|  | **Community Guide** | **Community Inclusion** |
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| **Service definitions** | Community Guide services increase access to informal community supports. Community Guide is short-term support that develops creative, flexible, and supportive community resources so waiver participants can meet a goal identified in the person-centered service plan.  Ratio of provider to client is 1:1. | Community Inclusion services promote individualized skill development, independent living and community integration so persons can learn how to actively and independently engage in their local community. Activities provide opportunities to develop relationships and to learn, practice and apply skills for greater independence and inclusion ([DDA County Program Agreement](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20County%20Program%20Agreement.pdf), page 2).  Community Inclusion should build and strengthen relationships with others who live in the same area and are not paid to be with the person ([Community Inclusion Frequently Asked Questions](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Community%20Inclusion%20Frequently%20Asked%20Questions%202018.doc), page 1).  Ratio of provider to client is 1:1; however Community Inclusion can be provided to groups of 2 or 3 if individuals have shared interests and goals. |
| **Eligibility requirements** | Clients are eligible for Community Guide services if they are on the Basic Plus and Core waivers. Individuals on the Core waiver receiving residential habilitation under WAC 388-845-1500 may not receive Community Guide services.  The amount of services is limited to the funding available in the client’s Basic Plus aggregate budget. | You are eligible for Community Inclusion services if you are enrolled in the Basic Plus or Core waivers and:  (1) You are 62 or older; or  (2) You meet age requirements under WAC 388-845-2110(1) and:  (a) You have participated in developmental disabilities administration (DDA) supported employment services for nine consecutive months; or  (b) DDA has determined that you are exempt from the nine-month DDA supported employment service requirement because:  (i) Your medical or behavioral health records document a condition that prevents you from completing nine consecutive months of DDA supported employment services; or  (ii) You were referred to and were available for DDA supported employment services, but the service was not delivered within ninety days of the referral. ([WAC 388-845-0600](https://apps.leg.wa.gov/wac/default.aspx?cite=388-845-0603))  Community Inclusion is also available to individuals on Roads to Community Living and individuals in Skilled Nursing Facilities (PASRR). |
| **Service plan requirements** | Community Guide services are limited to the support needs identified in the DDA assessment and documented in the Person Centered Service Plan (PCSP). Community Guide services must be connected to a person-centered goal identified in the “***other supports tab***” in the PCSP.  Community Guide service can be extended through the plan period when appropriate (multiple goals, skill acquisition will exceed 3 months, etc.). Case resource manager must include all goals and document in a service episode record every three months that the Community Guide report was received and approved.  The Community Guide provider must provide a written report documenting the client’s progress to the CRM quarterly or more frequently if deemed necessary by DDA.  For Community Guide/Engagement Frequently Asked Questions and Provider Progress Report documents see Additional Resource list below. | Everyone in Community Inclusion is required to have a plan within 60 days of the service authorization. Progress reports are required 6 months after the authorization. Plan updates are required annually and progress reports every 6 months.  Community Inclusion plans must include a specific goal and information about the client’s skills, interests, gifts and preferred activities.  The goal should relate to the client’s gifts and preferences and should be measurable and included in the plan. The Community Inclusion provider is required to share the plan with the individual and support team.  Please see [Community Inclusion Plan Progress Report Instructions](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Community%20Inclusion%20Plan%20-%20Progress%20Form%20Instructions%20Jan%202018.pdf) and [Community Inclusion Plan - Progress Form](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Community%20Inclusion%20Plan%20-%20Progress%20Form.docx) |
| **Who is a qualified service provider?** | An individual or agency contracted with DDA who has   * Experience with the community in which the participant lives and knowledge of community organizations, informal clubs, community projects and events, local government resources, and businesses. * Knowledge to find leaders and members of these community resources that can engage clients so they become active community members and build relationships based on common interests. * Ability to assist clients develop skills that will increase their community integration. | DDA contracts with counties to administer services for Community Inclusion. Qualified providers are defined in [DDA Policy 6.13: Provider Qualifications for Employment and Day Program Services](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.13.pdf).  Some requirements from 6.13 specific to Community Inclusion providers:   * Implement Community Inclusion as described in the [Community Inclusion Frequently Asked Questions](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Community%20Inclusion%20Frequently%20Asked%20Questions%202018.doc) document; * Serve clients in integrated settings that support the client’s connection to other members of the community who are not paid to be with the client and possess the ability to contribute to their community; * Employ at least one person who:   + Has experience providing services in an integrated community setting that supports the client to contribute to their community;   + Has at least two years of experience related to the Community Inclusion services the agency provides to DDA clients; and   + Understands current Community Inclusion practices, as described in the [Community Inclusion Frequently Asked Questions](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Community%20Inclusion%20Frequently%20Asked%20Questions%202018.doc) document, and is able to train direct support staff to implement those best practices. * Employ staff who know how to:   + Conduct Discovery assessments;   + Assist a client with goal planning;   + Conduct community analysis to identify places and resources available in the community;   + Develop opportunities for client to connect with the community;   + Coach, which includes task design and training, support strategies, and developing natural supports; and   + Document goals and write reports. * Provide ongoing Community inclusion training to the agency staff. |
| **What are the oversight processes for the service?** | Program RAMPs (Risk Assessment & Mitigation Plans) are completed by DDA Head Quarter staff and contractor RAMPs are completed by designated staff in the region.  Case Resource Managers (CRMs) must ensure they are receiving quarterly progress reports to continue to authorize services. CRMs will review the progress reports to confirm the report is meeting the goal identified in the Person Centered Service Plan.  CRMs will talk with the client or guardian at the semi-annual review and annual assessment. CRMs will review goals and make sure the client is satisfied with the service being provided and the progress toward their goals. | DDA contracts with the counties to provide oversight to the Community Inclusion providers. Counties are required to monitor Community Inclusion providers at least once a biennium. Counties review client files to assure all have a current plan with a Community Inclusion goal and that activities provided support that goal. For a complete list of areas the county is required to monitor, see the [Criteria for Evaluation](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/CO%20-%20Criteria%20for%20Eval%20Bien%2017-19%20-%20Jan%202018.docx) document.  Additionally, DDA Employment and Day staff monitor Community Inclusion plans as a part of monitoring the counties for compliance. See [Community Inclusion Plan Quality Review Tool](https://www.dshs.wa.gov/dda/county-best-practices). |
| **Who do I contact if I have a concern about the quality of the service or believe a duplication of services is occurring between Community Guide and Community Inclusion?** | DDA Resource Developers:   * Region 1 – Catherine Higgins, 509-329-2958 * Region 2 – Kristina Sheriff, 425-740-6433 * Region 3 – Teresa O’Donnell, 360-725-4273 | DDA Regional Employment Specialists:   * Region 1 – Carrie Bayha, 509-374-2128 * Region 2 – Rod Duncan, 425-740-6453 * Region 3 – Dave Money, 253-404-5553   Contact List for DD Program County Coordinators can be found in the Additional Resource list below. |
| **Other useful documents or links related to service** | [Community Guide and Community Engagement Services Policy 4.14](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy4.14.pdf)  [What does a Community guide and Engagement Provider do?](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/FINAL%20-%20DDA%20Community%20Engagement%20flyer.pdf)  [Community Engagement and Community Guide](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/22-1743.pdf)  [Developmental Disabilities Rates](https://www.dshs.wa.gov/altsa/management-services-division/office-rates-management) | [Community Inclusion Billable Activities](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/CI%20Billable%20Activities%202-1-2018.pdf)  [Community Inclusion Plan and Progress Form](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Community%20Inclusion%20Plan%20-%20Progress%20Form.docx) |

**Community Guide and Community Inclusion Service Scenarios**

| **Scenario** | **Which service best supports the scenario?** |
| --- | --- |
| Client’s goal is to volunteer at the early learning center. Client will need ongoing support to maintain volunteer position. | Community Inclusion |
| Client’s goal is to learn how to ride the bus to go to the county fair. | Community Guide |
| Client’s goal is to volunteer at a food bank. Client is independent, but needs some initial support to be successful in the volunteer position. Client would like to use public transit to get to the volunteer site. | Community Inclusion- support the volunteer opportunity  AND  Community Guide-support with public transit |
| Client’s goal is to work and earn money and would also like to participate in a bowling league. | Individual Employment-goal to work and earn money  AND  Community Guide-support client to connect with a bowling league |
| Client wants to volunteer at a shelter and also work at a restaurant. Client would need long-term supports for both goals. | Community Inclusion- support volunteer opportunity  OR  Individual Employment-support with working at a restaurant |
| Client wants to volunteer at a shelter, but needs help communicating with strangers. Client also wants to work at a restaurant. | Community Guide- support with communication  AND  Individual Employment-support to work at a restaurant |
| Client develops a friendship with a coworker and is asked to join a yoga class. Client will need support to find transportation and to join the class. | Community Guide |
| Client is working and there is no public transportation or informal support to their work site. | Waiver transportation only when job coach is providing service |
| Client wants to take an art class and will need ongoing supports. The funds from the art class goes to a local boys and girls club. | Community Inclusion |

**Additional Resources:**





