

**WEST VIRGINIA I/DD WAIVER  
INTRODUCTORY INDIVIDUALIZED PROGRAM PLAN  
(Must be completed within seven days of intake for NEW slots only)**

Name of Person Who Receives Services: \_\_\_\_\_ Date of I/DD Waiver Enrollment: \_\_\_\_\_  
(date slot received)

**Upon eligibility determination (medical, financial and slot allocation) the following will be implemented in order to initiate I/DD Waiver Services (use additional pages as necessary):**

<b>Service Code:</b> T1016HI
<b>Service Description:</b> Service Coordination: Traditional Option
<b>Provider:</b>
<b>Accessible/Available:</b> Yes or No
<b>Duration:</b>
<b>Amount/Frequency:</b>
<b>Plan of Action/Scope of Work:</b> My Service Coordinator (SC) will provide linkage/referral to facilitate access to I/DD Waiver Services. My SC will help me establish life-long, goal-oriented processes for coordinating my natural and paid supports, range of services, and instruction and assistance that is specific to my needs, wishes, desires and goals. My SC will provide service planning, advocacy, etc. as outlined in the I/DD Waiver Manual.

<b>Service Code:</b>
<b>Service Description:</b>
<b>Provider:</b>
<b>Accessible/Available:</b> Yes or No
<b>Duration:</b>
<b>Amount/Frequency:</b>
<b>Plan of Action/Scope of Work:</b>

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<b>Plan of Action/Scope of Work:</b>

\_\_\_\_\_  
Signature of Person Who Receives Services/Date

\_\_\_\_\_  
Legal Representative Signature/Date

\_\_\_\_\_  
Service Coordinator Signature/Date

\_\_\_\_\_  
Other/Date