

Personal Information (Please print)

(Last)	(First)	(Provider or Self-Directed Staff/Vendor)
(SIP Development Date)	(SIP Revision Date)	(PCP Start date)

**Instructions:** The SIP is a tool for direct support professionals (DSPs), staff or vendors to understand how to support a person to achieve the goals/outcomes they want to work on in their PCP. This document should be completed by the provider of the service for each of the services and goals in which they are assisting the person, such as but not limited to residential, meaningful day or technology. **If a provider has an IT platform that can create a similar document that includes all the content of this document, it must be submitted to the DDA for approval prior to using it as an alternative to this form.**

The SIP should be written for DSPs since they will be working with the person to implement their goals. The SIP should be concrete and serve as a resource for DSPs by giving guidance and direction. The SIP is submitted along with the PCP, but it does not need to be reviewed by the regional office, only verified by the office that it has been completed. The SIP can be uploaded to the provider portal by provider agencies within the required timeframe to ensure submission of the PCP 20 days prior to the Annual Plan Date. The SIP should be reviewed by the CCS and the PCP team, and then approved by the person to ensure it will help them achieve their goals. Please remember that goal implementation is verified through the OHCQ licensing, QIO utilization review and CCS quarterly monitoring.

The SIP is an optional tool for those self-directing their services, but it is recommended to be used as a resource along with job descriptions for employees and existing service agreements.

KEY	
<b>Service</b>	What is the DDA-funded service the person has asked you to provide?
<b>Outcome</b>	What is the outcome in the person's PCP related to the DDA-funded service being provided?
<b>Goal</b>	What measurable goal does the person have related to the outcome in their PCP? Remember goals should be SMART goals: Simple, Measurable, Achievable, Relevant and Timebound.
<b>Implementation Strategies</b>	What are the strategies the DSP(s) will implement to support the person's outcome?
<b>Frequency</b>	How often will this goal be worked on?
<b>Who will help me achieve this goal?</b>	What "role" or staff position will support the person in achieving this goal?
<b>Who will review my progress in achieving this goal?</b>	What "role" or staff position will review progress towards the person achieving their goal?
<b>Progress review</b>	How often will the progress of the person achieving their goals be reviewed?



EXAMPLE

**Service**

Community Development

**Outcome**

I want to make new friends in the community.

**Goal**

I will attend two social groups in the community each month to help me make new friends.

**Implementation Strategies**

1. Staff will support me in researching community groups I am interested in.
2. Staff will help me sign up for community groups I am interested in.
3. Staff will help me arrange transportation to the community group I am interested in.
4. Staff will support me in practicing social skills prior to attending the social group.
5. After attending the social group, staff will support me in evaluating whether I liked it and if I want to go back again.

**Frequency**

2x monthly

**Who will help me achieve this goal (role)?**

DSP

**Who will review my progress (role)?**

Program Manager

**Progress Review**

Quarterly



SIP #1

**Service**

**Outcome**

**Goal**

**Implementation Strategies**

**Frequency**

**Who will help me achieve this goal (role)?**

**Who will review my progress (role)?**

**Progress Review**



SIP #2

**Service**

**Outcome**

**Goal**

**Implementation Strategies**

**Frequency**

**Who will help me achieve this goal (role)?**

**Who will review my progress (role)?**

**Progress Review**



SIP #3

**Service**

**Outcome**

**Goal**

**Implementation Strategies**

**Frequency**

**Who will help me achieve this goal (role)?**

**Who will review my progress (role)?**

**Progress Review**



SIP #4

**Service**

**Outcome**

**Goal**

**Implementation Strategies**

**Frequency**

**Who will help me achieve this goal (role)?**

**Who will review my progress (role)?**

**Progress Review**



SIP #5

**Service**

**Outcome**

**Goal**

**Implementation Strategies**

**Frequency**

**Who will help me achieve this goal (role)?**

**Who will review my progress (role)?**

**Progress Review**



SIP #6

**Service**

**Outcome**

**Goal**

**Implementation Strategies**

**Frequency**

**Who will help me achieve this goal (role)?**

**Who will review my progress (role)?**

**Progress Review**