

INDEPENDENCE ASSOCIATION HCBS Policy: 003

Title: COMMUNITY LIFE POLICY

Date: May 16, 2022

Policy:

Independence Association (IA) believes that people should be supported with any means possible to allow them to become part of their broader community, whether it's a volunteer, an employee, or to pursue building a relationship with someone. This begins with the Person Centered Plan (PCP) where individuals will; be informed that they may be able to receive services anywhere along the spectrum of delivery of said services. They may choose to receive services exclusively in the community or exclusively in the setting, or anywhere in between along that spectrum. All individuals will be offered a minimum of three activities each week outside of the setting. IA offers individuals regular and varied opportunities based on their interests and goals, as described in their person-centered plans. These opportunities include planned and /or spontaneous activities in the broader community which offer involvement, contribution and connections with members of the broader community who do not receive HCBS. Transportation and staffing for these events are provided taking into consideration needs and special requests of the individual. When individuals choose to stay at their home or setting, IA will support residents to participate in activities identified in their Positive Personal Profiles which are comparable in age and scope to individuals not receiving HCBS services. Individuals are also welcome to invite friends from the broader community to visit with them in their homes, and IA will solicit opportunities for outside community members to participate in activities that may be of similar interest to people not receiving HCBS services. Staff will be trained on how to pair community-based activities with those expressed by clients in their PCP. Staff will also be trained on the definition of "age appropriate", located in B-6 in this policy.

Procedures:

A. Choices of activities and schedules

1. Independence Association will publish a master schedule listing of planned activities in and around the communities of Brunswick, Bath, Freeport, and Topsham from which clients may choose from to participate.
2. IA will establish an on-going Community Supports Activity Committee made up of a cross section of individuals supported by the agency. They will meet routinely to discuss upcoming activities, preferences of activities and activities they do not prefer.
3. Although the Community Supports Activity Committee is a formal means to review activities, anyone in any setting can propose an activity and all activity proposals will be considered for community inclusion.

4. Once the Community Supports Activity Committee has come to a consensus as to the activities that should be published, the Community Supports Program will publish the schedule.
5. The master schedule will be made available electronically and in person. Individuals will be able to sign up in person on a calendar.
6. Individuals will develop their personal activity schedules as desired but focus on scheduling at least a month in advance and will develop their schedule from a variety of activities with both community and home-based options informed by their goals, interests, and desires.
7. All individuals served will be offered a minimum of three activities each week which is located off-site of any agency owned/leased premises in an effort to access their broader community.
8. Options will include a variety of times when the activity is available and attended by individuals not receiving HCBS services in the broader community.
9. Individuals will have information provided in an accessible manner, using the means they understand best; via written, pictorial, or other adaptive aids as needed.
10. Individuals will be offered opportunities to update schedules as desired based on their changing needs, preference, or options.
11. Individuals may choose to change their services so that they spend more time in non-disability settings.
12. Settings will have a welcoming environment to promote interactions between people served and members of the broader community who do not receive HCBS services.
13. Individuals may decline to participate and stay home or choose an alternative activity if desired. They may choose center-based options if available.
14. No one person's schedule will be dependent on everyone in the setting having to participate together. In times of conflict staff will support individuals to use a problem-solving method to review their schedules, discuss priorities, and make an informed decision.
15. Activity schedules will be sensitive to the work schedules of each individual served. Individuals with integrated employment will be supported to both meet their work schedules and participate in activities around their work schedule.

B. Criteria for community activities:

1. Medical, therapeutic, and employment take precedence over recreational and/or leisure activities.
2. Interests, preferences, and goals identified in each person's Person-Centered Plan are to be used as a priority to plan community activities.
3. Staff will intentionally match clients' interests, preferences, and goals to a choice of activities typically engaged by people of similar ages in the community.

4. Community activities should provide options for people to spend their own money, as well as program-sponsored or no-cost activities.
5. Community activities should give the opportunity for individuals to interact with members of the broader community, who do not receive HCBS services, in order to build community relationships.
6. Community activities should be age appropriate. *Age-appropriate activities are defined as “those activities that correspond with an individual’s chronological age.”*

C. Types of community activities to be explored:

1. Activities for exploration should be based on the goals, desires, and interests outlined in their respective PCP.
2. Connecting to a club, class or special interest group like Spark Dance, Theater Project, People Plus, or YMCA.
3. Giving back to their communities by volunteering at a local non-profit organization like the Midcoast Humane, Meals on Wheels, or the Brunswick-Topsham Land Trust.
4. Attending religious services and becoming involved, for example, by ushering or joining the choir.
5. Joining a service organization like Rotary, the Midcoast Community Action Program, Midcoast Hunger Prevention, or Volunteers of America.
6. Opportunities to build community relationships through activities such as shopping, appointments, dining out, attending religious services; attending/participating in community events such as parades, fundraisers, baseball games, etc.
7. Opportunities for recreation or physical activity, creative activities (cooking, craft, paint, play musical instruments, etc.), as well as learning and education (e.g., learn to use a computer, sew, knit, etc.).
8. Opportunities to try new adventures that are offered through local community advertisements, newspaper articles, postings on local community/business bulletin boards and/or other means of communication.
9. Opportunities to build relationships by inviting people of the broader community to their home, possibly hosting a dinner, game evening, movie night, etc.

D. Communicating community activities:

1. Community opportunities should be introduced/discussed by a means that the person understands, e.g., communication device, pictures, laptop/tablet, computer, smartphone, PECS, advertisement in newspapers, etc.
2. Staff will provide as much information as possible about their options, e.g., date, day of the week, time, cost, what’s included in the activity, etc., so that the person is able to make an informed decision based on the information provided.

3. Activities will be published on a calendar indicating the primary and alternate staff hosting the activity.
4. Clients will sign up for the activity in person. This will allow them to see which peers are attending so that they may choose to participate or not depending on the people participating in the activity.
5. It is important to note that activities may be communicated electronically, in person, or via any accessible means, but until the individual or a designated staff member has signed the master schedule, the person is not officially signed up for the activity.

E. Choice and Scheduling of Community Activities:

1. Designated staff will meet with each person on a weekly basis to discuss and choose activities/events that the person would like to participate in the following week.
2. Choice in staff is limited to the ability to properly staff programs. However, the individual will be informed as to who is the primary and alternate staff members facilitating the event.
3. If the individual does not want to participate in an activity with a specific staff, then other activities may be offered as a solution, or the person may choose to not participate, or participate in that activity at a different time if available.
4. Once activities have been chosen, staff will prepare a schedule to give to the person, giving dates, day of the week and time of each activity.
5. Individuals will have information provided via written, pictorial, or other adaptive aids as needed.
6. Individuals may decline to participate and stay home or choose an alternative activity if desired. They may choose center-based options if available.
7. Options will include a variety of times when the activity is available and attended by individuals not receiving HCBS services in the broader community.
8. Individuals will be offered opportunities to update schedules as desired based on their changing needs, preference, or options.
9. No one person's schedule will be dependent on everyone in the setting having to participate together. In times of conflict staff will support individuals to use a problem-solving method to review priorities, discuss options and come to an informed decision based on consensus.
10. DSP staff will be trained prior to service delivery regarding individuals' goals, preferences, and needs, and will be updated as those goals and needs change.

F. Transportation: Refer to IA Transportation Access and Management Policy for details to arrange transportation.

G. Documentation:

1. Immediately upon finalization of the PCP, programs will ensure service plans incorporate the individual's goals into non-work related activities in the community.
2. Staff will document participation of all activities into the Electronic Health Record (EHR), progress notes, calendars and/or methods established by program. Documentation should include any feedback from the person:
3. How they responded to the activity, i.e., what did they say, did they refuse to participate, if non-verbal - did they demonstrate any social cues such as facial expressions reflecting their emotional response to the activity.
4. Did they indicate that they would like to continue participating in that particular activity in the future?
5. Did they indicate that they no longer want to participate in that activity in the future?
6. Staff will complete documentation immediately returning from the event or prior to the end of their shift.
7. Managers will review 100% of all documentation to ensure activities are completed or a reason is documented as to why the person did not participate in their scheduled activity.
8. Person-Centered Plans should be updated on a regular basis with any newly identified preferences, interests, likes and/or dislikes.

H. Choice of staff

1. Clients will be included in identifying the qualities desired in new staff and have a role in recruiting and hiring new staff.
2. Individuals will be informed of the procedure for requiring a change of staff via the grievance process at least annually. When they make such a request they will be supported to work with their team for a satisfactory outcome.
3. Individuals may choose to accept staff on a temporary basis to see if they are a good match.

I. Changes to services and plans

1. Settings will post information about how to make a request for additional services, reasonable accommodations, changes to their Person-Centered Plans and individuals goals and objectives.
2. Individuals will be afforded the flexibility to change the activities for which they are scheduled for any reason they choose and select another activity if one is available.
3. Individuals will also be afforded the right to decline participation in any activity even if they had previously requested and schedule the activity.
4. Individuals will have information provided via written, pictorial, or other adaptive aids as needed.

5. This information will be provided to new and current individuals served and their guardians (as appropriate) at least annually
6. Case managers will participate in meetings to address any service changes to ensure clear communication between the individual, their family/guardian (if appropriate) and their team.
7. When there is a change in a person's plan/goals/needs, staff will be notified via staff communication books and annotations to the EHR.