

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