a 24 hour plan of care. He has a landline phone and personal emergency response system to secure emergency assistance as needed. Ernie does not need 24 hour supervision and can be left alone during the day and night. Ernie will receive CADI waiver services.**

## Support Plan Signature Sheet

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## 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

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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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**Support Plan**

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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

**Handwritten**

**Signature captured in attachment**

Date Signed

**04/16/2025**

Date Plan Sent to Me

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

Case Manager/Care Coordinator

**Handwritten**

**Signature captured in attachment**

Date Signed

**04/16/2025**

Other Person's Signature

**Handwritten**

Name

**Sam Magelky**

Date Signed

Relationship

**Guardian from Lutheran Social Services**

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

Provider's Name

**Marshall County Group Homes, Inc.**

Provider's Signature

**Handwritten**

**Signature captured in attachment**

Date Signature Requested

**04/16/2025**

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

**4/16/2025**

Provider Agency

**Cindy Gratzek**

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## 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 ✕ Ernest Jorgenson 4-16-25

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

Case Manager/Care Coordinator

Katie Benson

Date Signed 4/16/25

Other Person's Signature

**Handwritten**

Name

✕ LSS by Sam Magelky Date Signed 4/16/25

**Sam Magelky**

Relationship

**Guardian from Lutheran Social Services**

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

Provider's Name

**Marshall County Group Homes, Inc.**

Provider's Signature

**Handwritten**



**Support Plan**

PMI: 00049190

Date Signature Requested

**04/16/2025**

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

**4/16/2025**

Provider Agency

**Cindy Gratzek**

*4/16/2025*

*Cindy Gratzek*

