

**(SAMPLE) Individual Program Plan Agreement Form  
(DRAFT)**

**Name:** Monica Smith  
**UCI Number:** 9999999  
**Date of Birth:** 4/22/1959  
**Medicaid Waiver?**  Yes  No  
**Date This Review Occurred:** 4/5/2024  
**Next Review Date:** 4/4/2025

**I wish to receive a copy of the plan in my preferred language of:** English

**Type of Plan:**

Initial, Annual, Biennial, Triennial  Amendment: [Select a reason]

I (we) participated in the development or renewal of my Individual Program Plan (IPP). The services and supports that have been agreed upon and will be included in the IPP or will be changed from my previous plan are:

<b>Desired Outcome:</b> I want to retire by the end of the year.						
		<b>Authorization</b>				
<b>Service/Support:</b>	<b>Supported By:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>How Much:</b>	<b>How Often:</b>	<b>Funded By:</b>
Supported Employment	Employment for All	4/5/2024	12/31/2024	30 hours	Monthly	RC

<b>Desired Outcome:</b> I want to have places where I can volunteer and spend my time and stay connected to my community while meeting new people when I retire.						
		<b>Authorization</b>				
<b>Service/Support:</b>	<b>Supported By:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>How Much:</b>	<b>How Often:</b>	<b>Funded By:</b>
Transition from employment to volunteer opportunities	Family and Employment for All	11/1/2024	12/31/2024	30 hours	Monthly	RC
Volunteer Opportunity Support	Family and Service Coordinator	1/1/2025	4/30/2025	As needed	As needed	RC

**Desired Outcome:** I would like to stay healthy and active. In doing so, I would like to take cooking classes and learn how to make healthy meals.

		Authorization				
Service/Support:	Supported By:	Start Date:	End Date:	How Much:	How Often:	Funded By:
Independent Living Services	A Home 4 You	4/5/2024	4/30/2027	40 hours	Monthly	RC
Nutritionist	Health Care Management Plan Case Coordinator	1/1/2025	4/30/2025	As needed	As needed	Department of Human Assistance-Sacramento County
CalFresh	Service Coordinator and A Home 4 You	4/5/2024	11/30/2024	As needed	Monthly	Department of Human Assistance-Sacramento County

**Desired Outcome:** I would like to continue living in my apartment with my roommate and would like to improve my budget so I can live comfortably in retirement.

		Authorization				
Service/Support:	Supported By:	Start Date:	End Date:	How Much:	How Often:	Funded By:
Independent Living Services	A Home 4 You	4/4/2024	4/30/2027	40 hours	Monthly	RC
Rental Assistance Program/Housing Voucher	Sacramento County	4/5/2024	4/30/2027	\$400	Monthly	Housing and Urban Development-Sacramento County
Supplemental Security Income	Sacramento County	4/5/2024	4/30/2027	\$1182	Monthly	Department of Human Assistance-Sacramento County

**Agreement of Services:**

I **agree** with the above listed services, **AND** I authorize **[Regional Center]** to purchase the services agreed upon for the implementation of the IPP

The team did not agree on the following services: Select service(s)

**AND**

I agree, as discussed with my team, to hold an **IPP meeting** on [.....]. This will be held within 15 days, or later, to review the items not agreed upon at today's meeting. I may waive this second meeting if my concerns regarding the Services and Supports are resolved to my satisfaction before the end of the 15-day period [Welfare and Institutions (W & I) Code section 4646(h)].

The approximate start date of **existing** services will be the date of the IPP, unless otherwise indicated. **New** services will require time to initiate and complete referrals and may take longer to begin.

**Are there exceptions to settings requirements?**  Yes  No

I am in agreement with the exceptions to the Community Settings rule described in the following category/area(s): [Select a category/area]

**Acknowledgments:**

I have been provided a statement of the services and supports the regional center purchased during the last year [W & I Code section 4648(h)].

I have discussed and shared information related to any current or anticipated future needs with my Service Coordinator for resource development [W & I Code section 4648(e)].

**[Regional Center]** will conduct IPP/PCSP meetings, as necessary, in response to my achievement or changing needs. This may happen once a year if I'm enrolled in the Medicaid Waiver or no less often than once every three years if I'm not enrolled. My Service Coordinator will be responsible to monitor this plan. I am aware that I may call my planning team at any time by contacting my Service Coordinator.

**I would like to receive a copy of the IPP:**  Electronically  Printed copy in the mail

The following information was discussed:

Self-Direction

Self-Direction provides an opportunity for individuals and families to manage the supports and services they elect to receive, including who provides the services and how services are provided. This is supported by the Service Coordinator through the person-centered planning process. Types of Self-Direction may include:

- Self-Determination Program: Allows participants the opportunity to have more control in developing their service plans and selecting service providers to better meet their needs. Participants develop a budget and spending plan to purchase services and goods from qualified service providers, individuals, or businesses.
- Participant Directed Services: Allows an individual or family the opportunity to choose who to hire, schedule, and supervise the work for some types services. The services can be used by individuals who live in their own home, their family home and some community living arrangements.

4731 Complaint:

The Lanterman Developmental Disabilities Services Act provides individuals served by a regional center and others with a process by which a complaint can be filed against a regional center, developmental center, or a regional center service provider, when there is a belief that an individual's rights have been abused, punitively withheld or improperly or unreasonably denied. To learn more, please refer to the [Regional Center] website: [.....] or the DDS website at:

<https://www.dds.ca.gov/general/appeals-complaints-comments/consumer-rights-complaint/>.

Whistleblower Policy:

[Regional Center] has a Whistleblower Policy that encourages individuals to report suspected or actual illegal or improper activity, financial or otherwise. [Regional Center] will not condone any activity that is illegal or improper, whether done by an employee, board member, vendor or contractor. [Regional Center] will not retaliate against any individual who, in good faith, has made a protest or raised a complaint against some practice of [Regional Center], or of another individual or entity with whom [Regional Center] has a business relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy. The [Regional Center] Whistleblower Policies can be found at: [.....]. The DDS Policy can be found at:

<https://www.dds.ca.gov/general/appeals-complaints-comments/regional-center-or-vendor-contractor-whistleblower-complaints/>.

Employment First

In 2013, California became the 12<sup>th</sup> state to enact an employment first policy into law. The law states that opportunities for integrated, competitive employment shall be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities.

National Voter Registration Act

Congress passed the National Voter Registration Act (NVRA) of 1993 in order to make it easier for you to obtain and file an application to register to vote. If you are not registered to vote, you can apply to register with the regional center.

Transportation Access Plan

To maximize independence and community integration and participation, the transportation access plan shall identify the services and supports necessary to assist the individual in accessing public transportation. These services and supports may include, but are not limited to, mobility training services and the use of transportation aides coordinated through local public transportation agencies [Welfare and Institutions (W & I) Code section 4646.5(a)(7)(A) and (B)].

**Additional Notes:**

I will be retiring from work by the end of the year. My planning team has assignments to complete and we have identified who will support me through this change.

My service coordinator will contact me when I retire to check if I am ready to see a nutritionist.

DRAFT

**Signatures of Planning Team Participants:**

<b>Signature:</b>	<b>Participant Name (Print):</b>	<b>Relationship to Monica:</b>	<b>Date:</b>
	Monica Smith	Self	4/5/2024
	Rosalie Smith	Sister	4/5/2024
	Joan Nguyen	A Home 4 You (ILS Program) Supervisor	4/5/2024
	Jake Patel	Employment for All (Supported Employment) Supervisor	4/5/2024
	Carla Martinez	Service Coordinator	4/5/2024