

Individual Data

Name of Individual Jane Sweet		CARE ID XOXOXO	Date of Birth 12-12-1990	Permanency Plan Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Local Case No. 321		Social Security No. 321-65-1847		ICAP Date/LON 5 /01/01/12	
Medicaid No. 536879517	Medicaid Type R-14	Medicare No. N/A	Medicare Type N/A		
If not currently receiving Medicaid, has a Medicaid application been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Medicaid Application Date N/A		
Private Insurance No		Emergency Contact Name and Telephone No. John Sweet (367) 659-2375			
Primary Correspondent (If different from Emergency Contact) Same		Telephone No. Same	Guardian <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Guardianship Current <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Reads English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Understands English <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> African American <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other:	Housing Assistance <input type="checkbox"/> Section 8 <input type="checkbox"/> Shelter Plus <input type="checkbox"/> Other subsidized <input type="checkbox"/> On waiting list <input checked="" type="checkbox"/> N/A	Living Arrangement prior to enrollment <input type="checkbox"/> Own Home <input type="checkbox"/> State Facility <input checked="" type="checkbox"/> Family Home <input type="checkbox"/> Foster/Companion Care <input type="checkbox"/> ICF/IID <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other, describe:			
Legal Status <input type="checkbox"/> Legal Adult <input type="checkbox"/> Minor <input type="checkbox"/> Conservator <input type="checkbox"/> Guardianship of Person <input type="checkbox"/> Guardianship of Estate <input checked="" type="checkbox"/> Guardianship of Both	Communication <input checked="" type="checkbox"/> Uses words <input type="checkbox"/> Uses gestures <input type="checkbox"/> Does not use words <input type="checkbox"/> Sign language <input type="checkbox"/> Communication devices <input type="checkbox"/> Other, describe:	Ambulation <input checked="" type="checkbox"/> No assistance required <input type="checkbox"/> Somewhat limited <input type="checkbox"/> Total assistance required If assistance is required, describe:		Community/Home Safety <input type="checkbox"/> Needs total assistance <input checked="" type="checkbox"/> Needs some assistance <input type="checkbox"/> Requires physical guidance <input type="checkbox"/> Totally independent <input type="checkbox"/> Requires verbal prompts <input type="checkbox"/> Unknown	
Check any needs that apply: <input type="checkbox"/> Hearing impaired <input checked="" type="checkbox"/> Behavioral needs <input type="checkbox"/> Eating assistance <input type="checkbox"/> Assistance with toileting <input type="checkbox"/> Visually impaired <input checked="" type="checkbox"/> Medical needs <input type="checkbox"/> Other, describe:		Check adaptive aids that apply: <input type="checkbox"/> Communication aids <input type="checkbox"/> Wheelchair/scooter <input type="checkbox"/> Walker/cane <input type="checkbox"/> Bathroom aids <input type="checkbox"/> Prosthetics <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Vehicle lifts <input type="checkbox"/> Hearing aids <input type="checkbox"/> Other, describe:			
If any box is checked above, additional information may need to be described in the Person-Directed Plan.					
Completed or updated on <u>11-13-12</u> Date					

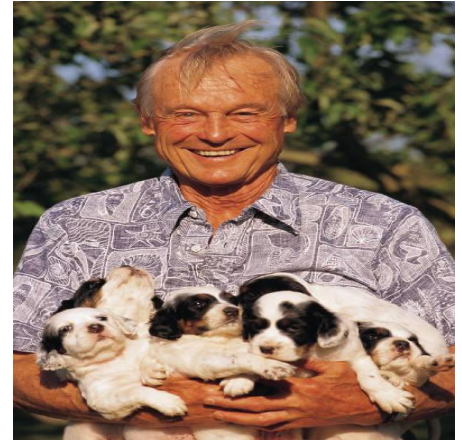
Plan Date November 13, 2012				
Name of Individual Jane Sweet		CARE ID X0X0X0	Telephone No. (468) 528-6574	IPC Begin Date 01/01/13
Street Address 1234 Sherwood Lane		City Forest	State Texas	ZIP Code 56249
Legally Authorized Representative (LAR) Primary Contact Number John Sweet		Relationship Guardian/Father	Area Code and Telephone No. (367) 659-2375	
LAR/Primary Contact Address (Street, City, State, ZIP Code) 123 Brook Garden, Forest Tx		Fax Area Code and No. 397) 659-3333	Alternate Area Code and Telephone No. (367) 659-9999	
Email Address pc@fairybook.net		Alternate Email Address N/A		
Alternate Contact Name N/A		Relationship		
Alternate Contact Address (Street, City, State, ZIP Code)		Area Code and Telephone Number	Alternate Telephone Number	Fax Area Code and No.
Provider Agency Name Forest View HCS		Component Code 8FV	Area Code and Telephone No. (369) 269-5555	Provider Fax No. (369) 269-1111
Provider Representative Name Imma Goode	Title Care Coordinator	Area Code and Telephone No. (369) 269-5555		Alternate Telephone No. (369) 269-6688 Home
Email Address igoode@forestview.com		Alternate Provider Representative Name A.R Baddy		Area Code and Telephone No. (369) 269-1111
Consumer Directed Services Agency (if applicable) N/A	Contact Name N/A	Area Code and Telephone No. N/A	Email Address N/A	
If CDS is chosen, list of CDSAs was provided to individual/LAR on:				
Local Authority (LA) Name Wooded Trails Community Services		Address (Street, City, State, ZIP Code) 258 Wooded Lane, Sherwood, Texas 85642		LA Comp Code 231
Service Coordinator Name Dee Olde		Area Code and Telephone No. (456) 267-6655		Alternate Telephone No. (456) 267-4444 Home
Service Coordinator Email Address dolde@woodtcs.org			LA Fax Area Code and No. (456) 267-9999	
Back-Up Contact for Service Coordinator Walley Way		Area Code and Telephone No. (456) 267-7766		Alternate Telephone No. (456) 267-6548 Cell
List the discovery process(es) and participant(s) used to obtain information about the individual.				
Describe how information was gathered:			Participant(s):	
The discovery process used was through communication, observation and review of documentation from provider.			Jane Sweet, John Sweet (LAR), Dwayne Smith (Forest View staff), and Betty Bird (friend)	
Plan Summary				
Begin each summary with the Plan date, the name of the service coordinator conducting the meeting and a summary of the reason the Plan developed or changed. (Always insert the new Plan summary above the existing summary.)				
(Plan Date) 11/13/12 (Service Coordinator's Name) Dee Olde, Service Coordinator Summary: Jane Sweet's beauty is legendary and she enjoys spending time with friends that she has made in Forest, TX. The location in Forest is a new experience for Jane and she is still growing accustomed to her new and unfamiliar surroundings. She lives in a small, fully staffed, cottage located on Sherwood Lane. She has lived there since December of 2010. Jane and her dad selected Forest View as Jane's HCS program provider. She lives in Sherwood Estates at 1234 Sherwood Lane. There are two other individuals living in the same home with Jane. One of Jane's non-negotiable is that she must exercise control of her daily routine. She is very capable of making her wishes known				

through language or gestural forms of communication. *She insists upon whistling while she works.* It is important for Jane to feel that she is doing worthwhile things—being productive or doing things that help others. Jane considers herself a hard worker and states that she enjoys living at Sherwood Estates; her ultimate goal, however, is to eventually get married and live with her husband. While Jane can spend extremely short periods of time alone, staff can never venture far from her as Jane's need for supervision varies wildly because of her mood swings. Staff ensure that someone is present and is accessible to Jane at all times. Because Jane wanted to learn several new skills, Forest View arranged for Day Habilitation Services Tues. through Friday at Gainful Enterprises. Jane walks to & from Gainful Enterprises accompanied by Forest View staff. While at Gainful Enterprises, her home-based supports are reinforced: Jane is working on preparing simple meals since she wishes to cook various and more complex suppers for herself and her housemates. Jane is also working on sewing; she wants to help her friends mend their clothing but needs to increase her skills to do so. After Jane finishes her morning schedule at Gainful Enterprise, she enjoys walking through the woods with Gainful Enterprise Staff and her friends.

Recently, Jane began volunteering at *Pet Rehabilitation Center* on Mondays. Jane works with wounded animals, feeding them, holding and singing to them, she also helps with cleaning their cages. *Pet Rehabilitation Center* is located a bit too far from her home for Jane to safely walk so, Dwayne (her favorite staff) or other staff give Jane a ride to/from the center. Jane prefers to return home by 3:15 PM, as she likes to greet the neighborhood children coming home from school. Staff support Jane in preparing supper and other daily chores. After supper, Jane enjoys singing and telling stories with her housemates, staff, and guests, or walking through her neighborhood, stopping to speak with neighbors and pet their dogs. Forest View staff have other ongoing responsibilities for administering Jane's medications and supporting her ability to respond appropriately during highly stressful situations (rather than becoming anxious or aggressive).



Jane 's **One-Page Profile**



What people like and admire about me: Jane Sweet is a very friendly woman. She enjoys spending time with friends. She loves animals and spending time with them. She enjoys cooking, walking in the forest and singing and telling stories. Jane is very friendly and trusts everyone.

What's important to me: Jane states that she prefers spending time with others as opposed to spending time alone—she does not enjoy being alone for more than just a few minutes. Jane also values the time that she spends with her friends because it makes her feel that she is part of the “life” at Forest View. Betty Bird is one of Jane’s closest friends and spends time with Jane each evening. On weekends, Betty Bird visits and watches Disney movies with Jane. While Jane loves her Forest View friends, she remains interested in forming other friendships, as well. Since Jane walks through the woods frequently, she provides news of current events to everyone with whom she comes in contact. Jane has expressed a desire to improve her reading and writing skills so that she may better understand and share current information with her neighbors. Among other things that Jane wants, she expressed an important interest in maintaining her beautiful smile, as well as singing, and painting.

What others need to know and do to support me: In an effort to please all people, Jane may be at risk of exploitation—staff supervision is necessary to ensure a safe environment for Jane. Jane still has nightmares related to her past neglect and may sleep-walk, sometimes running outdoors; she has gotten lost during these episodes in the past. Jane also suffers from irregular sleep patterns from fear of the waking up outside. Jane said she feels more comfortable knowing that someone will be watching her as she sleeps to keep her safe. Jane sometimes will have moments of aggression and lash out at her housemates, friends and staff. Jane is receiving counseling to address her anxiety and to support better self-management of her occasional aggressive outbursts. Jane takes medication to help decrease anxiety and aid in sleep. She lost a great deal of weight after moving away from her father and needed to be monitored to ensure that she was eating properly; currently, Jane needs a daily dietary supplement to help her maintain her ideal weight. Some of Jane’s health concerns are dizziness, weight loss, a heart murmur, low blood pressure and low blood sugar. Jane also has an allergy to strawberries. Jane wants to be healthy but sometimes she needs reminders to eat right. Because Jane was neglected and alone for a large portion of her youth she did not develop healthy eating habits. Jane also enjoys strolls in the woods but cannot go alone because she gets lost. Jane mentioned that she would like to walk around in the forest without falling, but has no confidence in her ability to do so; plus, she has been falling down quite a bit while walking through the woods. Jane said she really enjoys going to Gainful Enterprises and enjoys socializing with the other people at Gainful Enterprise; however, she wants to get to know and associate with the people of Forest, TX—she likes getting away from the house.

Date Completed: 11-13-12

The format of this “One-Page Profile” is based on work by The Learning Community for Person Centered Practices (TLCPCP).

Historical Information: (Include background information that continues to significantly affect the individual or his/her services and is not reflected elsewhere in the PDP.)

Jane's family history is very involved and has been linked to her occasional bouts of sleep disturbance, anxiety and aggression. Jane was born to Precious and John Sweet. Jane grew up in a loving home in Scary Tx, until she was 6 years old when her mother died. A year later her father married again. Ursula, Jane's stepmother, expected Jane to be institutionalized soon after her marriage, but Mr. Sweet was adamant that Jane was to be cared for at home. This created resentment in Ursula and she was known to treat Jane harshly when Mr. Sweet was not around, which was often because he worked long hours.

Although Jane received attention from her father when he was home, Jane spent much of her childhood alone while Ursula pursued her own interests. Jane attended school but was not encouraged to study or pursue friendships. As Jane neared her 18th birthday she received an offer to enroll in the HCS Program. She began receiving services in her family's home. The attention and care she received from HCS provider staff was in stark contrast to her treatment from Ursula and Jane began to be physically and verbally aggressive toward Ursula. Within a year of Jane's enrollment into HCS, her father's marriage began to break up. Soon after his divorce, John Sweet suffered a mild heart attack while at home with Jane. This episode scared both father and daughter. John Sweet thought it best that Jane move into a group home and become more independent of him. John Sweet went to court to become Jane's guardian.

People in Jane's Life

List the people who are close to the individual and who know and care about the individual. It will give you an idea of who you might want to talk to later. Include contact information.

Family	Friends	School/Work/Other	Community/Other
Name: John Sweet Relationship: Dad and Guardian Telephone No.: (367) 659-2375 Address: 123 Brook Garden, Forest Tx Email: pc@fairybook.net Important because: John is Jane's dad and legal guardian and assists her in making all legal decisions.	Name: Dwayne Smith Relationship: Staff Telephone No.: (468) 528-6574 Address: 13 Mining Operation LN, Forest, TX 75555 Email: Important because: Jane said she can talk to Dwayne about	Name: Relationship: Telephone No.: Address: Email: Important because:	Name: Relationship: Telephone No.: Address: Email: Important because:
Name: Relationship: Telephone No.: Address: Email: Important because:	Name: Betty Bird Relationship: Friend Telephone No.: (369)439-6289 Address: 1122 Nest Lane, Forest, TX 75555 Email: good friend@yourknowit.com Important because: good friend of Jane. She has a reassuring and calming influence over Jane. Jane wishes for her to be on her SPT.	Name: Relationship: Telephone No.: Address: Email: Important because:	Name: Relationship: Telephone No.: Address: Email: Important because:

SERVICES

- The HCS services in this PDP:
- are necessary for the individual to continue living in the community;
 - ensure the individual's health and safety;
 - prevent the need for institutional services;
 - are appropriate to meet the desired outcomes or needs of the individual; and
 - do not replace current supports, natural supports or other sources for the services.

Service coordination is provided for the duration the individual is enrolled in HCS. Based on the Service Coordination Assessment (Form 8647), the frequency with which the service coordinator will meet with the individual is Monthly.

List all non-HCS services provided by family or other funding sources to be coordinated and/or monitored by the service coordinator:

Identify type of non-HCS service and describe the purpose of the service:	Person or agency providing services:	HCS services that will be used to support the individual to access this non-HCS Service, if any:
<p>1. Type: Purposeful Day Activity</p> <p>Outcome/Purpose: Jane wishes to engage in activities that help others.</p>	<p>Pet Rehabilitation Center (Trained Volunteer Supervisor provided on-site)</p>	<p>RSS staff to provide transportation to/from the center every Monday that Jane wishes to volunteer</p>
<p>2. Type :Dr. visits for behavioral health</p> <p>Outcome/Purpose: Jane must receive follow-up for Medications to address anxiety.</p>	<p>Dr. Gother</p>	<p>RSS staff to provide transportation to/from clinic appointments and nursing staff to monitor results and recommendations from</p>
<p>3. Type: Dr. visits for physical health</p> <p>Outcome/Purpose: Jane receives routine medical care from her primary care physician.</p>	<p>Dr. Basheera</p>	<p>RSS staff to provide transportation to/from clinic appointments. Nurse to monitor/schedule appointments and</p>
<p>4. Type: Rights/Legal</p> <p>Outcome/Purpose: To ensure that Jane is protected from exploitation.</p>	<p>John Sweet has been granted guardianship in decisions regarding Jane's living environment and finances.</p>	<p>N/A, service coordinator will monitor the provision and updating of guardianship service/letters with John Sweet and Forest Courts.</p>
Service Coordinator's Follow-up Responsibilities		
<p>Monitor volunteer activities at Pet Rehabilitation Center</p>		

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
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Desired Service: RSS - Residential Support Services	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Service Delivery Option: (check only one box) Agency option Consumer Directed Services option

Outcome/Purpose

What does the individual want from this service?

1. Jane needs to feel safe & secure in her living environment.
2. Jane wants to learn how to cook more complex dishes.
3. Jane wants to learn how to sew.
4. Jane wants to participate in the life of Forest, TX.
5. Jane wants to continue volunteering at the *Pet Rehabilitation Center*.
6. Jane wants to maintain her beautiful smile.
7. Jane wants to make more friends.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane must whistle while she works. Jane wants to a walk in the woods, weather permitting, as often as possible. Jane wants to see Betty Bird, her friend, as often as possible. Jane likes to cook for her housemates and guests she invites. Jane wants to participate in singing and artwork activities on an informal basis, for now. Jane has expressed a desire to marry someday. She is not interested in pursuing a romantic relationship with anyone until she has more control over her emotions. John Sweet, Jane's guardian, must be involved with all major decisions for Jane. Jane MUST exercise control in her daily routine and choice of activities. Jane does NOT like being alone. Jane loves to interact with everyone, especially the staff who work at the home and the neighbors. Jane's eagerness to please people can make her more susceptible to exploitation. Staff should maintain quick and easy access to Jane; however, she does not require line-of-sight supervision. Jane can be careless while cooking—she has caught kitchen towels and oil on fire in the past. Jane cannot walk in the woods, alone, as she gets lost, easily. Jane must be reassured that someone is watching out for her while she sleeps. Jane's sleep disturbance involves nightmares—at times, she can sleepwalk following these nightmares and run outside. She panics when awakened and needs support to calm herself (usually speaking softly to her is adequate). Preventing Jane from whistling may precipitate an episode of physical aggression. Dwayne (staff) and Betty Bird (friend) have a particularly calming influence on Jane. Jane needs transportation assistance to the Pet Rehabilitation Center and her counseling appointments.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____ and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator's printed name and signature: _____.

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
Desired Service: Day Habilitation	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Service Delivery Option: (check only one box) <input checked="" type="checkbox"/> Agency option <input type="checkbox"/> Consumer Directed Services option		

Outcome/Purpose

What does the individual want from this service?

1. Jane wants to improve reading and writing skills.
2. Jane wants to learn how to cook more complex dishes.
3. Jane wants to learn how to sew.
4. Jane wants to participate in the life of Forest, TX.
5. Jane wants to make friends.
6. Jane wants to maintain her beautiful smile.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane must whistle while she works. Jane wants to read to keep up with current events. It important for Jane to choose her activities and training tools/curricula, etc. Jane wants to walk through the wood with Gainful Enterprises staff and friends. Jane loves to gossip. Jane wants to participate in singing and artwork on an informal basis, for now. Jane requires close supervision when walking through the woods as she gets lost easily. Jane's eagerness to please people can make her more susceptible to exploitation. Preventing Jane from whistling may precipitate an episode of physical aggression. Jane can be careless while cooking—she has caught kitchen towels and oil on fire in the past. Jane has many and varied interests, but they all center on being productive or "helping others." Activities involving repetitive or boring tasks will only increase Jane's anxiety.

Jane's oral hygiene is important to her, but she needs reminders and supervision to ensure that she is flossing at least once a day.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____, and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator's printed name and signature: _____.

Action Plan

Individual's Name: Sweet, Jane

CARE ID: XOXOXO

Plan Date: 11-13-12

Desired Service: Dental

Does this service require a backup plan? Yes No

Service Delivery Option: (check only one box) Agency option

Consumer Directed Services option

Outcome/Purpose

What does the individual want from this service?

1. Jane wants to maintain her beautiful smile.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Personal appearance is very important to Jane. Jane states that her smile lets people know that she is special. Jane wants to maintain her smile and is willing to brush, floss and keep her routine cleaning appointments. Jane is frightened during dental treatment. Staff will need to remain with Jane in the exam room. Give Jane her MP3 player and ear-phones to distract her during the visit. If dental treatment is to involve anything looking or sounding like a drill, staff will need to hold Jane's hand and tell the dentist to make it as quick as possible. Reassure Jane if she begins crying and encourage the dentist to give a small break to Jane (a minute or so). Jane is forgetful regarding oral hygiene, staff will need to remind her and occasionally supervise her during brushing and flossing to ensure she is using good technique. Jane must be encouraged to floss; she does not like to floss her teeth. Jane loves Dr. Henry, her dentist. Anyone supporting Jane should ensure that she sees Dr. Henry for dental treatment to minimize her anxiety level.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____. and will be implemented on; _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator's printed name and signature: _____.

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
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Desired Service: Nursing	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Service Delivery Option: (check only one box) Agency option Consumer Directed Services option

Outcome/Purpose

What does the individual want from this service?

1. Jane wants to remain in her best possible health by managing her blood sugar and blood pressure effectively.
2. Jane wants to effectively manage her anxiety with counseling and medication.
3. Jane wants to keep her weight within her ideal weight range.
4. Jane wishes to maintain her beautiful smile.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane is very troubled by her anxiety diagnosis and wants to do anything in her power to control it.
 Jane wants to sleep soundly. Jane hates that she “panics” so easily, but she states that she “just can’t help herself”.
 Jane’s history of neglect at the hands of her step-mother seems to have played a role in her anxiety diagnosis.
 Jane sees a Psychiatrist (Dr. Gother) and a Counselor (Dr. James) to address her anxiety and occasional outbursts of physical aggression.
 Jane takes an anti-depressant to stabilize her moods.
 Jane should have staff supervision overnight because of her sleep disturbance.
 An egress alert was placed on her bedroom door (at her request and with her guardian’s approval). It is important that staff activate it at bedtime.
 Jane must have support to keep her weight within range—she requires a daily dietary supplement and other supports as ordered by the physician.
 Jane has limited ability to maintain an appropriate diet in general. She experiences low-blood sugar, frequently. She needs routine consultation with a dietician.
 Jane has low blood pressure, which should be addressed per Dr.’s order.
 Jane may still have a food allergy to strawberries.
 Jane has an established relationship with her dentist, Dr. Henry. This should be maintained as Jane experiences a great deal of difficulty remaining calm during dental treatment.
 Jane’s primary care physician is Dr. Basheera who recommends that she maintain annual well-woman exams—Jane has required sedation in the past, but was able to work with Dr. Basheera during her last annual exam without it.
 Nurse should provide on-going assessment and monitoring of Jane’s health.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____. and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator’s printed name and signature: _____.

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
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Desired Service: Physical Therapy	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Service Delivery Option: (check only one box) Agency option Consumer Directed Services option

Outcome/Purpose

What does the individual want from this service?

1. Jane wants to walk around in the forest without falling.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane doubts her ability to remain oriented during her walks in the forest. She gets lost easily. Jane does not like getting dirty and this has prompted her to notice that she seems to fall down a lot when she is walking through the woods. Jane must have staff with her when walking through the forest—she gets lost easily. Staff generally remains close to Jane during walks as she does seem to fall a great deal.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____. and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator's printed name and signature: _____.

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
Desired Service: Dietary services	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Service Delivery Option: (check only one box) <input checked="" type="checkbox"/> Agency option <input type="checkbox"/> Consumer Directed Services option		

Outcome/Purpose

What does the individual want from this service?

- Jane wants to stay at a healthy weight.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane is concerned about her weight. Jane is concerned about her appearance, as well. She states that she doesn't feel "special" when she is too thin. Jane has a history of being underweight—staff must encourage her to eat. Jane does not make good food choices unless she receives reminders from those around her. She is a finicky eater and did not grow up in a home that provided her sound nutritional guidance. Jane has a tendency to skip meals and this complicates stabilizing her blood glucose level. Staff should encourage her to eat meals regularly. Jane can benefit from education and supports around meal planning and dietary choices that support her personal health needs. Jane must drink at least one dietary supplement drink, daily. Jane benefits from daily vitamins with iron supplements as prescribed by Dr. Basheera.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____. and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator's printed name and signature: _____.

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
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Desired Service: Behavioral Supports	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Service Delivery Option: (check only one box) Agency option Consumer Directed Services option

Outcome/Purpose

What does the individual want from this service?

1. Jane would like to be emotionally free from the neglect that she suffered throughout her childhood.
2. Jane would like to decrease her "panic attacks."
3. Jane would like to have more friends.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane stated that the panic attacks make her miserable.
 Jane wants to be around other people most of the time—she states that she does not like seeing people and animals shy away from her after she has an aggressive outburst.
 Jane wants to "turn-off" the memories of her neglectful childhood so that she does not re-experience the panic associated with them.
 Jane wants to get control of her emotions.
 It is important to Jane to try and please people.
 Jane wants to sleep better. She states that she is "always tired."
 Jane cannot walk anywhere without staff supervision.
 Jane needs reassurance throughout the day that staff are available if she needs any assistance.
 It is important that Jane remain around other people—she does not enjoy a great deal of "alone time."
 Jane's anxiety level increases when she feels helpless or powerless. Providing her with choices regarding all of her daily activities is important.
 Jane does NOT like to talk about her step-mother.
 Jane can panic after a nightmare and run outside in her sleep. There is an egress alert on her door which needs to be activated at night.
 Jane needs reassurance at bedtime that staff will be there to protect her while she sleeps.
 It is important to speak with Jane quietly when she is experiencing panic attacks or aggressive outbursts. Raised tones of voice only result in escalation of her anxiety level/behaviors.
 Frequent contact with her friends seems to have a stabilizing effect on Jane's moods.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____ and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____

Service Coordinator's printed name and signature: _____

Action Plan

Individual's Name: Sweet, Jane	CARE ID: XOXOXO	Plan Date: 11-13-12
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Desired Service: Adaptive Aids	Does this service require a backup plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Service Delivery Option: (check only one box) Agency option Consumer Directed Services option

Outcome/Purpose

What does the individual want from this service?

1. Jane wants to stay at a healthy weight.

Pertinent Information

Identify any needs, requests or considerations specific to this service that are necessary for the staff to know when supporting the individual in achieving his/her outcomes.

Jane is concerned about her weight. Jane is concerned about her appearance, as well. She states that she doesn't feel "special" when she is too thin. Jane must drink at least one dietary supplement drink daily as prescribed by Dr. Basheera.

For update purposes during an IPC year only.

The information for this service was changed or added for this Plan date: _____. and will be implemented on: _____

Decision to discontinue this service occurred on this Plan date: _____.

Service Coordinator's printed name and signature: _____.

Individual Name (Last, First, MI) Sweet, Jane B.			Address (Street, City, State, ZIP) 1234 Sherwood Lane, Forest, TX 56249			
Date of Birth 12-12-1990	Age 22	Level of Need 5	Care ID No. X0X0X0	Medicaid No. 536879517	IPC Begin Date 1/1/2013	IPC End Date 12/31/2013
Program Provider Forest View HCS			Component Code 8FV	Contract No. 001008686	Location Code 1234SL	County of Service Farrfarr Away
Residential Type <input type="checkbox"/> Foster/Companion Care <input type="checkbox"/> Own Home/Family Home <input type="checkbox"/> Supervised Living <input checked="" type="checkbox"/> Residential Support Services						IPC Effective Date: 1/1/13

IPC Type (check one)

Requires service planning team (SPT) and provider to hold an IPC meeting:

Initial (Enrollment)
 Renewal
 Transfer: Contract/Service Delivery Option
 Revision to Reflect Person-Directed Plan (PDP) Change

or

Does not require SPT and provider to hold an IPC meeting:

Meets Emergency Criteria §9.166(d)
(Check this box if revision is due to an emergency.)

Revision to increase/decrease an existing HCS service. This option may not be used if the increase or decrease requires a new outcome because the SPT and provider must meet to revise the PDP. The **IPC effective date** for an IPC increase/decrease must be on or after the date the provider notified the service coordinator (SC) in writing of the need to increase or decrease a current HCS service.

Reason for increase/decrease: _____

Revision to add/change a requisition fee only.

IPC Service Information

The provider must indicate need to increase or decrease an existing HCS service by entering an I (increase) or D (decrease) in the column next to the service.								
Provider Service	I/D	Authorized Units	Provider Service	I/D	Authorized Units	Consumer Directed Service Agency (CDSA)	Component Code	Contract No.
Adaptive Aids (AA)		675.25	Adaptive Aids – Requisition Fee (AAR)		54.03			
Audiology (AU)			Day Habilitation (DH)		216	Consumer Directed Service		Authorized Units
Behavioral Support (PS)		8	Dental Requisition Fee (DER)		92.85	Support Consultation (SCV)		
Dental (DE)		1000	Foster/Companion Care (FC)			Respite (Hourly) (REHV)		
Dietary (DI)		4	Minor Home Modifications – Requisition Fee (MHMR)			Supported Home Living (SHLV)		
Minor Home Modifications (MHM)			Nursing – RN (NUR)		12	Financial Management Services (FMS) Monthly Fee		
Nursing – LVN (NUL)		14	Nursing – Specialized RN (NURS)			CDS services determined as critical and require a back-up plan:		
Nursing – Specialized LVN (NULS)			Physical Therapy (PT)		2	Respite <input type="checkbox"/>	Supportive Home Living <input type="checkbox"/>	
Occupational Therapy (OT)			Respite (Hourly) (REH)			Totals from CARE Screen C62 (for all services)		
Residential Support Services (RSS)		365	Social Work (SW)			CDS Estimated Annual Total		\$ 0
Speech/Language Pathology (SP)			Supervised Living (SL)			Program Provider Estimated Annual Total		\$ 60,994.98
Supported Home Living (SHL)			Supported Employment (SE)			IPC Estimated Annual Total		\$ 60,994.98

Are any services included on this IPC staffed by a relative or guardian? Yes No

Home and Community-based Services
Individual Plan of Care (IPC)

Individual Name (Last, First, MI) Sweet, Jane B.	Care ID No. X0X0X0	IPC Begin Date 1/1/2013	IPC End Date 12/31/2013	IPC Effective Date 1/1/2013
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Non-HCS Services Provided by Family and Other Funding Sources

Type of Service	Funding Source	No. of Hrs Per Day	No. of Days Per Week	Name of Provider
Volunteer	n/a	2	1	Pet Rehabilitation Center
Behavioral Health	Medicaid			Dr. Gother
Physical Health	Medicaid			Dr. Basheera
Rights/Legal	n/a			John Sweet, LAR

Service Planning Team: By signing below, you indicate your agreement that the HCS services for this individual are not available through other resources, are necessary to prevent institutionalization, assure health and safety, and are based on outcomes on the PDP.

<p>HCS Program Provider/Individual/Legally Authorized Representative (LAR) Signature</p> <p><i>Imma Goode</i> _____ Signature – Provider Representative</p> <p>Imma Goode _____ Printed Name</p> <p>11/13/12 _____ Date</p> <p><i>John Sweet</i> _____ Signature – Individual/LAR</p> <p>John Sweet _____ Printed Name</p> <p>11/13/12 _____ Date</p> <p><input type="checkbox"/> Individual/LAR participated by phone on: _____ Date</p> <p>(1) If the individual/LAR participates in person and agrees with the IPC, the individual/LAR signs, prints his/her name and enters the date of the IPC meeting. If the agreement is obtained by phone, the provider checks the box and enters the date of agreement. The provider then sends a copy of the form to the individual/LAR for signature.</p> <p>(2) For an IPC revision that adds/changes a requisition fee only, the provider enters "requisition fee only" in the individual's signature line and enters the IPC effective date as the signature date.</p> <p>DADS Review and Authorization (if required)</p> <p>_____ Signature – DADS Authorized Representative</p> <p>_____ Date</p>	<p>Local Authority/Service Coordinator (SC) Signature</p> <p>Local Authority Name: Wooded Trails Community Services</p> <p><i>Dee Olde</i> _____ Signature – Service Coordinator</p> <p>Dee Olde _____ Printed Name</p> <p>11/13/12 _____ Date</p> <p>(1) When the SC participates in the IPC meeting in person, the SC signs, prints his/her name and enters the date (on the signature line above) on the day of the meeting.</p> <p>(2) When the SC participates in the IPC meeting by phone, the provider writes "participated by phone" on the SC signature line, prints the SC's name and enters the date of the meeting.</p> <p>(3) For an IPC revision that increases/decreases an existing HCS service and does not require an IPC meeting, the provider writes "notified SC" on the SC signature line, prints the SC's name and enters the date this form was submitted to the SC. (Submission of this form to the SC serves as notification of an IPC revision that does not require an IPC meeting.)</p> <p>(4) For an IPC revision that adds/changes a requisition fee only, the provider enters "requisition fee only" in the SC signature line and enters the IPC effective date as the signature date.</p>
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Service Coordinator Response
 (For proposed service increase/decrease IPC revisions only)

Check one of the options below and return form to the provider within two business days after the provider submits this notification of needed change to the SC.

SC agrees with the IPC revision. No IPC meeting is required.

IPC meeting is needed.*

Reason: _____

* Before checking this box, the SC contacts the provider and discusses any questions or concerns regarding the requested revisions. After the discussion, if the SC determines that an IPC meeting is needed, the SC checks the "IPC meeting is needed" box, includes the reason for the meeting, signs, prints name and returns this form to the program provider. The SC then schedules a meeting to occur with the individual/LAR and the program provider as soon as possible but no later than 14 calendar days.

 Signature – Service Coordinator

 Printed Name

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Adaptive Aids Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane wants to stay at a healthy weight.
2.	
3.	
4.	

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet

Observation Formal Assessment(s): Dietary evaluation to be completed by a licensed Dietician; Physicians orders (Dr. Basheera)

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Supplement of 1 can Ensure to be offered daily.	1/1/13	ongoing	1.85/can x 365cans	\$675.25
Total IPC Units Needed for this Service Component:				\$675.25
Requisition Fee (if applicable)				\$54.03

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet
Signature-Individual

John Sweet
Signature- Legally Authorized Representative

Imma Goode
Signature-HCS Provider Representative

Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR Date

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Behavioral Supports Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane would like to be emotionally free from the neglect that she suffered throughout her childhood.
2.	Jane would like to decrease her panic attacks.
3.	Jane would like to have more friends.
4.	

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet; Dr. Gother (psychiatrist), Dr. Jiminy (psychologist)

Observation Formal Assessment(s): Behavior support plan

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Jane will be assessed annually by psychologist.	1/1/13	12/31/13	2 hours per year	2 hours
Dr. Jiminy will observe Jane quarterly in her environment to monitor effectiveness of her medications.	1/1/13	12/31/13	0.5 an hour per quarter x 4 quarters	2 hours
Dr. Jiminy will review documented incidents, service logs, and any other supporting documentation monthly.	1/1/13	12/31/13	0.25 hours per month x 12 months	4 hours
Total IPC Units Needed for this Service Component:				8 hours
Requisition Fee (if applicable)				n/a

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet
Signature-Individual

John Sweet
Signature- Legally Authorized Representative

Imma Goode
Signature-HCS Provider Representative

Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR Date

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Day Habilitation Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane wants to improve reading and writing skills.
2.	Jane wants to learn how to cook more complex dishes.
3.	Jane wants to learn how to sew.
4.	Jane wants to participate in the life of Forest, TX
5.	Jane wants to make friends.
6.	Jane wants to maintain her beautiful smile.

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet; Suzi Cue (day habilitation staff)

Observation Formal Assessment(s):

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Jane will attend the Gainful Enterprises full days Tuesday through Friday and half days on Monday per her request with the exception of two weeks for vacation with family and routine holiday closures up to two weeks.	1/1/13	ongoing	4days/week x 48weeks ½ day/week x 48weeks	192 days + 24 days
Jane will participate daily in general group activities. Choices should including the following preferred activities: music workshop, sewing class, cooking class, arts and crafts, leisure planning, drama hour, exercise. Participation and preference for activities will be documented by day habilitation staff.	1/1/13	ongoing	Included in units calculated above	Included in units calculated above
Jane will be encouraged to complete teeth brushing and whitening activities once daily	1/1/13	ongoing	Included in units calculated above	Included in units calculated above
Jane will be provided one on one reading skill acquisition activities from the activity workbook two times weekly. Staff will document whether or not Jane chose to participate in activities on a separate log. This log will be reviewed by care coordinator monthly and discussed with Jane quarterly. Reading levels will be evaluated every 6 months to measure reading skills.	1/1/13	ongoing	Included in units calculated above	Included in units calculated above
Jane will have the opportunity at least once per week to attend an activity of choice in the community. Jane will be supported in developing positive, safe relationships. Jane will be supervised at all activities in the community for safety purposes. Jane will demonstrate targeted stranger/danger skills. When in the community Jane will limit her conversation with strangers. Prior to going out, staff will remind Jane there are nice people and not nice people. She will be reminded that when someone she doesn't know wants to talk to her, that she can tell them "hello" and then tell them that she must continue with what she is doing, and walk away. As Jane begins to learn the difference between strangers and friends, staff will begin to fade the reminder until it is no longer needed.	1/1/13	ongoing	Included in units calculated above	Included in units calculated above

Total IPC Units Needed for this Service Component:

216 days

Requisition Fee (if applicable)

n/a

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet

Signature-Individual

John Sweet

Signature- Legally Authorized Representative

Family Member/Advocate

Imma Goode

Signature-HCS Provider Representative

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR

Date

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Dental Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane wishes to maintain her beautiful smile.
2.	
3.	
4.	

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet

Observation Formal Assessment(s): Dental exam on 12/1/12 by Dr. Happy, DDS

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Routine treatment needs: Jane requires cleaning every two months due to poor dental hygiene. Jane's dentist recommends examination every 6 months including x-rays annually. -Cleaning every 2 months -Examination every 6 months -4 bite wings/X-rays annually	1/1/31	ongoing	\$83.00 x 6 \$50.00 x 2 \$24.00 x 4	\$498.00 \$100.00 \$96.00
Additional dental treatment needs. Jane has recommended treatment for four porcelain fillings (#9, #13, #7, #21 tooth) during exam completed 12-1-2012. Total estimate is \$774 (\$193.50 per filling x 4 fillings). \$540.00 HCS dental dollars to be used. Remainder of \$234.00 will be paid personally by Jane as approved by her guardian, John Sweet.	1/1/13	12/31/13	\$193.50 x 4 (-\$234.00)	\$540.00
Total IPC Units Needed for this Service Component:				\$1000.00
Requisition Fee (if applicable)				\$92.85

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet
Signature-Individual

John Sweet
Signature- Legally Authorized Representative

Imma Goode
Signature-HCS Provider Representative

Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR

Date

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Dietary Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane wants to stay at a healthy weight.
2.	
3.	
4.	

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet

Observation Formal Assessment(s): Dietary evaluation by Selma Moore (Dietician)

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Dietician will continue to evaluate Jane 2 times annually up to 2 hours each evaluation and make recommendations for food items based on preference and food allergies.	1/1/13	Ongoing	2hours/evaluation x 2 evaluations	4 hours
Total IPC Units Needed for this Service Component:				4 hours
Requisition Fee (if applicable)				n/a

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet
Signature-Individual

John Sweet
Signature- Legally Authorized Representative

Imma Goode
Signature-HCS Provider Representative

Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR Date

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Nursing Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane wants to remain in her best possible health by managing her blood sugar and blood pressure effectively.
2.	Jane wants to effectively manage her anxiety with counseling and medication.
3.	Jane wants to keep her weight up, staying within her ideal weight range.
4.	Jane wishes to maintain her beautiful smile.

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet

Observation Formal Assessment(s): Previous nursing assessment by Donna Dogood ,RN and an annual physical by Dr Basheera, MD

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
RN will complete or revise nursing assessment (CNA), including nursing service plan (NSP), and decision for delegation at least annually or when condition changes. RN will schedule counseling, medical and dental appointments and monitor for effectiveness.	1/1/13	12/31/13	4units for CNA 2units for NSP 1unit for delegation decision	7units RN
LVN will observe staff supervision of medications every other month and will complete training as needed with staff under the supervision of the RN. LVN will review blood levels, blood pressure, and body weight.	1/1/13	12/31/13	1unit every other month	6 units LVN
LVN will review medications received and cross reference with the MAR prior to sending to home monthly.	1/1/13	12/31/13	0.25units/month	4 units LVN
RN will review MAR monthly for accuracy and completion. RN will make changes to the MAR based on doctor's orders as needed.	1/1/13	12/31/13	0.25units/month	4 units RN
LVN will review services provided quarterly in accordance with nursing service plan developed by the RN and communicate recommendations or changes needed based on Jane's needs.	1/1/13	12/31/13	1units/quarter x 4 quarters	4 units LVN
RN will review quarterly recommendations from LVN from monitoring treatment plans for Jane and update as needed.	1/1/13	12/31/13	.25units/quarter x 4 quarters	1unit RN

Total IPC Units Needed for this Service Component:

12 Units RN
14 Units LVN

Requisition Fee (if applicable)

n/a

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Physical Therapy Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane wants to walk around in the forest without falling.
2.	
3.	
4.	

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet

Observation Formal Assessment(s): Imma Strong, PT

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Jane will have a physical therapy assessment to evaluate her mobility.	1/1/13	12/31/13		2 hours
Total IPC Units Needed for this Service Component:				2 hours
Requisition Fee (if applicable)				n/a

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet
Signature-Individual

John Sweet
Signature- Legally Authorized Representative

Imma Goode
Signature-HCS Provider Representative

Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR Date

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Residential Support Services Back-up Plan Required: yes no Date IP Developed: 11/13/12

IPC Begin Date: 1/1/2013 IPC Effective Date: _____ IPC End Date: 12/31/13

Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:

1.	Jane needs to feel safe & secure in her living environment
2.	Jane wants to learn how to cook more complex dishes.
3.	Jane wants to learn how to sew.
4.	Jane wants to participate in the life of Forest, TX
5.	Jane wants to continue volunteering at the <i>Pet Rehabilitation Center</i> .
6.	Jane wants to maintain her beautiful smile.
7.	Jane wants to make more friends.

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):

Conversation(s) with: Jane Sweet, and Dwayne Smith (Direct Care Staff)

Observation Formal Assessment(s): nursing assessment

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Jane will have staff supervision at her home during the day and through the night (awake shift) due to irregular sleep patterns (due to night terrors). Staff will assist Jane in areas of community integration, transportation, medication supervision, daily living skill and task completion, and all purchases of necessary items for daily living.	1/1/1/13	ongoing	n/a	365 days/yr
Jane will be offered opportunities to learn how to cook through television programs on cooking, cooking magazine/books, attending cooking classes and by staff demonstration. Jane will be offered the opportunity to cook for housemates and invited guests. Staff will provide support to Jane in meal planning and preparation, if needed, allowing her to complete as much of the task as Jane can on her own.	1/1/1/13	ongoing	n/a	Included in units calculated above
Jane will be offered opportunities to learn how to sew through television programs on sewing, videos on sewing, sewing magazines/books, attending sewing classes and by staff demonstration. Staff will provide support if needed to Jane when she is sewing.	1/1/1/13	ongoing	n/a	Included in units calculated above
Jane will be assisted with all medical appointments and health monitoring by staff in coordination with nursing services. Based on nursing recommendations, Jane will be supervised with all medications and observed for side effects. Staff will report any side effects, illness or injury to nursing services per protocol.	1/1/1/13	ongoing	n/a	Included in units calculated above
Every Monday, staff will transport Jane to her volunteer job, the Happily Ever After Pet Rehabilitation Center.	1/1/1/13	ongoing	n/a	Included in units calculated above
Staff will use the cue words "Beautiful Smile" to encourage Jane to complete teeth brushing and whitening activities after each meal.	1/1/1/13	ongoing	n/a	Included in units calculated above

Jane will be supervised at all activities in the community for safety purposes. Jane will demonstrate targeted stranger/danger skills. When in the community Jane will limit her conversation with strangers. Prior to going out, staff will remind Jane there are nice people and not nice people. She will be reminded that when someone she doesn't know wants to talk to her, that she can tell them "hello" and then tell them that she must continue with what she is doing, and walk away. As Jane begins to learn the difference between strangers and friends, staff will begin to fade the reminder until it is no longer needed.	1/1/1/13	12/31/13	n/a	Included in units calculated above
Staff will offer Jane opportunity to engage in activities outside of her home of her choice, including walks in the woods, and visiting with neighbors and friends (such as Betty Bird). Staff will assist Jane with looking at the weekly community paper to see if there are additional activities Jane may be interested in. Staff will document activities attended on an activity log.	1/1/1/13	12/31/13	n/a	Included in units calculated above
Staff will support Jane to reduce her incidents of aggression and escape (sleeping) by following her behavior support plan	1/1/1/13	12/31/13	n/a	Included in units calculated above
Staff will offer Jane 1 can of Ensure per day	1/1/1/13	12/31/13	n/a	Included in units calculated above

Total IPC Units Needed for this Service Component:

365 days

Requisition Fee (if applicable)

n/a

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Jane Sweet
Signature-Individual

John Sweet
Signature- Legally Authorized Representative

Imma Goode
Signature-HCS Provider Representative

Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR

Date