

Support Plan

PMI: 00243165

Person Information

Person's Name

STACY POKRZYWINSKI

Preferred Name

--

Primary Phone

2186892746

Primary Email

none@none.com

Date of Birth

06/20/1977

Primary Language

--

Overview

Effective Date Range

Start Date

11/01/2025

End Date

10/31/2026

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 complex medical needs

Budget Information

Average Monthly Budget

\$ 2,427.63

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About Me

What do I want my life to look like

Who I am and what is important to me

Stacy is a very personable young lady who enjoys conversing with other individuals. She is very talkative and friendly with most people. She lives in Warren, MN with her parents and younger brother. Stacy is on the DD waiver and has been on this waiver for many years. She receives in home services along with supported employment through the Warren ODC. Stacy is very active in the community and will attend many outings with the in-home group. She has a very strong network of family and friends and is very active most days. She is able to spend time safely in the community whenever there is an activity that she would like to attend.

Stacy enjoys spending time with her family and has formed some nice relationships with staff. She looks forward to her outings and enjoys going out with staff for a "girls day." Stacy has gone to the spa to have her nails done and her hair dyed. She enjoys doing these types of things and also likes when her mother is able to attend as well. Stacy is actively engaged in the community and likes to attend events and help out when needed for volunteer activities. Stacy is excited about the prospect of working in the community and wants to continue looking for work with the help of the ODC.

What I want my life to look like

Stacy is a very good person who has a great work ethic and is wanting and willing to work as much as possible. She has worked at the ODC for many years and performed a variety of tasks, which usually encompass some type of janitorial/cleaning work. She is very capable of doing her tasks and staff at the ODC always appreciate the way she does her jobs. Stacy is a very good communicator and is able to have a conversation with pretty much anyone. Stacy is looking for more work and wants to try work in the community in a competitive type setting. She used to work at Digi-Key but her enclave was dissolved and is back at the ODC doing some community work, but is interested in working more. She feels that she could do a good job working in the community. A goal has been set for her in regards to looking for community work in a competitive setting. The ODC will

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assist her with this.

Stacy has a close knit family and lives with her parents and brother. She enjoys spending time with them and does most things with them. She enjoys spending time with her Mom and wants to go on a trip with her and have a girls day getting her nails/hair done. Stacy has a large support network of friends and is able to spend time with them in the community. Stacy is fairly good at safety in the community and is able to access the community on an independent basis. She has a phone to use in case of an emergency.

My Community Life

Stacy lives in a home in Warren, MN with her parents and younger brother. She has lived in this house her entire life and has no intentions on moving anywhere else. The home is a very nice home that has the space for everyone. Stacy has her own bedroom and is able to access it with no concerns. Stacy's bedroom is upstairs which are not a problem for her given her age and mobility. Stacy's home is in a good, quiet area of town and she is able to access the community with ease. Stacy is very active in the community and rarely misses an event. She has a very nice group of friends who she spends time with at work and in the community. Stacy rides her bike a lot during the appropriate months. She will ride it to/from work and also to friend's houses. Stacy is able to be in the community without supervision and is very aware of her surroundings. She has a cell phone that she is able to use, and she is able to use this appropriately. She has numbers of her parents and friends in the phone and also knows when to call 911. She operates her phone well and is aware of traffic while on her bike.

My Work Life

Stacy is wanting and willing to work more in the community. Stacy has attended the Warren ODC for many years, where she has worked in competitive employment, leisure wellness, and sub-minimum wage jobs. She is currently doing some community employment through the ODC but the hours are very scattered and not consistent. She

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used to work on an enclave at Digi-Key for a couple of years and did really well with this. Unfortunately, this job was dissolved and no longer available to her. Stacy is now willing to work in the community and do the appropriate exploration for this. Stacy and the ODC will work together to get a plan together to ensure that she is able to access the community and employment. There are a variety of things Stacy has done in the past and she has done really well with most things. She will continue to work with the ODC to help secure employment. Stacy is interested in some type of janitorial/cleaning work but is also open to working at the local Dollar General. She may need a job coach for certain jobs, so she will be provided this if necessary.

My Choice about Work

Working; desires changes to current work status or goals

Do I need support to achieve work goals?

Yes

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

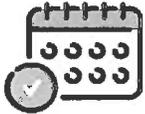
Stacy will utilize the ODC for job searching, resume building, interview assistance, and potential job coaching when employment is secured. A goal with the ODC has been developed and they are currently working on this.

My Goals

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1 Stacy will take her medications as prescribed.



Target Date
Oct 31, 2026

My Action Items

1. Name

Stacy

Description

Stacy will work to take her medications on daily, consistent basis. Stacy will work with the in-home program through MCGH to ensure that she is taking her meds as prescribed. Stacy and MCGH will communicate and work together to make sure that Stacy's meds are set up in a pill box for a week at a time. MCGH will ensure that Stacy is taking her meds as prescribed, while also working with Stacy to make sure all meds are ordered and filled on time. She takes a medication for seizure control but has admitted that her consistency is not as good as it needs to be. Stacy will continue to attend the ODC and perform the multiple jobs that she has. She is a very valuable worker at the ODC, and she does a good job, but she will try to maintain on task a bit more while at work. Stacy is able to be in the community but would benefit for some continued education on safe choices and to make sure that she's not vulnerable to the wrong people. Stacy will continue to be diligent in community safety and make sure that she's using street safety while riding her bike in the community.

2. Name

Case Manager

Description

Case manager will assist in any way necessary for Stacy to be healthy, safe, and

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independent. Case manager will help monitor Stacy's med consumption and will help provide a med machine if necessary. Case manager will find services to help with med management and med machine set up if necessary. Case manager will encourage Stacy to be active and pursue things of her interest in the community.

Case manager will implement the support plan and make referrals for services as needed and monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case manager will review the plan with individual at least twice a year and will update the plan as needed. Case manager will meet with Stacy at least twice/year, but will meet more if it's determined to be beneficial for Stacy and the team.

3. Name

MCGH

Description

MCGH in-home staff will help transport Stacy to/from appointments and help her get engaged in the community with outings. They will offer her multiple outings and her get to/from these outings. They will help make sure that Stacy is engaging with people in the community at a safe level, and to make sure that her vulnerabilities aren't be exploited. The in-home staff will also implement a cooking goal and will help Stacy cook a meal on a weekly basis at her home.

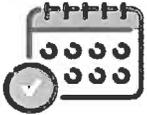
MCGH will set up Stacy's meds in a pill box for a one- or two-week period. Staff will ensure that Stacy's meds are filled appropriately and will provide the services to refill the pill box when it's due. Stacy's pill box will remain at her home, and it will be monitored when the pills are/aren't taken to get a better grasp on Stacy's med compliance. Stacy has agreed to do this and in-home will continue this service going forward.

2 Stacy will work towards finding a competitive employment opportunity in

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the community. She will work with her team and use the ODC resources for exploring employment while using job coaching resources if necessary.



Target Date
Oct 31, 2026

My Action Items

1. Name

Stacy

Description

Stacy will work to take her medications on daily, consistent basis. Stacy will work with the in-home program through MCGH to ensure that she is taking her meds as prescribed. Stacy and MCGH will communicate and work together to make sure that Stacy's meds are set up in a pill box for a week at a time. MCGH will ensure that Stacy is taking her meds as prescribed, while also working with Stacy to make sure all meds are ordered and filled on time. She takes a medication for seizure control but has admitted that her consistency is not as good as it needs to be. Stacy will continue to attend the ODC and perform the multiple jobs that she has. She is a very valuable worker at the ODC, and she does a good job, but she will try to maintain on task a bit more while at work. Stacy is able to be in the community but would benefit for some continued education on safe choices and to make sure that she's not vulnerable to the wrong people. Stacy will continue to be diligent in community safety and make sure that she's using street safety while riding her bike in the community.

2. Name

ODC

Description

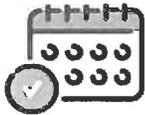
ODC staff will help Stacy stay on task while at work. She will formulate a goal

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with ODC's help in order to secure community employment and work in a competitive environment. ODC will offer job coaching services when a job is secured.

3 When alone in the community, Stacy will have her cell phone on and remain aware of her surroundings while walking or biking in the community. She will occasionally need reminders about safety in the community.



Target Date
Oct 31, 2026

My Action Items

1. Name
Stacy

Description

Stacy will work to take her medications on daily, consistent basis. Stacy will work with the in-home program through MCGH to ensure that she is taking her meds as prescribed. Stacy and MCGH will communicate and work together to make sure that Stacy's meds are set up in a pill box for a week at a time. MCGH will ensure that Stacy is taking her meds as prescribed, while also working with Stacy to make sure all meds are ordered and filled on time. She takes a medication for seizure control but has admitted that her consistency is not as good as it needs to be. Stacy will continue to attend the ODC and perform the multiple jobs that she has. She is a very valuable worker at the ODC, and she does a good job, but she will try to maintain on task a bit more while at work. Stacy is able to be in the community but would benefit for some continued education on safe choices and to make sure that she's not vulnerable to the wrong people. Stacy will continue to be diligent in

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community safety and make sure that she's using street safety while riding her bike in the community.

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My Supports

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Services and Supports

Service Type

Services that support me

Start Date

11/01/2025

End Date

10/31/2026

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

80.00

Rate

\$ 6.12

Average Monthly Cost

\$ 40.80

Status

No change

Area of Need

Household management

Learning

Meaningful activities

Personal Cares

Self-preservation

Support Plan

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Frequency

Other

Other

As needed

Support Instructions

MCGH will provide opportunities for Michael to attend outings and community events through their in-home program

Goals

--

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

\$ 6.12

Final Unit Rate

\$ 6.12

Final Rate Details

Framework rate

Total Cost

\$ 489.60

Support Plan

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Service Type

Services that support me

Start Date

11/01/2025

End Date

10/31/2026

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

700.00

Rate

\$ 12.23

Average Monthly Cost

\$ 713.42

Status

No change

Area of Need

Health Interventions

Household management

Learning

Meaningful activities

Personal Cares

Self-preservation

Work/school

Support Plan

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Eating and meal preparation

Frequency

Weekly

Support Instructions

MCGH will assist Michael with daily tasks, med management, transportation to/from appointments as needed

Goals

--

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

Support Plan

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\$ 12.23

Final Rate Details
Framework rate

\$ 12.23

Total Cost
\$ 8,561.00

Service Type

Services that support me

Start Date
11/01/2025

End Date
10/31/2026

Service Name
Case Management, 15 Minutes

Procedure Code
T1016

Modifiers
UC, --, --, --

Provider Name
MARSHALL COUNTY SOCIAL SERVICES

Provider Identification Number (NPI/UMPI)
A000045100

Units
100.00

Rate
\$ 23.19

Average Monthly Cost

Support Plan

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\$ 193.25

Status

No change

Area of Need

Learning

Meaningful activities

Work/school

Self-preservation

Frequency

Other

Other

As needed

Support Instructions

Case manager will ensure that Stacy's needs are met in a safe and effective manner.

Goals

--

Service Type

Services that support me

Start Date

11/01/2025

End Date

10/31/2026

Service Name

Home Delivered Meals

Procedure Code

S5170

Modifiers

--, --, --, --

Provider Name

Provider Identification Number (NPI/UMPI)

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NUTRITION SERVICES INC

A602828400

Units

365.00

Rate

\$ 7.51

Average Monthly Cost

\$ 228.43

Status

No change

Area of Need

Eating and meal preparation

Personal Cares

Self-preservation

Frequency

Daily

Support Instructions

Meals will be provided to Stacy to ensure that her daily dietary needs are being met. The food will provide a nutritious and healthy alternative to her preferred processed and sugary foods.

Goals

--

Service Type

Services that support me

Start Date

11/01/2025

End Date

10/31/2026

Service Name

Support Plan

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Day Support Services, 15 Minute

Procedure Code

T2021

Modifiers

UC, --, --, --

Provider Name

**OCCUPATIONAL DEVELOPMENT CENTER
INC**

Provider Identification Number (NPI/UMPI)

A647622800

Units

4,600.00

Rate

\$ 2.68

Average Monthly Cost

\$ 1,027.33

Status

No change

Area of Need

Learning

Meaningful activities

Personal Cares

Self-preservation

Work/school

Household management

Eating and meal preparation

Health Interventions

Frequency

Daily

Support Instructions

ODC will provide an environment for Stacy to work on goals and to continue

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working on employment in the community.

Goals

--

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

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Framework rate

\$ 12,328.00

Service Type

Services that support me

Start Date

11/01/2025

End Date

10/31/2026

Service Name

**Employment Development Services, Find,
15 Minute**

Procedure Code

T2019

Modifiers

U8, --, --, --

Provider Name

OCCUPATIONAL DEVELOPMENT CENTER

Provider Identification Number (NPI/UMPI)

A647622800

Support Plan

PMI: 00243165

INC

Units

160.00

Rate

\$ 14.88

Average Monthly Cost

\$ 198.40

Status

No change

Area of Need

Work/school

Self-preservation

Meaningful activities

Learning

Frequency

Weekly

Support Instructions

ODC will provide help with job searching and job coaching if necessary

Goals

--

Support Plan

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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

\$ 2380.80

Service Type

Services that support me

Start Date

11/01/2025

End Date

10/31/2026

Service Name

Transportation, One-Way Trip

Procedure Code

T2003

Modifiers

UC, --, --, --

Support Plan

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Provider Name

**TRI VALLEY TRANSPORTATION
PROGRAMS**

Provider Identification Number (NPI/UMPI)

A582467100

Units

312.00

Rate

\$ 1.00

Average Monthly Cost

\$ 26.00

Status

No change

Area of Need

Work/school

Self-preservation

Meaningful activities

Frequency

Weekly

Support Instructions

Transportation will be provided by Tri-Valley to/from the ODC when the weather doesn't permit Michael to take his bike.

Goals

--

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Overall Cost of Services

Total Cost Of Authorized Services

\$ 29,131.55

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

Stacy's medications need to be taken on a regular basis. Stacy has agreed to let MCGH in-home staff set up her medications and be responsible for filling the prescriptions and making sure the meds are properly set up and ordered. The team will be in regular contact in regards to the medication set up and the progress of Stacy taking the meds as prescribed. Stacy has admitted she doesn't take them as prescribed, which is reflected in her blood samples that shows an inadequate level of her seizure med in her blood stream. Stacy will also continue to receive more education on why it's important for her to take her meds as prescribed.

Stacy has a cell phone, and she is able to use it appropriately while out in the community. She is able to call and knows how to reach her family members. Stacy enjoys spending time in the community, and she needs reminders to be safe and aware of her surroundings while independently in the community.

Stacy has heavy involvement in planning her support plan and services. She is active in deciding her goals, outcomes, meeting location, time, and agenda of the meeting. Stacy does a really nice job informing the team of her needs and asking for services that will be appropriate for her.

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Support Plan Signature Sheet

Effective Date Range

11/01/2025 - 10/31/2026

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

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with my case manager.

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.

No

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

Handwritten

Signature captured in attachment

Date Signed
10/15/2025

Date Plan Sent to Me
10/29/2025

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

Case Manager/Care Coordinator

Handwritten

Signature captured in attachment

Date Signed
10/15/2025

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

No signature records available.

