

## Person-Centered - Individual Program Plan Cheat Sheet

This document will help guide you in the creation of your loved one's IPP, showing you what information you should or may wish to include in this critical document.

For more information or for assistance contact us  
[www.PWCF.org](http://www.PWCF.org) | [info@pwcf.org](mailto:info@pwcf.org) | 800-400-9994 In CA

**SERVICE PLAN FOR:**

**DOB:**

**MEETING DATE:**

### **ABOUT CLIENT:**

There should be a section that describes the many positive qualities and characteristics of your loved one.

There should be a section that describes the activities that your loved one enjoys, including with whom he or she enjoys doing them.

### **CIRCLE OF SUPPORT:**

There should be a section that describes the individuals who are a support system to your loved one.

### **HOPES AND DREAMS FOR THE FUTURE:**

This section is the "heart and soul" of a Person-Centered Plan. This section should describe your loved one's wants, wishes and dreams for today and into the future. This section's intent is not limit or edit your loved one's stated wishes but to simply reflect them.

You may wish to include language that reflects, "While *Name* prepares for his goals, he will continue to reside in his current home to utilize the benefits of this structured, safe environment."

### **LONG RANGE GOALS:**

This section should include obtainable long range goals. For persons with PWS, obtainable goals do not include independent living, unsupervised access to food or learning to control food intake.

- 1.
- 2.
- 3.
- 4.

### **PERSONS WHO HELPED WITH THE PLAN:**

This section should list everyone who participated in writing the Person-Centered Individual Program Plan.

### **LIVING OPTION:**

This section should describe the residential options for your loved one and/or the current residential setting.

**Desired Outcome:** Language in this section might include: "To continue to reside in a safe, comfortable home that provides a safe, stimulating, comfortable environment."

CLIENT: *Name*

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**LIVING OPTION (continued):**

**Plan:** Language in this section might include:

1. Regional Center will continue to fund Client's residential care [if living outside the family home].
2. Training and guidance will be sought from the Prader-Willi California Foundation as needed/requested by anyone involved in the care of Client.
3. The RSP, behavior advisor, and trained staff will maintain the home's schedule, consistency and fairness, maintain positive rewards systems and de-stressing techniques that work for Client.
4. Client will be given supervision and guidance from the RSP to budget for and make small purchases with P&I monies.
5. Regional Center will fund 1:1 staffing for two family vacations per year if determined to be necessary. This service will be discussed quarterly and implemented accordingly.

**DAILY LIVING NEEDS:** Language in this section should include:

Because Client has a medical disorder that causes the symptoms hyperphagia and insatiable appetite, Client shall not be given unauthorized access to food at any time, despite any and all expressed desires in the moment. The name of this medical disorder is Prader-Willi syndrome; more information may be found at [www.PWCF.org](http://www.PWCF.org) and [www.pwsausa.org](http://www.pwsausa.org).

Additional language in this section might include:

Client is able to do most other self-care tasks, but needs assistance with completing them. H/she is capable of showering, but needs help with xyz. H/she *is/is not* able to pick out appropriate clothing and dress self. Toileting *is/is not* done independently. Client needs encouragement to eat within a reasonable time frame.

**Desired Outcome:** Client will continue to increase independence in as many areas of self-care as possible.

**Plans:**

1. Client will continue to increase responsibility for taking care of his own hygiene, laundry, and personal belongings.
2. With assistance from staff as needed, all of *Name's* self-care needs will be completed daily.
3. Regional Center service coordinator will monitor *Name's* progress quarterly and as needed.

**Target Date:**

## PWCF's PCP-IPP Cheat Sheet

CLIENT: *Name*

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**BEHAVIORAL HEALTH:** Language in this section might include:

Client continues to be monitored for unwanted behavior including: "Temper tantrums, Emotional outbursts, Physical Aggression, Property destruction, Picking at skin, Fabrications/lying, Non-Compliance, Being rude to family and staff, Elopement, etc." You may wish to indicate or summarize any behavioral incidents since last IPP, or quarter, or month.

Language in this section should include:

Because Client has a medical disorder that causes the symptoms hyperphagia and insatiable appetite, Client shall not be given unauthorized access to food at any time, despite any and all expressed desires in the moment. See *Agreement for Individual with PWS – Food*. If appropriate, include a statement in the PCP-IPP that stipulates, "Client shall not have access to the key that opens the knife drawer without staff authorization. **Include a signed Agreement for Individual with PWS – Food**

**If Client has a history of wandering or elopement:** A residential setting can lock exits and/or install delayed egress as long as the PCP-IPP contains appropriate documentation to justify the need for each progressively restrictive intervention. If appropriate, include a statement in the PCP-IPP that states, "Client has a prior history of the symptom to wander or leave the home without authorization. He/she may not have access to the key/code that opens the door. See *Agreement for Individual with PWS – Elopement*." **Include a signed Agreement for Individual with PWS – Elopement**

**Desired Outcome:** Client will replace challenging and maladaptive behaviors with more appropriate ways of expressing his needs.

**Plan:** Language in this section might include:

1. Staff will obtain PWS Behavior Training from PWCF as needed
2. Staff will follow Behavior Consultant's written plans to address each behavior
3. Staff will continue to implement the facility reinforcement/incentive program
4. Staff will continue to provide a consistent, structured environment that fosters trust and healthy relationships.
5. The RSP will fund behavior services that include written reports.
6. Regional Center will monitor progress and well-being.

**Target Date:**

CLIENT: *Name*

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**EDUCATIONAL/VOCATIONAL/DAY/RECREATIONAL PROGRAMS:**

Language in this section should describe client's educational and/or day program and recreational program including current placement setting(s), progress in each setting, and future goals.

**Educational Program Specific Goals:**

- 1.
- 2.
- 3.

**Vocational Work Program Specific Goals:**

- 1.
- 2.
- 3.

**Day Program Specific Goals:**

- 1.
- 2.
- 3.

**Recreational and Physical Activity/Exercise Program Specific Goals:**

- 1.
- 2.
- 3.

**Desired Outcome:** Language in this section might include:

Client will participate in and enjoy his/her educational/day program/recreational activities. One or more of these activities shall occur on a daily basis so that client is as busy as he or she would like to be. Recreational activities shall incorporate physical activity/exercise as stipulated on the Physician's Note. At least all of the restrictions regarding access to food as listed in other sections of this PCP-IPP shall apply to the educational/vocational/day/ and recreational programs.

**Plans:** Language in this section might look like:

1. Regional Center will fund the day program and transportation to and from sites.
2. Transportation will be provided by sites.
3. Client will maintain good rapport with staff and peers and continue working on identified goals.
4. Staff will obtain PWS Behavior Training from PWCF as needed.
5. RC service coordinator will monitor progress on all sites at least on a quarterly basis.
6. Sites will provide written reports semi-annually.

**Target Date:**

## PWCF's PCP-IPP Cheat Sheet

CLIENT: *Name*

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**MEDICAL STATUS:** This is the section to include your Physician's Note tool which should be shared with all care providers as appropriate.

This section should state, "**See Physician's Note**" and address at least each of the following needs categories:

- **Ambulation:**
- **Requires assistance with Medication: Special Diet:**
- **Physical Activity/Exercise Needs:**
- **Physician Names, Addresses, Phone/Contacts:**
- **Conditions/Medications:**

**Desired Outcome:** Language in this section might include: "Client will maintain optimal health."

**Plan:** Language in this section might include:

Client will receive an annual physical and routine check-ups when due, including dental and vision exams. Staff will arrange for all medical appointments and provide transportation and help client follow physicians' orders, including medication regimens as prescribed. Medi-Cal will fund all medical services. Client's P&I to fund those necessary services (co-pay's, medications, etc.) that Medi-Cal does not cover. Medi-Cal/Denti-Cal to fund dental services. Regional Center service coordinator will monitor client's health and well-being on a quarterly basis and as needed.

**Restricted Health Condition:** Language in this section might include:

Client lives at the Xyz Home, an Adult Residential Facility. Client has the following restricted health conditions: Prader-Willi syndrome. Client is followed by Dr. Xyz for this medical condition. **See attached Physician's Note.**

Language in this section should also include this language: "Because Client has a medical disorder that causes the symptoms hyperphagia and insatiable appetite, Client shall not be given unauthorized access to food at any time, despite any and all expressed desires in the moment. The name of this medical disorder is Prader-Willi syndrome; more information may be found at [www.PWCF.org](http://www.PWCF.org) and [www.pwsausa.org](http://www.pwsausa.org)."

**Plan:** Language in this section might include:

1. CPC will monitor Client on a quarterly basis and provide quarterly documentation regarding health status.
2. CPC will confer with Regional Center physician when Health Care Team discussions are required.
3. RSP/Staff will have adequate training in providing appropriate Special Health Care Needs required by Client and will document training which has occurred.
4. Medi-Cal will fund all medical services.
5. RSP will transport Client to all medical appointments.

**Target Date:**

**NEXT MEETING DATE:**

**CLIENT'S RESPONSIBLE PARTY:** Parent 1 Name                      Parent 2 Name                      / Co-Conservators

