

Implementation Plan for: Jane Sweet Care ID: X0X0X0 Comp Code: 8FV

Service Component: Physical Therapy 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 wants to walk around in the forest without falling.
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): Imma Strong, PT

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
Jane will have a physical therapy assessment to evaluate her mobility.	1/1/13	12/31/13		2 hours
Total IPC Units Needed for this Service Component:				2 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