

**WEST VIRGINIA I/DD WAIVER
INDIVIDUALIZED PROGRAM PLAN (IPP)**

IPP Start Date: 11/01/2011

Date this Plan will be Reviewed: 4/13/2012

Type of IDT Meeting:

Annual 3-month 6-month 9-month Critical Juncture Transfer Discharge

Demographics

Member Name: Marnie Stern
Address: 100 Capitol St. Suite 600
 Charleston, WV 25301
Phone Number: (304) 555-5555
Date of Birth: 3/18/1976

Additional Insurance (if applicable): n/a
Date of Financial Eligibility: 10/1/2011
Date of Medical Eligibility: 9/27/2011
Anchor Date: 11/1/2011

Legal Representative:
 Yes No
 If "Yes" Full Limited
Name: _____
Address: _____

Phone: _____

Health Care Surrogate:
 Yes No
Name: Joan Jett
Address: 100 Capitol St.
 Suite 600
 Charleston, WV 25301
Phone: (304) 555-5555

Medical Power of Attorney:
 Yes No
Name: Joan Jett
Address: 100 Capitol St. Suite
 600
 Charleston, WV 25301
Phone: (304) 555-5555

Payee: Yes No
Name: Joan Jett
Address: 100 Capitol St. Suite
 600
 Charleston, WV 25301
Phone: (304) 555-5555

Conservator: Yes No
Name: _____
Address: _____

Phone#: _____

Interventions for Maladaptive Behavior Not Applicable
 _____ Date of Functional Assessment
 _____ Date of Positive Behavior Support Plan or Protocol
 _____ Date of HRC Approval

Service Coordination
 SC Name: Nancy Wilson
 SC Provider Agency: Best Agency, Inc.
 SC Telephone #, ext: (304) 123-4567 x 1
 SC e-mail: nwilson@bestagency.com

Check Attachments
 Crisis Plan (required for Annual and 6-month IPPs)
 Positive Behavior Support Plan/Protocol (required, if applicable, for Annual and 6-month IPPs)
 Participant-Directed Spending Plan (if applicable)
 Budget from CareConnection® (required)

I/DD Waiver Budget Information:
 Assessed Individualized Budget Amount:
\$47,456.00
 Cost of I/DD Waiver Services Annually:
\$46,234.00

Service Delivery Option:
 Traditional
 Traditional and Agency with Choice
 Traditional and Personal Options

Meeting Minutes
(Use additional pages, as necessary)

Who attended this meeting? Did any team members attend by phone, and why?

Marnie Stern, Member
Joan Jett, Sister
Nancy Wilson, SC
Lita Ford, TC

All team members were physically present for this meeting.

Summary of what was discussed during this meeting:

Discussed Marnie's recent doctor visit. Since she has been on Zocor, her cholesterol has decreased dramatically. Since starting the Zocor, Marnie has made quite a few dietary changes and is now working out several times a week at the local gym. Her doctor isn't sure that she even needs the medication anymore and is making plans to take her off of it. In addition, Marnie has lost 22 pounds since her last meeting and states that she feels a lot better.

All team members agreed on habilitation goals. Marnie says that she really wants to learn to do laundry properly, because her sister complains that she uses too much laundry detergent. Marnie states that she likes to wear clean clothes. In the past, Marnie had problems with interrupting others and yelling at people. This behavior has not occurred in the past six months, so team has agreed to discontinue Behavior Protocol. IDT hypothesis is that Marnie has learned to utilize coping mechanisms outlined in the previous Behavior Protocol, benefits from being on a strict schedule, and is also benefitting from regular workouts and physical activity. Should behaviors become an issue in the future, the IDT will meet to discuss re-implementation of Protocol.

Marnie continues to be involved with her church's Youth Group. They volunteer a couple of times a week at the Senior Center. Marnie states that she enjoys going there because she feels like she is helping people. Some of the activities she participates in are planting flowers, raking leaves, playing games, doing crafts and helping to distribute snacks.

Marnie works at the local greenhouse, and states that she really likes working there. She has also expressed interest in working at the movie theater. She states that she likes to make popcorn. However, she states that she isn't interested in working at the theater until the weather gets bad; she likes working at the greenhouse in the warm weather. Marnie has agreed to notify her sister and this SC when and if she would like to pursue employment at the movie theater.

Marnie has expressed interest in joining a dance class. She states that she doesn't have a preference with regards to the type of dance. SC will research dance class opportunities in the area and provide information to Marnie and Joan.

IDT discussed most recent APS assessment results. Respondents were Marnie, Joan (sister), Donita (aunt) and this SC, Nancy Wilson. Team agreed that respondents are well aware of Marnie's abilities and needs and continue to be appropriate. Respondents will be the same for Marnie's next assessment.

Meeting Minutes Completed By	Nancy Wilson, SC
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Circle of Support
Intimacy: Who can I count on
"My mom, my brother, my aunt and my friends."
Friendship: Who is a good friend?
"Carrie, from down the street."
Participation: List people, organizations, or networks you are involved with:
"I go to youth group and I like to work at the greenhouse in town. I water the plants and help take care of them."
Exchange: People who are paid to be in my life (staff):
"Best Agency"
Who I would like to participate in developing my plan?
"My Service Coordinator, Nancy, my sister and me. Lita too."

Goals and Dreams
Goals and dreams should be carried through the rest of this plan and incorporated into the Service and Habilitation Plans including responsible persons and/or provider and timelines for making plans happen. (Use additional space, as necessary)
What are my short-term and long-term goals and dreams? Goals should be positive and possible. (Where do I want to live? Ideal job? Who do I want to live with? Dream vacation? What do I want to learn?) Who is going to help me achieve these goals/dreams?
Short-term goals: "I want to do my own laundry. Joan complains that I use too much soap."
Long-term goals: "I want to get a job at the movie theater. I can make popcorn."
What do I expect to be different as a result of receiving services and supports? What outcomes do I expect to accomplish with the help of supports?
Marnie states, "I want to do better at my job. I really like it and I can learn more."
What are things that I like and dislike? What things do I consider pleasant and important? What do I like to do during my leisure time? What community activities do I enjoy?
Marnie states, "I like to go to youth group. We have fun there and we play games. Sometimes we go out and work to help other people. I like to go hiking in the woods with my brother, Zakk." When asked if Marnie likes to watch TV, she replied, "my favorite is American Idol".
What are my strengths? What am I good at?
Marnie states, "I like to spend time with friends and I'm good at helping my friends when they need me. I'm a good dancer and would like to join a dance class one day. I'm learning how to cross stitch, but it's very hard for me to do."

Evaluation	Date of Evaluation	Summary of Assessment/Evaluations Results and Recommendations (List all assessments used to develop the service and habilitation plan; use additional space/pages as necessary):
Person-Centered Assessment	09/29/2011	Marnie states that she would eventually like to get a job at a movie theatre. She enjoys working with the church youth group. She likes doing crafts and socializing with others. She enjoys her job at the greenhouse.
ICAP	08/13/2011	<p>ICAP assessment results revealed that Marnie's lowest domain scores were in motor skills, social and communication and broad independence. She also displays disruptive behavior and unusual habits 1-10 times per day, is uncooperative 1-6 times per week and is socially offensive 1-3 times per month. For this reason Therapeutic Consultant recommends the following programs for Community Residential Habilitation training:</p> <ul style="list-style-type: none"> ▪ Regular exercise to increase muscle tone, flexibility, and general health ▪ Learning to prepare meals and use the oven ▪ Preparing grocery/ household item shopping lists ▪ Learning home living activities (to wash her clothes, cook, maintain a clean home environment) ▪ Learning personal hygiene skills (bathing, shaving, grooming, and dressing) ▪ Increasing appropriate social interaction with others including her friends, to initiate and maintain friendships ▪ Learn to identify healthy relationships and avoid being exploited ▪ Purchasing program to teach Marnie about money management
ABAS II	08/13/2011	<p>ABAS II assessment results revealed that Marnie's lowest domain scores were in practical skills. These include self-care, home or school living, community use, work and health & safety skills. Her percentile rank for practical skills is 23, which is noted as below average. For this reason, TC recommends the following programs for Community Residential Habilitation:</p> <ul style="list-style-type: none"> ▪ Learning to prepare meals and use the oven ▪ Preparing grocery/ household item shopping lists ▪ Learning home living activities (to wash her clothes, cook, maintain a clean home environment) ▪ Learning personal hygiene skills (bathing, shaving, grooming, and dressing) ▪ Purchasing program to teach Marnie about money management <p>The domain scores for conceptual and social skills were borderline. Therapeutic Consultant recommends addressing the lowest domain scores at this time.</p>
Health & Safety Issues Identified	Ongoing	Marnie is prescribed Zocor for high blood pressure as well as a diet and exercise program.

Psychological/ Psychiatric		If applicable
Medical	List all physicians, date of last appointment, & recommendations	Marnie had an annual check up with her PCP on 9/27/11. Dr. Ortega has prescribed Zocor for Marnie's high blood pressure. He also recommended a low fat, plant based diet and exercise. Staff RN Jamie Dean helped developed a diet and exercise program with Marnie's input. The RN recommends monitoring Marnie's blood pressure daily and to teach Marnie how to take her own Blood pressure.
Therapy (PT, OT, ST, etc.)		If applicable
TC	10/5/2011	During the past six month this TC completed monthly habilitation summaries and made adjustments to the steps of the task analysis to most programs in order to focus on 1-2 steps of each program as Marnie mastered some steps. TC also completed behavioral observations at Marnie's home because she was exhibiting far fewer behaviors there per her ABC forms. TC wanted to ensure proper documentation was taking place and all providers were retrained on the PBSP. As Marnie's behaviors have not occurred in the last several months TC recommends discontinuing her PBSP. TC met with Marnie and her sister and it was determined that Marnie would benefit with new programs of bathing, laundry and purchasing. TC to create these new goals for Marnie.
SC	10/3/2011	SC visited Marnie at her job at the greenhouse 3 times in the last 6 months. Marnie seems to really enjoy her job there. She especially enjoys planting new flowers and seeing them grow to maturity. Marnie's supervisor at the greenhouse relayed that Marnie is a true asset to the business and customers like interacting with Marnie. SC recommends continuing this job and perhaps phase into working without the need for a SE worker present in the future. SC visited Marnie at her home monthly. In the last 6 months SC has observed a huge decrease in behaviors and recommends discontinuing Marnie's PBSP. Marnie relays to me that she is very happy in her home and enjoys spending time with her church group on the weekends and some evenings. Marnie would like to start doing more crafts and playing games at home. SC will work with Marnie's sister to obtain the needed materials for these leisure activities. Marnie is doing very well with her diet and exercise program and tells me she likes working out and would like to try some aerobic classes "like they do on TV". SC will attempt to link Marnie to the local YMCA in order for her to obtain this goal.

Diagnosis:	n/a	Axis I – No Diagnosis Axis II – Mild Mental Retardation Axis III – Seasonal Allergies, Hypertension Axis IV – No identified stressors Axis V – GAF 55
IDT Meetings	n/a	IDT agrees that Marnie's needs do not warrant a quarterly meeting; Therefore, only annual and 6 month IPPs will be held.
Other	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 10px auto;"> <p>This section should include a summary of any assessment applicable to the member. This list of assessments is not all inclusive. (Do not include this statement in your IPP)</p> </div>	

Medications that I take (use additional rows, as necessary)	Dosage	Frequency	Reason for taking this medication (applicable diagnosis)	Who will administer? (agency name and staff title or natural support)
Zocor	20 mg	Once daily	Cholesterol	Joan Jett, Sister
OTC	n/a	PRN	General Discomfort (headache, seasonal allergies, stomach ache, etc)	Joan Jett, Sister

I/DD Waiver Services Needed to Support Me Individual Services Plan			
Service Code	Service Description	Provider	Is the service available/accessible?
T1016-HI	Service Coordination	Best Agency, Inc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Amount/Frequency: Service should average 40 units per month and should not exceed 480 units per year			
Duration of Service: This should service should begin on 11/1/2011 and end on 10/31/2011			
Plan of Action/Scope of Work to be done to support me. What, specifically, will the provider do to support my needs? What has changed since the last time my IDT met?			
<p>Best Agency, Inc. to provide Service Coordination to ensure continued access to needed services within the I/DD Waiver program, and to ensure that Marnie's maximum potential and productivity are utilized in making choices with regard to her life and inclusion in the community. SC to provide linkage, advocacy, etc. services to Marnie, as outlined in the I/DD Waiver manual.</p> <p>SC to visit Marnie at her job every other month. Marnie seems to really enjoy her job at the greenhouse. SC recommends continuing this job and perhaps phase into working without the need for a SE worker present in the future. SC to visit Marnie at her home monthly. Marnie would like to start doing more crafts and playing games at home. SC will work with Marnie's sister to obtain the needed materials for these leisure activities. Marnie is doing very well with her diet and exercise program and tells me she likes working out and would like to try some aerobic classes "like they do on TV". SC will attempt to link Marnie to the local YMCA in order for her to obtain this goal. Marnie has also mentioned taking dance classes. SC to research local dance class opportunities.</p>			
Service Code	Service Description	Provider	Is the service available/accessible?
T2021	Therapeutic Consultant	Best Agency, Inc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Amount/Frequency: Service should average 30 units per month and should not exceed 360 units per year			
Duration of Service: This should service should begin on 11/1/2011 and end on 10/31/2011			
Plan of Action/Scope of Work to be done to support me. What, specifically, will the provider do to support my needs? What has changed since the last time my IDT met?			
<p>TC to develop, monitor, and update individualized habilitation plans to incorporate Mae's personal goals and assessment recommendations into training in the day and residential settings. TC to train support staff, review task analysis documentation, complete monthly and quarterly summaries of task analysis documentation, and conduct observations of training as needed, and prepare for and present recommendations at Marnie's annual and six month IPPs.</p> <p>As Marnie's behaviors have not occurred in the last several months TC recommends discontinuing her PBSP. TC met with Marnie and her sister and it was determined that Marnie would benefit with new programs of bathing, laundry and purchasing. TC to monitor programs and update as needed.</p>			

Service Code	Service Description	Provider	Is the service available/accessible?
See Attached	Participant-Directed: Personal Options	Personal Options	√ Yes <input type="checkbox"/> No
Amount/Frequency: See attached spending plan			
Duration of Service: This service should begin on 11/1/2011 and end on 10/31/2011			
Plan of Action/Scope of Work to be done to support me. What, specifically, will the provider do to support my needs? What has changed since the last time my IDT met?			
Marnie will receive the following through the Participant-Directed: Personal Options Service Option: <ul style="list-style-type: none"> • Person-Centered Support Services • Respite Services • Transportation See attached spending plan.			
Non-I/DD Waiver and Natural Supports (Volunteer groups, clubs, churches, schools, etc.)			
Support		Who Provides This Support?	
Youth Group		Church	
Frequency of Support: Weekly			
Duration of Support: This support should begin on 11/1/2011 and end on 10/31/2012			
<u>Plan of Action/Scope of Work to be done to support me:</u>			
Marnie continues to be involved with her church's Youth Group. They volunteer two times a week at the Senior Center. Marnie states that she enjoys going there because she feels like she is helping people. Some of the activities she participates in are planting flowers, raking leaves, playing games, doing crafts and helping to distribute snacks. Marnie also attends Youth Group every Wednesday night. The Youth Group plans activities and fundraisers throughout the year. Marnie participates in almost every activity. The only time she hasn't participated in an activity in the past was because of illness or vacation.			
Support		Who Provides This Support?	
Natural Family		Natural Family	
Frequency of Support: Daily			
Duration of Support: This support should begin on 11/1/2011 and end on 10/31/2012			
<u>Plan of Action/Scope of Work to be done to support me:</u>			
Marnie's family is very involved in her activities. She has two sisters, Joan and Jean, and a brother, Zakk. All siblings involve her in family decisions and keep her involved in the family. Marnie also has an aunt, Donita, with whom she is very close. Her family provides all of her transportation to and from her community activities, and also to all medical appointments.			

**MR/DD Waiver Individual Habilitation Program and Task Analysis
Supports and Programming**

Participant Name:	Marnie Stern	Program #	1	Date Established	11/2011	Target Date	10/2012
Responsible Agency and Staff:	Best Agency, Inc. Joan Jett			Date Revised/Discontinued:	n/a		
My Skill or Goal Area:	Laundry, Part One						
My Instructional Objective:	Marnie will wash laundry with 70% independence, washing 2x per week for 12 consecutive trials as measured over 3 consecutive months.						
Instructional Methods/ Special Instructions to staff (include possible prompting levels)	Staff will use the least intrusive prompt necessary to facilitate completion of this goal						
What materials are needed?	Dirty clothing, laundry detergent, washing machine (washer)						
In what setting will this take place?	Residence	How frequently will this activity occur?	2 x weekly	Miles needed to achieve this goal?	0		
How often will data be collected?	Each Trial	What type of reinforcement will I receive?	Verbal praise				
What criteria is needed for me to move on to the next step?	TC will review progress to facilitate revisions.						
Possible Prompt Levels (specific to my needs):	Independent (I), Verbal prompting (V), partial physical assistance (P), hand over hand physical assistance (M), Chooses not to participate (C)						

Task Analysis

In this example, only step 1 is scored (2 trials per week). Make the following chart applicable to the specific participant's needs, # of trials and hab/training objectives.

Month/ Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1 Marnie will separate lights from dark clothing																															
2 Marnie will set the washer																															
3 Marnie will add clothing																															
4 Marnie will measure laundry detergent																															
5 Marnie will add laundry detergent																															
6 Marnie will close washer lid																															
7 Marnie will start the washer																															
8 Marnie will wash her hands																															
Staff Initials																															

Therapeutic Consultant/Behavior Professional Signature and Credentials: _____

My Tentative Schedule Is:

LIST: MULTIPLE SERVICE PROVIDERS; WHEN THE PROVIDER PROVIDES THE SERVICE; AND/OR TIME-FRAMES FOR PLANNED ACTIVITIES NEEDED FOR IMPLEMENTATION OF THE PLAN. ENSURE MEMBER HAS VOICED THEIR CHOICE OF ACTIVITIES AND SCHEDULE IS PERSON-CENTERED.

Projected Time Range	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00am – 8:00am	Wake up, Complete Morning routine (brush teeth, make bed, etc)	Wake up, Complete Morning routine (brush teeth, make bed, etc)	Wake up, Complete Morning routine (brush teeth, make bed, etc)	Wake up, Complete Morning routine (brush teeth, make bed, etc)	Wake up, Complete Morning routine (brush teeth, make bed, etc)	Wake up, Complete Morning routine (brush teeth, make bed, etc)	Wake up, Complete Morning routine (brush teeth, make bed, etc)
8:00am – 9:00am	Eat Breakfast and complete breakfast clean up	Eat Breakfast and complete breakfast clean up	Eat Breakfast and complete breakfast clean up	Eat Breakfast and complete breakfast clean up	Eat Breakfast and complete breakfast clean up	Eat Breakfast and complete breakfast clean up	Eat Breakfast and complete breakfast clean up
9:00am – 10:30am	Workout at local gym	Volunteer with Youth Group at Senior Center	Workout at local gym	Volunteer with Youth Group at Senior Center	Workout at local gym	Household Chore	Get ready for church/attend church
10:30am – 11:30am	Purchase (Goal) at local community store (Big Lots, Claire's, Sally's, etc.)	Volunteer with Youth Group at Senior Center	Purchase (Goal) at local community store (Big Lots, Claire's, Sally's, etc.)	Volunteer with Youth Group at Senior Center	Purchase (Goal) at local community store (Big Lots, Claire's, Sally's, etc.)	Free Time	Attend Church
11:30am – 12:30pm	Lunch at home (Goal)	Lunch (in community)	Lunch at home (Goal)	Lunch (in community)	Lunch at home (Goal)	Free Time	Attend Church/Lunch
12:30pm – 1:30pm	Nap	Nap	Nap	Nap	Nap	Nap	Nap
1:30pm – 5:00pm	Work at Greenhouse	Work at Greenhouse	Work at Greenhouse	Work at Greenhouse	Work at Greenhouse	Free Time	Free Time
5:00pm – 7:00pm	Dinner and clean up	Dinner and clean up	Dinner and clean up	Dinner and clean up	Dinner and clean up	Dinner and clean up	Dinner and clean up
7:00pm – 8:00pm	Walk around neighborhood (discuss safety)	Laundry (Goal)	Youth Group	Walk around neighborhood (discuss safety)	Hang out with friends/Free Time	Laundry (Goal)	Free Time
8:00pm – 9:30pm	Free Time	Free Time	Youth Group/Free Time	Free Time	Hang out with friends/Free Time	Free Time	Free Time
9:30pm – 11:00pm	Shower (Goal), get ready for bed	Shower (Goal), get ready for bed	Shower (Goal), get ready for bed	Shower (Goal), get ready for bed	Shower (Goal), get ready for bed	Shower (Goal), get ready for bed	Shower (Goal), get ready for bed
11:00pm – 7:00am	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep

Interdisciplinary Team Signature Sheet

Member Name: Marnie Stern

Date of Meeting: 10/21/2011

Type of IDT Meeting:

Annual 3-month 6-month 9-month Critical Juncture Transfer Discharge

Relationship	Signature and Credentials	Time Spent in Meeting	Agree	*Disagree	Date this IPP was sent out
Member	Marnie Stern	11:00am – 11:47am	✓	<input type="checkbox"/>	10/28/2011
Parent/Legal Representative	Joan Jett	11:00am – 11:47am	✓	<input type="checkbox"/>	10/28/2011
Service Coordinator	Nancy Wilson	11:00am – 11:47am	✓	<input type="checkbox"/>	10/28/2011
Non-legal Rep for Participant-direction			<input type="checkbox"/>	<input type="checkbox"/>	
Other Relationship:	Lita Ford, TC	11:00am – 11:47am	✓	<input type="checkbox"/>	10/28/2011
Other Relationship:			<input type="checkbox"/>	<input type="checkbox"/>	
Other Relationship:			<input type="checkbox"/>	<input type="checkbox"/>	
Other Relationship:			<input type="checkbox"/>	<input type="checkbox"/>	
Other Relationship:			<input type="checkbox"/>	<input type="checkbox"/>	

**IDT member has disagreed with the plan. The rationale is attached.*

Rationale for Disagreement with the Plan

Signature: _____ Date: _____