

Sample County Action Plan

A redacted example of the written deliverable from a CareBudget consultation.

This is a composite example built for illustration - not a real family, and not an eligibility or payment decision. Your plan is written for your county and your household, and official eligibility is decided through the appropriate county, state, tribal, health-plan, and assessment processes.

1. Situation summary

Every plan opens with a short, plain summary of where the household stands today, so everyone is working from the same picture.

In this composite example, an adult daughter is the primary caregiver for her father, who is in his late 70s and lives at home in a Minnesota county. He has an ongoing health condition that affects his daily activities - dressing, preparing meals, and moving safely around the house. The family believes he may have public health coverage (Medical Assistance) but isn't certain, and no one has yet requested an official assessment.

- Who needs care, and who provides it today
- Where they live - the county sets who you contact first
- Coverage status, to the extent it's known
- What a typical day of care actually involves

2. Possible path categories

These are categories of funding pathway that could be worth raising with the official office - not a determination that any of them applies. Which one fits, if any, is decided through the official assessment.

- Self-directed home-care support - where, in some circumstances, a family member may be paid for care they already provide. It turns on coverage status and the level of care an assessment records.
- Waiver-based home and community services - broader support for someone whose assessed needs would otherwise be met in a facility. It often includes a self-direction option.
- Grant or non-waiver support - smaller, differently funded help that can exist even when a waiver threshold isn't met.
- Coverage-first - when coverage isn't yet in place, the honest first step is the coverage application, and the rest follows from it.

For this composite, the family's answers point first to confirming coverage and requesting an assessment - the two steps everything else depends on.

3. Items requiring official verification

A plan is only useful if it's honest about what still has to be confirmed by the people who decide. For this household, that includes:

- Current coverage status for the person needing care
- Which assessment applies, and how to request it
- The level of care the assessment records
- Whether the specific family caregiver relationship can be paid on the pathway that fits
- Current program rules, which change and vary by county

None of these can be answered in advance by a private company. The official assessment and the approving office decide them.

4. County contact sequence

Who to contact, in what order, so the first call is the right one.

- Start with your county's human services office - the front door for most home- and community-based support.
- Ask for the intake or aging-and-disability line, and request the assessment that applies to your situation.
- If care is delivered through a health plan, loop in the plan's member services - they administer the support plan alongside the county.
- If the person is served by a tribal nation, ask about the tribal social-services process, which may take precedence.

Contacting the county and applying is always free.

5. Document checklist

Gather these before the first call, so nothing gets asked for twice.

- Photo ID for the person needing care
- Proof of Minnesota residence
- Social Security number
- Current coverage information (card, member ID, or a recent letter)
- Recent medical documentation describing the condition and functional needs
- A written, hour-by-hour description of a typical care day
- If a family member intends to be the paid caregiver: their ID and background-check consent

6. What to say when you call

A short script keeps the first call focused on what the office can actually answer.

"Hello - I help care for my father, who lives in [county] and needs help with daily activities at home. I'd like to understand which assessment applies to his situation and how to request one, what documents we should have ready, and what the timeline looks like. After the assessment, who makes the decision, and what are the next steps? And are there options where a family member could be considered as a paid caregiver, and what would need to be confirmed?"

Notice what the script does not do: it never asks the office to guess an outcome. It asks about the process - which is a question offices can answer.

7. Your first 7 days

A short, concrete sequence so momentum doesn't stall.

- Day 1: Confirm the care recipient's current coverage status.
- Day 1-2: Write the hour-by-hour description of a typical care day.
- Day 2-3: Gather the document checklist into one folder.
- Day 3: Call the county human services office and request the assessment that applies.
- Day 3: Ask for the current timeline and what to have ready.
- Day 4-7: If a health plan is involved, contact member services in parallel.
- Day 7: Write down every name, number, and next step you were given.

8. Follow-up questions

Questions worth raising once you've started - the included follow-up call is for exactly this.

- The assessment was scheduled or completed - what did it record, and what happens next?
- We were routed to a different office - is that the right door, and what do we ask there?
- A document was requested that we don't have - what's an acceptable substitute?
- We received a written notice - what's the deadline on it, and how do we respond?
- Our situation changed (a hospital stay, a move, new coverage) - does that change the path?