



Anoka County Community Support Plan Addition Form - Paying a Spouse or Parent of Minor

Participant Name Henry Hope

Plan Start Date 03/01/2019

Plan End Date 2/29/2020

PMI 99293876

Case Manager Csey Casemanager

DOB 10/09/2005

Item/Service Requested: Parent (of minor child) as Paid Caregiver Spouse as Paid Caregiver

Goal	Action Plan	Measurability
<i>What goal is the additional service hours helping achieve, as related to the participant's disability needs?</i>	<i>How will the additional hours be used to reach the goal?</i>	<i>How will the progress towards the goal be measured?</i>
SEE Goal #1 - Henry's behaviors have escalated and more parent hours are needed to manage them. Currently he is having significant behaviors multiple times a day	Henry's father will implement a Positive Behavior Plan in an attempt to help decrease his behaviors.	Same measurement. Decrease behaviors to 2-3x/week.
Hours	Rate	Allocation
<i>How many hours are being added?</i>	<i>What is the hourly rate?</i>	<i>From what budget section will the cost be offset? Be specific.</i>
Additional 2 hours/week for remainder of plan (10 weeks)	2 x 17.26 x 10 weeks = \$345.20 x .031 (PT) = \$355.90	Support Staff = Decrease 18 hours (\$367.47 incl. workers comp, PTO, payroll tax)

Please fill out the current and proposed schedule. Include the amount of hours planned in the morning and evening

Initial Schedule							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM	4	3	3	3	3	3	3
Total	4	3	3	3	3	3	3

Proposed Schedule							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM		1		1			
PM	4	3	3	3	3	3	3
Total	4	4	3	4	3	3	3

Initial Requests: Attach a detailed job description/tasks being performed. Duties must be activities that a caregiver would not ordinarily be responsible to perform.

I am requesting the above change to my Community Support Plan (A handwritten or typed signature constitutes an original signature for the purposes of this program)

Signature Homer Hope

Date 12/30/2019

Completed By: Ida Support (Support Planner)

Review Date _____

Reviewed By: _____

Approved Denied Pended

Comments _____

Waiver Advisory Committee (Upon Approval, Submit copy to both FMS and Support Planner, if applicable)