

Name of Person: John Doe

Date of Plan: 7/10/2014

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.*
- *Quarterly reports are due within seven (7) business days after the conclusion of each quarter of service.*
- *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.**

Name of the person receiving the service:

John Doe

Person's Address:

2020 Constitution Ave, NE Washington DC 20002

Ward: 5

Person's Phone Number and Email:

202-333-2222

Emergency Contact:

Allen Doe 410-333-2222

Name of IDS Provider:

Capitol Hill Supportive Services Program Inc.

Provider Contact Name:

Tiffany Lindsay

Phone:

202-675-0510

Email: tlindsay@chssp.org

Effective Date of the On-Going Community Integration Plan: 7/10/2014

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

1. Mr. Doe will improve his community integration skills
2. Mr. Doe will improve his cognitive and social skills
3. Mr. Doe will improve his community survival skills

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Authorized schedule of service (list timeframe for service delivery on each day):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	9am-3pm	9am-3pm				

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	Cell Phone	Email
Tiffany Lindsay	Jide Amosu	301-111-1111	tlindsay@chssp.org
Kendra Johnson	Jide Amosu	202-111-4444	kjohnson@chssp.org
Jide Amosu	Same	240-111-4444	jamosu@chssp.org

Provide the emergency back-up plan for when the primary DSP is unavailable:

If for some reason Ms. Lindsay is unable to provide programming supports, Ms. Kendra Johnson has been trained on how to support Mr. Doe and carry out programming and activity plan. Mr. Jide Amosu can also serve as a backup support when needed.

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.

Service Goals:

<p>GOAL CATEGORY A minimum of one (1) is required: Community Integration Self-Determination Relationships Employment Retirement Community Contribution</p>	<p>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></p>	<p>ACTIVITIES/OPPORTUNITIES List highly individualized, integrated community activity(s) or opportunity(s) that will support achievement of the goal. List number of hours/week.</p>	<p>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.</p>	<p>GOAL ACHIEVEMENT: List measurable outcomes that are expected and will indicate the goal has been achieved.</p>
<p>Goal 1: Community Integration</p> <p>Goal 2: Self Determination</p> <p>Goal 3: Relationship Building</p>	<p>Mr. Doe will actively engage in community activities that allow him to showcase his winning personality.</p> <p>Mr. Doe will be able to navigate around the community utilizing the metro bus system in a safe and secure manner.</p> <p>Mr. Doe through participation in various community activities will meet new people and perhaps form a new friendship.</p>	<ol style="list-style-type: none"> 1. Animal Shelters-volunteering (bathing/grooming) 2. Pet stores- Assisting with feeding 3. Pet Parks- Dog Walking 4. Yoga-Stretching 5. Nutritional Cooking (Preparing Health Snacks) Private/Pair Lessons 6. Health and Wellness (Manicures and Pedicures) 7. Health and Wellness (Therapeutic Massages) 8. Music Therapy –Private/Pair lesson (drumming, basic piano) 	<p>Goal 1:</p> <ol style="list-style-type: none"> 1. Making choices from at least 3 selections 2. Planning and organizing his day <hr/> <p>Goal 2</p> <ol style="list-style-type: none"> 3. Understanding bus schedules 4. Understanding the Bus numbers 5. Using a smart trip card <hr/> <p>Goal 3:</p> <ol style="list-style-type: none"> 6. Maintaining good social skills <ol style="list-style-type: none"> a.) Please, Thank you, excuse me b.) Remembering personal space proximity c.) Waiting turn to speak d.) Initiating Conversation about relevant topics e.) Extending invitations to possible friend for coffee. 	<p>Goal 1:</p> <ol style="list-style-type: none"> 1. Mr. Doe would have successfully planned and put together his daily schedule, monthly activities and actively participated with satisfaction. <p>Goal 2:</p> <ol style="list-style-type: none"> 2. Mr. Doe would be able to identify which bus takes him to his favorite place and how to use smart trip to secure his bus trip. <p>Goal 3:</p> <ol style="list-style-type: none"> 3. Mr. Doe will have developed great interpersonal skills warranting him to forge a new friendship and extend invitation to coffee or lunch.

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Schedule of Activities for Current Service Quarter:

Start Date of Quarter (same as effective date of this On-Going CIP listed on page one): 7/10/2014

End Date of Quarter: 10/10/2014

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 locations are 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 how transportation from home to service start location and from service end location to home will be handled, including the time of pick-up from home or drop-off at home that will occur on each service day, if applicable*
- *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.*

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

Monday	Tuesday	Wednesday	Thursday	Friday
	7/12 Pet Therapy/ Animal Shelter/Animal Shelter	7/13 Drumming Classes in Capitol Hill		
	7/19 Pet Therapy/ Animal Shelter/Animal Shelter	7/20 Nutrition Cooking/Yoga		
	7/26 Pet Therapy/ Animal Shelter/Animal Shelter	7/27 Drumming Classes in Capitol Hill		

Month 2

Monday	Tuesday	Wednesday	Thursday	Friday
	8/5 Pet Therapy/ Animal Shelter/Animal Shelter	8/6 Nutrition Cooking/Yoga		
	8/12 Pet Therapy/ Animal Shelter/Animal Shelter	8/13 Drumming Classes in Capitol Hill		
	8/19 Pet Therapy/ Animal Shelter/Animal Shelter	8/20 Visual/Therapeutic Arts		
	8/26 Pet Therapy/ Animal Shelter/Animal Shelter	8/27 Drumming Classes in Capitol Hill		

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Month 3

Monday	Tuesday	Wednesday	Thursday	Friday
	9/2 Pet Therapy/ Animal Shelter/Animal Shelter	7/3 Nutrition Cooking/Yoga		
	9/9 Pet Therapy/ Animal Shelter/Animal Shelter	9/10 Drumming Classes in Capitol Hill		
	9/16 Pet Therapy/ Animal Shelter/Animal Shelter	9/17 Visual/Therapeutic Arts		
	9/23 Pet Therapy/ Animal Shelter/Animal Shelter	9/24 Drumming Classes in Capitol Hill		
	9/30 Pet Therapy/ Animal Shelter/Animal Shelter			

Month 4

Monday	Tuesday	Wednesday	Thursday	Friday
		10/1 Nutrition Cooking/Yoga		
	10/7 Pet Therapy/ Animal Shelter/Animal Shelter	10/8 Drumming Classes in Capitol Hill		
	10/14 Pet Therapy/ Animal Shelter/Animal Shelter	10/15 Visual/Therapeutic Arts		
	10/21 Pet Therapy/ Animal Shelter/Animal Shelter	10/22 Drumming Classes in Capitol Hill		
	10/28 Pet Therapy/ Animal Shelter/Animal Shelter	10/29 Nutrition Cooking/Yoga		

COMPANION TO SCHEDULE-LIST OF ACTIVITY CHOICES TO SUPPORT MAIN ACTIVITY

****This list constitutes places that Mr. Doe likes to attend either for breakfast or lunch before or after an activity or places in the community on his way to and from activities. The address corresponds with the location and bus routes of the activities detailed in the monthly calendars above.**

Breakfast Clubs	Community Resources	Sports/Fitness/Wellness	Favorite Restaurants
<p>Starbucks Coffee- 1730 Pennsylvania Wash DC</p> <p>Jacob’s Coffee House- 201 Massachusetts Ave, NE Wash DC</p> <p>Chinatown Coffee Company- 475 H Street, NW Washington DC</p>	<p>Barnes & Noble 555 12th street, NW Washington DC</p> <p>Bridge Street Books 2814 Pennsylvania Ave, NW Washington DC</p> <p>CD Warehouse 3069 Canal Street, NW Washington DC</p> <p>Martin Luther King Jr. Library 901 G. Street, NW Washington DC</p> <p>PNC Bank 601 Pennsylvania Ave NW, Washington, DC</p>	<p>Sports Club LA Fitness 400 M. Street, NW Washington DC</p> <p>Vida Fitness at City Vista 445 K. Street, NW Washington DC</p> <p>Capitol Nails 201 Massachusetts Ave, NE Washington DC</p>	<p>Bananas, Smoothies & Frozen Yogurt 50 Massachusetts Ave, NE Washington DC</p> <p>Burrito Brothers 205 Pennsylvania Ave, NW Washington DC</p> <p>Chinatown Express 6th street, NW Washington DC</p> <p>&Pizza 1118 H street, NE Washington DC</p>

This list was developed with Mr. Doe based on the initial exploratory activities. This is updated as he experience new places that he enjoys going to. Banking is something that is done bi-weekly, either to make a deposit or withdraw money for weekend activities.

Skill Development Goals and Strategies:

- For each skill development goal listed in the Service Goals section above (column 4), identify the teaching objectives and strategies that will be used. Ensure these objectives and strategies are consistent with the person’s learning style.
- 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	HOW SUCCESS WILL BE MEASURED
<p><i>Example:</i> John will learn to use city bus to get to specific locations.</p>	<p><i>Example:</i> 1. John will learn to get from his home to the closest bus stop. (Month #3)</p>	<p><i>Example:</i> 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><i>Example</i> 1. John will walk from his home to the bus stop without face-to-face support [Target Date: End of Month #3]. 2. John will 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>

SKILL DEVELOPMENT GOALS	TEACHING OBJECTIVES AND TIMELINE	TEACHING STRATEGIES	HOW SUCCESS WILL BE MEASURED
<p>Goal 1:</p> <p><i>Mr. Doe will select his community outings and develop his daily schedule.</i></p> <p>Goal 2:</p> <p><i>Mr. Doe will use Public Transportation (Bus) to navigate to community activity.</i></p> <p>Goal 3:</p> <p><i>Mr. Doe will use appropriate social-interpersonal skills to meet new people, initiate appropriate meaningful conversation and perhaps form a friendship.</i></p>	<p>Goal 1:</p> <p>Obj 1: Mr. Doe will be able to make a selection of one activity to participate from a selection of 3.</p> <p>Obj 2: Mr. Doe will be able to build his daily schedule around the time of his selected activity.</p> <p>Goal 2:</p> <p>Obj 1: Mr. Doe will be able to identify which bus line he should take to his favorite activity.</p> <p>Obj 2: Mr. Doe will be able to use watch to match bus schedule to time he needs to get to bus stop.</p> <p>Obj 3: Mr. Doe will be able to appropriately swipe smart trip card when getting on bus to secure his trip.</p> <p>Goal 3:</p> <p>Obj 1: Mr. Doe will engage in meaningful appropriate topic conversation when participating in his community activities.</p> <p>Obj 2: Mr. Doe will work with the staff daily to understand current events and topics that could lead to conversation pieces while participating in community activities.</p>	<p>Teaching Strategies</p> <p>-Present Mr. Doe with 3-4 choices of activities based on his list of things he likes to do. -Be sure list has dates and times that these activities occur. -Use pictures to help him identify activities. -Have him identify the two days on an enlarged calendar that has IDS. (Tuesday/Wednesday) -Have discussion about the different activities associated with picture cues. -Recall his memory to when participated in activities last. -Ask him to narrow down his choices to the two activities he would like to do most. -Ask him which one he would like to do first. -Have him identify which day is the first day of his IDS week. -Ask him if he would like to do the selected activity on the first programming day (Tuesday?) If so have him place that picture on the calendar day of Tuesday. -Ask him what time does the activity start? -Ask him what are some of the things he would like to do before or after the activity? (use list pg.7) -Support Mr. Doe to plan out his day around selected activity. -When supporting him to plan his day address the following with him:</p> <ol style="list-style-type: none"> 1. What bus he will need to take to get to the activity 2. The schedule of the bus 3. Where the bus picks up and drops off 4. Where will you all go for breakfast and or lunch? 5. Where are these food places in relation to the activity? 6. Support Mr. Doe to map out his day including travel time based on digital clock knowledge/awareness. <p>-Reminder, while participating in breakfast use tablet to show and talk about current events. Use his recall of events to support his understanding and clarity. This will be information he can use as a conversation piece to meet new people while participating in his activities.</p>	<p><i>Mr. Doe will be able to independently identify the activities he wishes to complete by placing the corresponding pictures of activities on the desired programming days constituting developing his own calendar of activities by 5/2015.</i></p> <p><i>Mr. Doe will be able to verbally and visually identify which bus takes him to his favorite activities by 5/2015.</i></p> <p><i>Mr. Doe will be able to independently and appropriately use smart trip card to secure bus trip in to his favorite activity by 5/2015.</i></p> <p><i>Mr. Doe will have made at least one new contact/friend in the community, participating in at least one social outing with him or her by 5/2015.</i></p>

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

Name: Tiffany Lindsay

Title: Community Support Navigator

Signature:

Contact Phone Number and Email: 202-543-4212 tlindsay@chssp.org

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:

PLEASE ATTACH A COPY OF THE PERSON'S POSITIVE PERSONAL PROFILE TO THIS PLAN.

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