

Name of Person: Fill in name here.

Age: Fill in person's age

Date of Plan: Fill in Date you are writing this plan

Individualized Day Supports – On-Going Community Integration Plan

Important Notes:

- This form is used to document the plan for Individualized Day Supports **after** the first 30 calendar days of service have been completed.
- This form is due 30 calendar days from the service prior authorization (start) date. Subsequently, an updated On-Going Community Integration Plan is due no less than quarterly or whenever significant/substantive changes are made to the Plan, whichever comes first.
- On the due dates, this form should be transmitted via email to the DDA Service Coordinator for review, verification of completeness, and uploading into MCIS. **Do not upload into MCIS directly – you must email to Service Coordinator.**
- Quarterly reports are due within seven (7) business days after the conclusion of each quarter of service. **There is a separate template for quarterly report on IDS toolkit webpage.**
- Providers are required to use this form. No alternative versions are acceptable.
- **Review and use Person-Centered Thinking Tools to develop and update this plan over time.** **Use and Attach Positive Personal Profile!!**

Name of the person receiving the service:

Person's Address:

Person's Phone Number and Email:

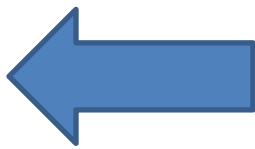
Emergency Contact:

Name of IDS Provider:

Provider Contact Name:

Phone:

Email:



Do not forget to fill out all of this information. Do not leave any blanks.

Effective Date of the On-Going Community Integration Plan: **If this is the first OCIP being written for the person, this date is the first date your agency is scheduled to provide IDS service to person after 30 calendar days have passed since the service prior authorization (start) date. If this is not the first OCIP being written for the person, this date is the date that is three months after the Effective Date listed on the most recent OCIP for the person.**


List Community Integration Goal(s) in the Person's Current ISP:

1. **These goals should be consistent with the person's Positive Personal Profile. If these goals are not very detailed or specific and**
2. **individualized for the person, ask the Service Coordinator and Team to write more detailed and individualized goals the next time**
3. **they are updating the ISP.**


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Authorized schedule of service (list timeframe for service delivery on each day):  List start time and end time for service on each day.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

 Check here if above schedule is expected to flex to accommodate the person's changing work schedule.


Note: Medicaid shall only reimburse Individualized Day Supports services for up to six (6) hours per day, and up to five (5) days in any calendar week.

Direct Service Professionals who will provide the service:

Name of Primary and Back-Up DSP	Name of Direct Supervisor	DSP Cell Phone For each DSP, not supervisor	DSP Email For each DSP, not supervisor
After each name, note if DSP is primary or back-up			

Provide the emergency back-up plan for when the primary and back-up DSP(s) are both unavailable:

Detail the plan – do not just list names.

 Check here if the person has a Behavior Support Plan.

 Check here to confirm the DSP's listed in the above table have been trained on the Behavior Support Plan.

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IDS Service Goals:

GOAL CATEGORY A minimum of one (1) is required: Community Integration Self-Determination Relationships Employment Retirement Community Contribution	GOAL STATEMENT Describe the person's individualized goal relating to the Goal Category selected in column one. <i>Note: A person can have more than one goal relating to each Goal Category.</i>	ACTIVITIES/OPPORTUNITIES List highly individualized, integrated community activity(s) or opportunity(s) that will support achievement of the goal. List number of hours/week.	SKILL DEVELOPMENT Describe how the activity(s) or opportunity(s) in the previous column will help the person develop, improve or maintain specific skills for community participation.	GOAL ACHIEVEMENT: List measurable outcomes that are expected and will indicate the goal has been achieved.
<p><i>Example: Employment</i></p> <p><i>It should be possible to address more than one goal if people are receiving more than 6 hours of service per week. Please make sure the number of goals is appropriate given the weekly hours of service you are providing.</i></p>	<p><i>Example:</i> John wants to gain experience and develop his skills working with animals so he can pursue a job working with animals.</p> <p><i>Use "wants to" and be sure to reflect what the person's goals are.</i></p> <p><i>Goals should reflect what people want to focus on during IDS and why this is important to them.</i></p> <p><i>[Name] wants to...[Fill In] so s/he can...[Fill in]</i></p>	<p><i>Example:</i></p> <ol style="list-style-type: none"> 1. Volunteering at the Washington Humane Society (6 hours/week) 2. Volunteering at Washington Animal Rescue League (minimum commitment 8 hours/month after orientation/training;) 3. Tours/Informational Interviews of veterinary clinics/hospitals starting with those closest to John's home. (2 hours/week) 4. Informational interview at colleges offering Veterinary Assistant certificate program. (3 hours/month for 2 months) <p><i>All activities on the three-month calendar that follows this page should be listed in this column and tied back to one of the person's goals listed in the previous column.</i></p>	<p><i>Examples:</i></p> <ol style="list-style-type: none"> 1. John will learn to use city bus to get to specific locations. 2. John will increase interpersonal skills by working with other volunteers. 3. John will improve his interviewing skills (asking and answering questions) via tours and informational interview opportunities. 4. John will gain skills for employment in animal care. 5. John will improve his ability to tell time and to be on time. <p><i>List all opportunities to gain skills that the activities in the previous column offer to the person. Address specific skills training goals in separate section that appears later in plan.</i></p>	<p><i>Example:</i></p> <ol style="list-style-type: none"> 1. John will have learned about available employment opportunities and training programs focused on working with animals which he is eligible to apply for. John will then be able to make an informed choice about whether to pursue a job or training program as a next step on in his career path. 2. John will have gained experience and skills working with animals. <p><i>Look at the goals in column #2. How will the person have made progress on each of these goals after three months of IDS service? What will have happened?</i></p> <p><i>[Name] will have... [Fill in] or [Name] will be... [Fill in]</i></p>

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Schedule of Activities for Current Service Quarter:

Start Date of Quarter **(same as Effective Date of this On-Going CIP that you listed on page one of this form):**

End Date of Quarter: **[enter the date that is three months after the start date]**

Include the following information on the calendar pages that follow:

- *The months that this quarter of service will cover (note there is one calendar page for each month of the quarter)*
- *Hours the service will be provided on each date (note the numerical date in each box can be changed as necessary)*
- *Service start location and service end location **(these are the locations where the DSP will meet and drop off the person each day)***
 - ***If the service start or service end location is not the person's home, note who is responsible for arranging transportation for the person to get to the service start location and then to be picked up from service end location. You can use initials to save space. For example: RP = Residential Provider; SC = Service Coordinator; F = Family.***
- ***For each date the service will be provided, list the location(s) and type of activity(s) that has been pre-planned. These locations/activities should correlate with the "Activities/Opportunities" column in the Service Goals section above. As the quarter moves on it may be necessary to revise the activities and opportunities to reflect the preferences of the person and new opportunities you may identify.***
- *For each Activity or Opportunity listed, note if another person receiving IDS services will be paired with the person and if yes, only note his/her initials to protect confidentiality.*
- ***Alternative activities in case of inclement weather should be included on the calendar**, especially if planned activity is taking place outside.*

You can insert your own calendar pages if you prefer. Three months of service must be shown on the calendar. Include service start time and start location and service end time and end location for each service day.

If this is the first On-Going Community Integration Plan you are preparing for this person, it is expected that you will be revising the activities and opportunities during the first quarter more often than would normally be the case, as you learn more about the person's preferences and as you identify additional activities/opportunities through Community Mapping.

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Month #1:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	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	2	3	4	5

You can insert your own calendar pages if you prefer.

Three months of service must be included in this plan. If the schedule repeats each month, you must note that if you just include one month calendar.

For each day of service, note the service start time and start location and the service end time and end location.

If the service start or service end location is not the person's home, note who is responsible for arranging transportation for the person to get to the service start location and then to be picked up from service end location.

For each date the service will be provided, list each community location where the person will be going and what activity the person will be doing at each location.

Time spent in transit (travel training) should also be noted on each day.

Longer service days should allow for more locations and activities to be included on the schedule.

Every location/activity should also be listed in the "Activities/Opportunities" column in the Service Goals section above.

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Skill Development Goals and Strategies:

- For each Goal Statement listed **in column #2 of the Service Goals section above (see Page 3 of this template)**, identify the skills the DSP will help the person learn during IDS service time. Write these skills in the Skill Development Goals column below. The skills should be those that can: (1) help the person be successful in achieving the identified goal(s); and (2) help the person be more independent in participating in the community-based activities that are designed to support the goal.
- Identify the teaching objectives for each skill development goal that will be addressed during the three month period covered by this plan and write these teaching objectives in column #2. Then, in column #3, identify the specific teach strategies the DSP will use to accomplish the teaching objectives listed in column #2.
- Also identify how success will be measured by listing measurable goals/outcomes that are expected to result from the teaching.
- Ensure teaching objectives and timeline cover the full quarter (3 months) of service. (For example, if an objective is expected to be completed in one month, list additional teaching objectives that will be addressed in the second and third months of the quarter.)

SKILL DEVELOPMENT GOALS	TEACHING OBJECTIVES AND TIMELINE	TEACHING STRATEGIES <i>Providing support is not teaching.</i>	HOW SUCCESS WILL BE MEASURED
<p>Example: John will learn to use city bus to get to specific locations.</p> <p>What specific skills will help the person achieve his/her goals that are listed in Column #2 on page 3 of this template? MAKE A LIST.</p> <p>THEN DECIDE: Which of these specific skills will the DSP be focused on <u>teaching</u> the person during this three month period of IDS?</p> <p>Write a reasonable number of skill goals given the weekly hours of service authorized.</p>	<p>Example: 1. John will learn to get from his home to the closest bus stop. (Month #3)</p> <p>What is a reasonable objective for teaching that can be accomplished in no more than three months?</p> <p>You can list multiple teaching objectives that can be accomplished, starting with what can be accomplished in one month. Then list what you expect can be taught by the end of month two and then by the end of month three.</p> <p>[Name] will... [fill in].</p>	<p>Example: 1. John will be given face-to-face support to walk from his home to the bus stop. As his comfort increases, face-to-face support will fade back to observe from a distance. 2. John will be taught how to call his DSP using his cell phone to get assistance when needed. 3. John will be introduced to unexpected situations that might arise and be assisted to understand what he should do in each situation.</p> <p>How will the DSP <u>teach</u> the person to do what is described in the teaching objective(s) you listed in column #2</p> <p>Break down the list of steps the DSP will use to <u>teach</u> the person what s/he is supposed to learn.</p>	<p>Example 1. John will be able to walk from his home to the bus stop without face-to-face support [Target Date: End of Month #3]. 2. John will be able to consistently call his DSP using his cell phone to confirm he has arrived at the bus stop each day. [Target Date: End of Month #3]. 3. John will be able to identify the correct action to take when various unexpected scenarios are explained to him. [Target Date: End of Month #3].</p> <p>If teaching is successful, what will the person be able to do after one month, two months and three months in the IDS service?</p> <p>[Name] will be able to... [Fill in].</p>

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Name, Title, and Signature of IDS Provider Staff Person Completing this On-Going Community Integration Plan:

Contact Phone Number and Email:

Name and Title of any other staff from the IDS provider agency who participated in writing this plan:

Always make sure the Primary DSP is one of the staff listed here. More than one staff person can be listed but one must be the Primary DSP.

Signature of Person receiving service indicating that he/she participated in the development of this On-Going Community Integration Plan, it has been reviewed and explained to him/her, and s/he is in agreement with the plan:

No plan should be sent to the Service Coordinator unless you have first reviewed it with the person. The review of the plan should be done face-to-face, and the person should be asked to sign (or make his/her mark) here. Do not skip this step.

PLEASE ATTACH A COPY OF THE PERSON'S POSITIVE PERSONAL PROFILE TO THIS PLAN. *The Positive Personal Profile information can help you write this plan. Use it and always attach it to the plan. Everyone who has an OCIP (this plan) developed will have a Positive Personal Profile. If a person is referred for IDS without a Positive Personal Profile, your agency (the IDS Provider) should develop the Positive Personal Profile during the first thirty days of service. Then, when you go to write this plan (the OCIP), you will have a Positive Personal Profile available to you.*

Date this On-Going Community Integration Plan is sent via email to the DDA Service Coordinator:

First OCIP should be sent via email to the DDA Service Coordinator 30 calendar days from the service prior authorization (start) date. Then send an updated OCIP every three months or when substantial change in plan is made, whichever is sooner.