

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