

Implementation Plan for: Paige Turner Care ID: C0X0X0 Comp Code: 456

Service Component: Occupational Therapy Back-up Plan Required: yes no Date IP Developed: 7/1/13

IPC Begin Date: 6/11/2013 IPC Effective Date: 7/1/2013 IPC End Date: 6/10/14

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

1.	Paige wants to learn how to use her wheelchair more effectively for her daily activities.
2.	Paige wants to increase her flexibility to help her with some of her ADLs such as eating, dressing, and hygiene.
3.	
4.	

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

Conversation(s) with: Paige, her mother, DH staff

Observation Formal Assessment(s): OT evaluation 6/21/13

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
An OT appointment will be scheduled for an assessment.	6/20/13	6/21/13		4 hours
OT recommends a one hour session/week for 26 weeks and review progress at that time. OT evaluation attached.	7/1/13	1/31/14		26 hours
Total IPC Units Needed for this Service Component:				30
Requisition Fee (if applicable)				

Signature for Implementation Plan:

Signature sheet for implementation plan(s) on file

or

Signatures below:

Paige Turner
Signature-Individual

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