Community Participation Assessment and Questionnaire

Name: _____ Date: _____

The ***Community Participation Assessment and Questionnaire (CPAQ)*** consists of an evaluation of **SITUATIONAL AND HOME RELATED RISKS**, **HEALTH RISKS, COMMUNITY PREFERENCES,** and **COMMUNITY/EMPLOYMENT SUPPORTS** Questionnaires. The ***Community Participation Assessment and Questionnaire*** is reviewed/finalized by the Interdisciplinary Team (IDT) during the Community Participation Planning meeting.

The purpose of the assessment is to guide the development of a customized **COMMUNITY PARTICIPATION PLAN**. *A CPAQ or Community Participation Planning Meeting is not required for people to participate in Community Activities with their current providers.* The CPAQ provides guidance to interdisciplinary teams in mitigating the identified risks. The Community Participation Planning meeting is helping in assessing the need for amendments to Pre-COVID day service authorizations and to address the risks identified on the CPAQ. Teams are required to conduct ongoing review of a person's community inclusion goals and to modify as needed. For additional information on the CPAQ process please refer to the **CPAQ flow chart.** The Community Participation Planning meeting may also provide another opportunity for the team to review the person's Pre-COVID community inclusion goals and make necessary modifications to location, frequency and services after considering the person's risks, preferences, phase of Reopen DC, and support needs.

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I. Situational and Home Related Risk Assessment*: The QIDP, or Direct Support Professional, completes this section for persons in residential settings and the in home support provider completes for persons in natural homes. If the person does not receive in home supports, this section is completed by the primary caregiver or Service Coordinator. The risk assessment assists the IDT with identifying the risks of community participation and developing a plan to mitigate the risks.*

Situational and Home Related Risks (Risks to self, others family, caregivers, roommates or others who live or engage with the person)	**Select the appropriate response**
1. Do you follow the social distancing protocol with 6 feet of distance? *Moderate to high risk: Requires minimal, maximum support or refuses to follow social distancing protocol*	○ Independently ○ With minimal support ○ With maximum support/prompting or refuses to follow the social distancing protocol
2. Are you able to use Protective Personal Equipment (PPE) for extended periods of time? *Moderate to high risk: Uses PPE for extended periods with minimal assistance, unable or refuses to use for extended periods*	○ Uses independently for extended periods ○ Uses for extended periods with minimal prompting or assistance ○ Unable or refuses to use for extended periods of time
3. What level of assistance is required for completing ADLs (toileting, mobility, or eating)? *Moderate to high risk: Requires physical assistance and close contact with DSP to complete ADLs*	○ Completes ADLs independently ○ Completes ADLs with minimal assistance or prompting ○ Requires physical assistance and close contact with DSP to complete ADLs

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Situational and Home Related Risks **(**Risks to self, family, caregivers, roommates, or others who live with the person) *Yes = Moderate to high risk; No= Low risk*	**Circle the appropriate response**
4. The person lives with someone with diabetes	Yes No
5. The person lives with someone diagnosed with morbid obesity	Yes No
6. The person lives with someone older than	○ 65 years old ○ 85 years old ○ Not applicable
7. The person lives with someone with respiratory issues	Yes No
8. The person lives with someone with cardiac disease	Yes No
9. The person lives with someone with immunocompromising conditions. Immunocompromising conditions include HIV with a low CD4 cell count or not on HIV treatment, cancer, post-transplant, Prednisone treatment, etc.	Yes No
10. The person lives with someone with renal disease and/or chronic kidney disease being treated with dialysis	Yes No
11. The person lives with someone with other underlying health problems	Yes No
12. If not in a structured program, are you/is the person likely to wander the community or engage in risky, non-social distancing activities?	Yes No
13. The person lives with someone who engages in high risk behaviors that place the person at risk for COVID19. (Examples of high risk behaviors include not utilizing PPE, refusing/unable to practice social distancing protocols, and/or engaging in risky, non-social distancing activities)	Yes No

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I. **Health Related Risks Assessment:** In collaboration with the person and/or their decision maker, this section is completed by the provider nurse for persons in residential settings, by the in home support provider/QIDP or caregiver for persons receiving in home supports and the primary caregiver and SC for persons in natural homes who do not receive in home supports.

Health Related Risks The responses must be supported by clinical diagnoses and consistent with the most recent Level of Need (LON). https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html *Yes = Moderate to high risk*	Select the appropriate response
14. The person has diabetes	Yes No
15. The person is morbidly obese	Yes No
16. The person is older than	○ 65 years old ○ 85 years old ○ Not applicable
17. The person has known respiratory issues Specify the diagnosis:	Yes No
18. The person has known cardiac disease, including hypertension Specify the diagnosis:	Yes No
19. The person has immunocompromising conditions. Immunocompromising conditions include HIV with a low CD4 cell count or not on HIV treatment, cancer, post-transplant, Prednisone treatment, etc. Specify the diagnosis:	Yes No
20. The person has chronic kidney disease being treated with dialysis	Yes No
21. The person has any other underlying health problems as specified by the Center for Disease Control (CDC) Specify the diagnosis:	Yes No

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II. Community/Preferences Questionnaire

The questionnaire must be reviewed with the person and completed by the Interdisciplinary Team (IDT) during the Community Participation Planning Meeting. The purpose of the questionnaire is to assist the IDT in exploring what is important to the person, assess the person's interest in pre-COVID-19 day supports and guide the development of a customized ***Community Participation Plan***.

Community Preferences Questionnaire	**Select the appropriate response**
22. Do you miss going to the day program or to work? If yes, what do you miss or what's important to you about the day program and/or work? (check all that apply) **Day Program** ○ Activities ○ Staff ○ Peers **Work** ○ Colleagues ○ Interactions with customers ○ Income Other (specify): _____	Yes No *(Yes – Priority scheduling of Community Participation Planning Meeting)*
23. Are you worried about Community Participation or returning to the day program or to work? If yes, what are your concerns: ○ COVID-19 ○ Prefer current day programming to Pre-COVID supports (specify what the person likes about current day programming (activities, staff, peers, location etc.) ○ I have a family member with an underlying health condition ○ Enforcement of Social Distancing protocols at work ○ Other: _____	Yes No
24. Would increase in activity outside the home reduce the frequency of behaviors or severity of your mental health condition?	Yes No *(Yes – Priority scheduling of Community Participation Planning Meeting)*

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Community/Employment Supports Questionnaire

The Community Supports questionnaire must be reviewed with the person and completed by the Interdisciplinary Team (IDT) during the Community Participation Planning Meeting. The purpose of the questionnaire is to identify the person's integrated support needs and guide the development of a customized ***Community Participation Plan***.

25. Does your job have adequate PPE?	Yes No
26. Can you safely utilize available transportation?	Yes No
27. Do you have access to the internet?	Yes No
28. If yes, do you have access to two way audio/video communication?	Yes No

III. ***Person's response/comments:*** The QIDP, nurse, in home support provider, or caregiver completing the assessment, shall document the person's direct quotes, reactions, or communication (with or without words) about community participation or return to work.

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IV. **Recommended Action Plan or Next Steps:** If the person requires maximum assistance to follow the social distancing protocol, refuses to follow the social distancing protocol, is unable to or refuses to utilize PPE for extended periods, requires close contact with DSP for completion of ADLS, or if any of the situational or health related risks are present, the IDT shall consider the supports and services needed to mitigate the risks and/or assure the safety of the person while engaged in community activities during day services or employment. During the Community Participation Planning Meeting, the team shall develop a customized Community Participation plan that incorporates the providers COVID-19 protocols and/or CDC guidelines. Recommendations and action plans shall be documented in the Individual Support Plan. Changes to waiver services shall be reflected in the Plan of Care. The person's Job Search/Community Participation plan shall be amended as appropriate to reflect the person's risks, preferences, and support needs.

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V. The following persons participated in the completion of the ***Community Participation Assessment and Questionnaire***

Section	Name	Title	Name	Title
Situational & Home Related Risks Assessment				
Health Risks Assessment				
Community Preferences Questionnaire				
Community/Employment Supports Questionnaire				

VI. Verification of Team Review: Completed by the Service Coordinator

The team reviewed the Community Participation Assessment and Questionnaire with the person and/or their decision maker during the Community Participation Planning Meeting.

Date of review: _____

Verified by (Service Coordinator name or Signature): _____