

Marshall County Group Homes, Inc.

SSERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: *Diane Stromgren*

Service plan review meeting date: *7/16/25*

Time: *10:00am*

Type of service plan review meeting (i.e. annual): *Annual*

Location of meeting: *East Grand Forks DAC*

The purpose of this meeting is to provide an opportunity for support team or expanded support team members to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes. This meeting is also intended to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress towards accomplishing outcomes, or other information provided by the team.

A Review of Technology needs for the individual served: *Diane is to have a chair alarm on her dining room chair and lift chair; she is to have a bed alarm on also; she is to have a gait belt on at all times for ambulating and for assistance when going from a sitting to a standing position or standing to a sitting position. Diane has an electric hospital bed that she purchased. She is to have a pillow between her knees when sitting in her recliner to maintain proper body alignment and a Velcro wedge between her legs at night. Her wheelchair has a cushioned seat with a pummel between her knees to aide in keeping her hips aligned due to hip replacement. Diane is repositioned at 11p and 3a nightly.*

A review of the person's service and support outcomes occurred and the following determinations regarding those outcomes were made: *No changes were made to Diane's MCGH outcomes. She is to have a community outing x1/month in which staff are to schedule a date and time for the outing each month. See attached Programmatic Report*

Changes needed to the Support Plan Addendum, Self-Management Assessment, or other document in the service plan, include, if any: *Support Plan Addendum: List of Service Providers was updated. Diane's diet was updated to puered diet with nectar-thick liquids. Self-Management Assessment: Health & Medical Needs – Choking: Diane is cooperative when reminded to take smaller bites and not put large amounts of food in her mouth at one time. Diane is on a puered diet with nectar-thick liquids. She may have puffcorn that has been cut in half and given 1 piece at a time, as recommended by Diane Woolsey, SLP. Personal Safety: Mobility - When standing, staff allow Diane a few moments to stand before ambulating due to the plantar fasciitis. IAPP: No updates were made. List of attendees and date of the annual meeting were updated on all plans.*

Discussion regarding person-centered program planning:

What are the opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences? *Diane attends the Developmental Achievement Center (DAC) in East Grand Forks, MN. She started attending the DAC on June 17th and attends every M, W, Th. She engages in community outings, planned activities. Diane is encouraged to complete tasks on her own, as able, to maintain her abilities/skills. She is offered various activities such as going to visit Cedar North Residents, going out to eat, going for drives and attending community events.*

What are the opportunities for community access, participation, and inclusion in preferred community activities? *Diane participates in Bible Study 2x/month September-May at Our Saviors Lutheran Church and/or at her residential home. She has an outcome to participate in community outings x1/month. Diane participates in planned MCGH, Inc. events such as the Christmas Party and the Annual Picnic. Her home plans outings in the community such as van rides, short shopping trips, etc. She is also involved in community activities through the East Grand Forks DAC.*

What are the opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community? *Diane is encouraged to participate in outings that promote socialization such as MCGH planned events, community activities such as the Argyle Meet Your Neighbor Day Parade, attending Bible Study, shopping and*

Marshall County Group Homes, Inc.

planned DAC outings.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?
Diane has no interest in competitive employment.

The person currently receives services in (check as applicable):

- Residential services in a community setting controlled by a provider
- Day services
- Neither

Provide a **summary of the discussion of options for transitioning the person out of a community setting controlled by a provider** and into a setting not controlled by a provider (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: *Diane currently resides in the least restrictive environment that is appropriate for her.*

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**:
Describe any further research or education that must be completed before a decision regarding this transition can be made: *Diane attends the day program at the EGF DAC 3 days/week. She would be unable to participate in employment services due to her level of functioning physically and mentally.*

Other meeting discussion notes:

Health: *Henrietta, RN reviewed Diane's Health Summary for the past 6 months (see attached). Diane's walking was discussed. She is to use her walker at all time while at home and at the DAC. Her wheelchair will be kept in the garage at the DAC and in her bedroom at Cedar South. She will use the wheelchair only when she is in the community. Be sure she is sitting in a chair with arms, for safety. Diane has gained 10 lbs in less than a year – this is concerning as it affects her health and ability to ambulate. Staff are reminded to measure the ½ cup serving portion before pureeing her foods.*

Outcomes: *See attached report*

DAC: *Elsbeth McKewin, DSP reported that Diane is doing well at the DAC. She also reported that Diane has participated in multiple community outings including: Mall, airport, EGF library, Unforgettables concert, Turtle River State Park, eating out at various restaurants. Diane's outcomes at the DAC will continue as written.*

Action Items: Dental – ask if Diane is in need of any dental work requiring sedation – Rachel to do
Eye Exam – due in 8/25; ask if Diane would wear prescription eyeglasses – Rachel to do
DAC – send extra pants – Rachel to do
New Diffuser – Katie to order
Provide Henrietta with a copy of Diane's labs from 3/21/25 – Cindy to do
Document how much liquids she is drinking in the communication log – DAC to do

Next Meeting: *Annual Meeting is scheduled for 1/14/26 at 9a at the EGF DAC*

Appointment Search

Appointment Date	Appointment With	Specialty	Reason for Appointment	Description	Comment
03/20/2025	Peterson, Tim / Dr. (Rural Psychiatry Associates)	Psychiatry			Wants Depakote levels done & results to be sent to him.
03/21/2025	Smith, Jill (North Valley Health Center)	Primary Care		Annual Physical w/labs	Labs were drawn; Depakote included. No acute changes were made, no concerns were addressed at this appointment. She was going to get her left ear flushed, but she would not let Nurse & staff touch her ears. Suggested to try it @ home for the wax is right on the end, staff did tell them she would ask GH Nurse. She did receive her Pneumonia Vaccine, for it needed to be updated. All & all Jill Smith stated that Diane looked very well & healthy. Follow-up yearly & as needed.
4/29/2025	Min DHS Special Care Dentistry	Dentist	Dental Cleaning	Scheduled Cleaning	rescheduled from 3-17-25 @ 1p....to 4-29-25 @11 am. Next dental exam 08/26/25 at 1pm
6/26/2025	Smith, Jill (North Valley Health Center)	Primary Care	Urine Analysis		Diagnosed with a UTI; Nitrofurantoin Mono 100mg BID for 7 days
07/15/2025	Peterson, Tim / Dr. (Rural Psychiatry Associates)	Psychiatry	Psychiatric Consultation	Rescheduled apt. w/Allison Hlavin... (6-10-25 apt. not in office) scheduled for 7-11-25 @ 9am w/Allison Hlavin...Rescheduled again to 7-15-25 @ 8:30 am w/ Allison Hlavin	Appointment went well no concerns at this time with Diane. No med changes, requested labs to be done in September to check her Sodium in Sept. (suggested towards the end of the month) & send results to her. Next appointment has been scheduled for October 7th @ 8:30 am

DIANE STROMGREN ANNUAL MEETING JULY /16/2025

HEALTH: Diane's semiannual meeting was held 1/15/25. Diane has remained in fairly good health. Diane has a good appetite. Her weight a year ago was 117lbs with present weight 127.9lbs. Her ideal weight is 110-120lbs. She is 5'2" tall. She continues on a pureed diet with liquids to be a nectar consistency. Diane needs frequent reminders to put smaller amounts of food in her mouth and to swallow what she has in her mouth before taking another bite.

Diane had an annual physical exam 3/21/25 with lab work completed. Her Sodium level was low and she was started on Sodium Chloride 1 Gm daily. All other labs were within normal limits along with her TSH. Her Hgb was 11.8gms. She did receive the Prevnar 13 pneumonia vaccine. It was noted her left ear was impacted with wax. She refused clinic nurse to flush it so once home hydrogen peroxide drops were instilled x 1 week then flushed by facility nurse. She is to F/U in a year. Diane's blood pressures remain stable and within normal range. She no longer receives an annual mammogram, but all monthly manual breast checks have been non-worrisome.

On 5/8/25 Diane was incontinent of a large loose stool while at DAC which prevented her from attending the Prom party planned for the day. DAC called the facility to come pick her up.

Diane had cold signs with cough, congestion, decreased appetite and a low-grade elevated temp from 5/30 to 5/31/25. She was treated with OTC standing orders and the cold signs resolved without incident.

Diane expressed an increase in behaviors (refusing to ambulate and to take her medications) the latter part of June 2025. A urine specimen was taken to NVHC – she was diagnosed with a UTI and started on an antibiotic x 7 days resulting in improved behaviors. Diane is on occasion reluctant to take her medications especially if staff are new but will eventually take them with prompting or change of staff making the attempt.

SKIN/INJURY: At times, while Diane is ambulating with staff using gait belt and walker, she will refuse to complete walking to her destination and decide to sit down on the floor where she's at. This did happen on 5/29 and again on 5/30/25. Staff eased her to the floor and allowed her to sit till she was ready to be assisted up by staff. She appears to be having fun with this behavior as she is smiling and giggling the entire time. Diane is incontinent of bowel/bladder and wears a brief at all times. She is generally kept dry during daytime hours

with regular toileting throughout the day. Diane is also repositioned x 2 during the night and changed as needed.

There was an incident with a former housemate on 4/6/25 when the housemate got very close to Diane, stomped her feet and stated to Diane "I hope you die!" and "You are ugly and dumb".

On 6/19/25 a 2cm x 2cm bruise was noted on Diane's bicep area with source unknown. On 7/10/25 it was noted Diane had a 5.5-inch red mark on her right forearm and a 2-inch red mark on her upper right arm with source unknown.

Diane has resumed getting a body massage, which she enjoys, but is only going to be receiving them 1 x monthly as the masseur is partly retired.

PSYCHE: Diane's behavior meds have been managed by Dr. Tim Peterson. Her last tele-com visit with him was on 3-20-25 stating she was stable with no changes made. He did order a Depakote level be drawn on 3/21/25 which was 40.7 (50-150). Diane's psychiatric care has been transferred to Allison Hlavin of Rural Psychiatry and had a zoom meeting with her on 7/15/25. No medication changes were made. The importance of managing her weight was discussed so it doesn't become difficult for Diane to walk/move around. Allison requests that Diane have lab work done the end of September 2025 to check her Sodium level. She feels doing an annual Depakote level is sufficient. She will follow up on October 7th, 2025.

DENTAL: Diane has her dental care completed at Fergus Falls Dental Clinic with last appointment on 4/29/25 for exam and cleaning. She requires to be sedated for her dental appointments as well as given a dose of antibiotic 1 hour prior to dental appointments due to hip replacement. Diane has advanced periodontal disease with moderate gingivitis. She is not cooperative with staff during dental cares. Her last complete dental work was done under general anesthesia on 5/28/21 when she had 5 extractions and 2 fillings completed. She is to F/U with dental care under general anesthesia in 3 to 5 years (2024-2026). While under anesthesia it is coordinated so she also receives a pap smear at the same time. Her next dental visit is scheduled for 8/26/25.

VISION: Diane had her last annual vision exam on 8/20/25 at Warren Eye Care Center. The optometrist had a difficult time getting drops into Diane's eyes to dilate them as she is uncooperative and holds her eyes shut very tightly. The optometrist stated staff is to continue instilling eye drops every HS, for dry eyes, as they are able. The cataract in Diane's right eye has progressed but the provider does not feel it would be wise to do surgery. Diane does have hyperopia (near objects appear blurry but good distant vision) but refuses to wear corrective lenses as will not keep them on her face.

W. L. Linder, RN

Support Plan

PMI: 00186924

Person Information

Person's Name	Preferred Name
DIANE STROMGREN	--
Primary Phone	Primary Email
2184376696	--
Date of Birth	
04/18/1962	
Primary Language	
--	

Overview

Effective Date Range

Start Date	End Date
08/01/2025	07/31/2026

Program
Developmental Disabilities (DD) Waiver

About Plan

Complex needs

Complex medical and/or complex behavioral needs criteria

Select if the person has complex needs based on the most recent assessment

The person has both complex medical and complex behavioral needs

Budget Information

Average Monthly Budget
\$ 14,036.43

Support Plan

PMI: 00186924

About Me

What do I want my life to look like

Who I am and what is important to me

Diane is not able to voice what is important to her but her caregivers feel that it is important to Diane and her overall goal in life is to have attention and be able to spend time with others. Diane's legal guardian is the State of MN or Marshall County Social Services.

Diane can be admired for her smile and her kindness in holding other people's hands.

Diane and her guardian were involved in the planning process and expressed 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.

What I want my life to look like

Diane appears to be quite happy and content with her current life which includes receiving attention from her caregivers on a daily basis from Marshall County Group Home caregivers and the DAC. Diane also has many leisure activities that she is happy with including attending the DAC on M, W, and TH, attending a Bible Study, sorting items, moving objects from one container to another, threading cards, stringing beads, watching people, listening to music on her Alexa, sitting outside, eating, going on van rides, going out to eat, watching little kids or animals, watching music videos and movies on a daily basis, and receiving attention. Diane has also recently started playing the keyboard at the DAC and enjoys making music.

My Community Life

Diane lives in a residential service through Marshall County Group Homes and has lived there for many years. Diane is not able to participate in any volunteer activities but does

Support Plan

PMI: 00186924

enjoy going out to eat, going on van rides, sitting outside, going to movies, and receiving attention from others. Diane is accompanied by a caregiver when she participates in the community.

My Work Life

Diane is considered retired and no longer works. She enjoys leisure activities and attends the day service program at the DAC in East Grand Forks on M, W, and TH.

My Choice about Work

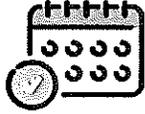
Not working; not interested in working

My Goals

Support Plan

PMI: 00186924

1 Diane will sit outside with her caregivers when the weather permits.



Target Date
Jul 31, 2026

My Action Items

1. Name

Sitting Outside

Description

Diane will sit outside as the weather permits with the assistance of the DAC and Marshall County Group Homes caregivers.

2 Diane will go on outings such as going out to eat and to other places on a regular basis.



Target Date
Jul 31, 2026

My Action Items

1. Name

Outings

Description

The DAC and Marshall County Group Home caregivers will take Diane on outings and out to eat on a regular basis.

Support Plan

PMI: 00186924

My Supports

Support Plan

PMI: 00186924

Services and Supports

Service Type

Services that support me

Start Date

08/01/2025

End Date

07/31/2026

Service Name

Day Support Services, 15 Minute

Procedure Code

T2021

Modifiers

UC, --, --, --

Provider Name

EGF POLK COUNTY DAC

Provider Identification Number (NPI/UMPI)

M288023700

Units

4,000.00

Rate

\$ 4.88

Average Monthly Cost

\$ 1,626.67

Status

--

Area of Need

Support Plan

PMI: 00186924

Communication

Eating and meal preparation

Learning

Meaningful activities

Memory and cognition

Movement

Personal Cares

Psychosocial health

Self-preservation

Frequency

Weekly

Support Instructions

attends M, W, TH to DAC

Goals

Diane will go on outings such as going out to eat and to other places on a regular basis.

Support Plan

PMI: 00186924

Rate Inputs

Direct Care Staffing

Average Staff Ratio

1:3

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

\$ 4.88

Final Unit Rate

\$ 4.88

Final Rate Details

Framework rate

Total Cost

\$ 19,520.00

Service Type

Support Plan

PMI: 00186924

Services that support me

Start Date

08/01/2025

End Date

07/31/2026

Service Name

Case Management, 15 Minutes

Procedure Code

T1016

Modifiers

UC, --, --, --

Provider Name

MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)

A000045100

Units

48.00

Rate

\$ 23.19

Average Monthly Cost

\$ 92.76

Status

--

Area of Need

Communication

Eating and meal preparation

Health Interventions

Household management

Learning

Meaningful activities

Memory and cognition

Movement

Personal Cares

Support Plan

PMI: 00186924

Psychosocial health

Self-preservation

Frequency

Other

Other

as needed, minimum of semiannual visits

Support Instructions

one hour per month authorized, make visits at a minimum of every six months, to implement, coordinate, and monitor the services and support plan, the case manager can be contacted if there are any disagreements regarding the services or support planning process and a team meeting can be held if needed, the case manager can be contacted if there any changes that need to be made to the services or support plan.

Goals

Diane will sit outside with her caregivers when the weather permits.

Diane will go on outings such as going out to eat and to other places on a regular basis.

Service Type

Services that support me

Support Plan

PMI: 00186924

Start Date

08/01/2025

End Date

07/31/2026

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

28.00

Rate

\$ 9.39

Average Monthly Cost

\$ 21.91

Status

--

Area of Need

Memory and cognition

Frequency

Other

Other

as needed for

Support Instructions

rep payee services and case aide administrative services to assist the case manager

Goals

--

Support Plan

PMI: 00186924

Service Type

Services that support me

Start Date

08/01/2025

End Date

07/31/2026

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

1,560.00

Rate

~~\$ 0.67~~ **0.70**

Average Monthly Cost

\$ 87.10

Status

--

Area of Need

Meaningful activities

Frequency

Weekly

Support Instructions

transportation by MCGH from Warren to Argyle three days a week after the DAC, 10 miles per day authorized

Support Plan

PMI: 00186924

Goals

Diane will sit outside with her caregivers when the weather permits.

Diane will go on outings such as going out to eat and to other places on a regular basis.

Service Type

Services that support me

Start Date

08/01/2025

End Date

07/31/2026

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)

A307487900

Units

365.00

Rate

\$ 317.03

Average Monthly Cost

\$ 9,643.00

Status

--

Area of Need

Support Plan

PMI: 00186924

Communication

Eating and meal preparation

Health Interventions

Household management

Learning

Meaningful activities

Memory and cognition

Movement

Personal Cares

Psychosocial health

Self-preservation

Frequency

Other

Other

daily

Support Instructions

daily support and supervision to meet household needs, health interventions, 24 hour supervision

Goals

Diane will sit outside with her caregivers when the weather permits.

Diane will go on outings such as going out to eat and to other places on a regular basis.

Support Plan

PMI: 00186924

Rate Inputs

Residential Address

Street Number

601

Street Name

Cedar Ave

City

Argyle

Zip Code

56713

Average Shared Direct Care Staff Hours Per Day

Daytime Hours:

30.19

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

2

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

0.01

Registered Nurse (RN)

Assessment/Treatment

0.09

Remote Awake Hours:

0.00

Other

Support Plan

PMI: 00186924

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
\$ 317.03

Final Unit Rate
\$ 317.03

Final Rate Details
Framework rate

Total Cost
\$ 115,715.95

Service Type

Services that support me

Support Plan

PMI: 00186924

Start Date

08/01/2025

End Date

07/31/2026

Service Name

Transportation, One-Way Trip

Procedure Code

T2003

Modifiers

UC, --, --, --

Provider Name

**TRI VALLEY TRANSPORTATION
PROGRAMS**

Provider Identification Number (NPI/UMPI)

A582467100

Units

156.00

Rate

\$ 5.00

Average Monthly Cost

\$ 65.00

Status

--

Area of Need

Meaningful activities

Frequency

Weekly

Support Instructions

provide transportation to Argyle three day a week to be picked up by DAC in Warren

Goals

Diane will go on outings such as going out to eat and to other places on a regular basis.

Support Plan

PMI: 00186924

Service Type

Services that support me

Start Date

08/01/2025

End Date

07/31/2026

Service Name

Transportation, One-Way Trip

Procedure Code

T2003

Modifiers

UC, --, --, --

Provider Name

EGF POLK COUNTY DAC

Provider Identification Number (NPI/UMPI)

M288023700

Units

300.00

Rate

\$ 100.00

Average Monthly Cost

\$ 2,500.00

Status

--

Area of Need

Meaningful activities

Frequency

Weekly

Support Instructions

transportation to and from DAC to Warren for pickup/drop off three days a week

Goals

Diane will go on outings such as going out to eat and to other places on a regular basis.

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Support Plan

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Overall Cost of Services

Total Cost Of Authorized Services

\$ 168,437.19

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

Diane requires a 24-hour plan of care and 24 hour supervision. The Marshall County Group Homes is staffed 24 hours a day. If staff were not available, the Marshall County Group Homes office could be contacted at 218-437-6695 or Cindy Gratzek at 218-201-1363.

Support Plan Signature Sheet

Support Plan

PMI: 00186924

Effective Date Range

08/01/2025 - 07/31/2026

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

No additional information is shared

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 have talked with my service planning team about services that support me in my own home. We have determined those services will not meet my needs. I would like to access residential support services.

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

NA

I can call the following number if I am unable to reach my case manager/care coordinator.

--

Signatures

Support Plan

PMI: 00186924

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

Stacy Laudal

Date Signed

08/12/2025

Date Plan Sent to Me

08/12/2025

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

Case Manager/Care Coordinator

E-Signature

Katie Benson

Date Signed

07/16/2025

Other Person's Signature

E-Signature

Stacy Laudal

Name

Stacy Laudal

Date Signed

08/12/2025

Relationship

guardian

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

Provider's Name

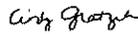
Support Plan

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MARSHALL COUNTY GROUP HOMES INC

Provider's Signature

E-Signature



Date Signature Requested

07/16/2025

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

7/16/2025

Provider Agency

Cindy Gratzek

Provider's Name

EGF POLK COUNTY DAC

Provider's Signature

E-Signature



Date Signature Requested

07/16/2025

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**

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agreement so the information can be considered at the person's reassessment.)

Date Signed

7/16/2025

Provider Agency

Vivian McKewin

Support Plan
