Texas Department of Aging  
and Disability Services  
Home and Community-based Services  
Implementation Plan  

Form 2125  
September 2013  

Implementation Plan for: Bea Minor  
Care ID: R0X0X0  
Comp Code: 8FV  

Service Component: Foster Care  
Back-up Plan Required: ☒ yes ☐ no  
Date IP Developed: 1/13/13  

IPC Begin Date: 2/1/13  
IPC Effective Date: 2/1/13  
IPC End Date: 1/31/14  

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

1. Bea needs to feel safe & secure in her living environment.  
2. Bea wants to learn more about money management.  
3. Bea wants to learn how to prepare meals.  
4. Bea wants to increase her participation in the community.  
5.  
6.  

In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):  
☒ Conversation(s) with: Bea and parents  
☐ Observation  ☒ Formal Assessment(s): nursing assessment  

<table>
<thead>
<tr>
<th>Implementation Strategy Objectives:</th>
<th>Start Date: 2/1/13</th>
<th>Targeted Completion: ongoing</th>
<th>Calculation of Units (If applicable): n/a</th>
<th>Total Units (per strategy): 365 days/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bea’s parents will care for her and see that she is monitored properly while at home. They will help her in areas of community integration, transportation, medication supervision, daily living skills, and task completion.</td>
<td>2/1/13</td>
<td>ongoing</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
<tr>
<td>Bea’s parents will help her understand money management by helping her shop for various things such as food, clothes, and entertainment. They will show her the benefits of saving and the consequences of spending unwisely.</td>
<td>2/1/13</td>
<td>ongoing</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
<tr>
<td>Bea’s parents will help her learn to prepare meals within her capabilities and help her expand those capabilities to prepare more complex meals using cookbooks, cooking shows, and much practice.</td>
<td>2/1/13</td>
<td>ongoing</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
<tr>
<td>Bea will be assisted with all medical appointments and health monitoring by her parents with consultation with staff nurse. Parents will monitor medications.</td>
<td>2/1/13</td>
<td>ongoing</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
<tr>
<td>Bea’s parents will help her become more involved in the community by her attending a DH program, take her on more outings, become more active in the church, and try to develop more interests out of the home, and possibly do volunteer work.</td>
<td>2/1/13</td>
<td>ongoing</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
<tr>
<td>Bea will be supervised at all activities in the community for safety purposes and will be taught stranger/danger skills</td>
<td>2/1/13</td>
<td>ongoing</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
<tr>
<td>Bea’s parents will work with her on ADLs and help her improve those with which she needs the most help and praise when she does well. (see attached training sheet)</td>
<td>2/1/13</td>
<td>12/31/13</td>
<td>n/a</td>
<td>Included in units calculated above</td>
</tr>
</tbody>
</table>

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:

Bea Minor
Signature-Individual

Imma Goode
Signature-HCS Provider Representative

Signature:
☐ Legally Authorized Representative
☐ Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

Signature – HCS Provider Representative or Individual LAR

Date