DDD Community Inclusion Plan / Progress Report Instructions

This form is intended to be both Community Inclusion services plan and a periodic progress report. It is intended to contain all the information required by the DDD/County contract for Community Inclusion services.

The form will be filled out as an Initial Plan within 60 days of authorization for the Community Inclusion service. It will next be filled out as a Progress Report 6 months after authorization of the Community Inclusion service. It will be filled out as both a Progress Report and a Plan Update one year after authorization for Community Inclusion. This form will be filled out every six months as long as the person remains enrolled in the Community Inclusion service.

At the top of the form, check the box indicating if this form is being used as the Initial Plan, Plan update and progress report, or a six month Progress report. The first section is to be filled out with the person's name, their ADSA number, the provider agency's name, phone number and the name of a staff person who can answer questions about the plan/ progress report.

#1.   **Annual Plan Date:** Enter in the plan start and end date. The initial plan start date should coincide with the authorization date for the service. This should not exceed the timespan of one year. It is to be updated at the time of the form is used for the annual plan update.

#2.   **Service Level (authorized range of hours):** Fill in the monthly maximum number of hours authorized in the person's current Individual Service plan (ISP).

#3.   **Skills, gifts, interests, and preferred activities.** As described, the information for this section is typically obtained through a process of discussion with the person and relevant others and observation of the person in a variety of settings.

   Skills: Enter information describing the skills the person has that may be useful in participating in Community Inclusion.

   Gifts: Enter information describing what abilities and qualities the person seems particularly good at, and maybe unexpectedly so. These may be less specific than the above listed skills.

   Interests: Enter the activities, hobbies, topics and areas the person is interested in.

   Preferred Activities: Enter the activities the person typically chooses to do when given the opportunity.

#4.   **Community Inclusion Goal:** Enter the Community Inclusion goal for the current plan year. Be as specific as possible as to what the person wants to achieve.

   In developing the goal, please keep in mind the purpose of CI is to provide individuals with the opportunity to participate in activities that promote individualized skill development, independent living and community integration. Activities must provide individuals with opportunities to develop personal relationships with others in their local communities and to learn, practice and apply skills that promote greater independence and community inclusion. *Examples of desired outcomes include: Joining a club, association, or organization where the person can be a member and have decision making capacities; Building and strengthening*

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relationships with local community member not paid to be with the person; Contributing to the community doing new and interesting things; Community places where the person can share their interest, culture, talent and gifts with other with similar interests.

#5.   **Action Steps and Supports to reach goal:** As noted on the form, there may be several. List each in the space on the left of the form. In the last space, enter the person(s) responsible to ensure the action step or support is provided to the person.

#6.   **Select any Support Intensity Scale (SIS) subscale(s) that most relates to the Community Inclusion goal.** A review of the person's current DDD Individual Support Plan (ISP) will help guide the choice of the SIS subscales that best match. From the drop-down menu, select those that best match. The choices are: Community Living, Lifelong Learning, Employment Support, Health and Safety, Social Activities, and Protection and Advocacy.

#7.   **Other accommodations, safety, adaptive equipment and/or supports critical to achieve the goal:** Enter items that fit this definition. Often they are supports and conditions that are necessary for the person to function successfully in most or all settings. Examples may include that the person requires their eyeglasses, functioning wheelchair, communication board or other equipment. Other examples may include the person requires close supervision to ensure their safety or personal care provided during the course of their daily activities.

The next section (numbers 8 through 11) of the form is the six month progress report. It is used to track progress on the goals developed in the person's service plan. This section is filled out every six months during the person's participation in the Community Inclusion service with the exception of the person's initial service plan.

#8.   **The six month reporting period:** Enter the start date and end date of the period of time being reported on.

#9.   **For the previous six months progress report list the action steps and supports, the outcome of each activity and status of the action step.** From the previous page list each action step and support in the left section. In the next column, enter what was the result or outcome of each item. For the last column, choose from the drop-down menu what the status is of each item. The choices are: Complete, Continued, Modified, or Deleted.

#10.   **Total Service Hours provided during the six month reporting period:** In the grid provided, enter the hours of staff time provided for each month of service covered in the progress report.

#11.   **Comments:** Use this section to enter any relevant additional comments about the period reported upon.

The next section is for signatures and dates for relevant persons involved in the plan development and approval.

In the final section, please check the boxes indicating where copies of the plan have been sent.