Implementation Plan for: Art Work  
Care ID: TX0X0X0  
Comp Code: 8FV

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

IPC Begin Date: 3/21/2013  
IPC Effective Date:  
IPC End Date: 3/20/14

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

1. Art would like to be able to better deal with his grief over the death of his grandfather.
2. Art would like to have better memories of his grandfather rather than those around the time of his death.
3. 
4. 

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

☐ Conversation(s) with: Art Work

☐ Observation

Formal Assessment(s):

<table>
<thead>
<tr>
<th>Implementation Strategy Objectives</th>
<th>Start Date</th>
<th>Targeted Completion</th>
<th>Calculation of Units (If applicable)</th>
<th>Total Units (per strategy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment by LMSW</td>
<td>4-10-13</td>
<td>4-11-13</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>LMSW will meet once/month until issue is resolved. Will project thru end of IPC year.</td>
<td>5-15-13</td>
<td>3-15-14</td>
<td>11 hours</td>
<td>11 hours</td>
</tr>
</tbody>
</table>

Total IPC Units Needed for this Service Component: 13 hours

Requisition Fee (if applicable) n/a

Signature for Implementation Plan:

☐ Signature sheet for implementation plan(s) on file

☐ Signatures below:

Art Work  
Signature-Individual

☐ 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