Meeting Notes

Home and Community Based Services Regulations and Idaho's Congregate Settings

(from February 13th, 2015 meeting)

Community Integration

- There are some ways providers are already supporting the community integration requirement. Some examples provided during the meeting:
    - Developmental Therapy in DDA: in some cases, participants are already going out twice a day into the community
    - Adult Day Health– bring in volunteers, families, to do craft activities etc.
    - Participants asked where they prefer to go when calendar is developed
    - Participants often go for walks when there are places or businesses nearby to go visit
    - Clients may leave to go get their lunch – can add a check-in or check-out process
    - Having private pay individuals using the facility as well
    - Sometimes have potlucks/lunches with other staff or people not from the center
    - Children often served one on one (more easily integrated into typical community activities) Habilitative Supports are primarily in the community anyway, just based out of the center.
- Intervention services with kids can be at the center extensively. What does "access to community integration" mean for participants who primarily stay at the center most of the day?
- Providers need to have some control of the policies and procedures – provider can't control whether participants elect to join a scheduled activity or not. Program size and resources dictate the ability to be spontaneous.
- Is one solution to use the service plan to set the # of hours that are in the center versus the community?
- Could providers incorporate a check-in/check-out process as a way to document the community activities that occur?

Participant Choice and Autonomy

- Some ways that providers are already supporting the requirement:
    - Eric (L&C) believes most DDA offer choice and community options
    - Some providers have outdoor areas and/or multiple rooms within the center and participant can move about and engage in different activities.
- Some settings are more regimented than others (programmatic constraints). Adult Day Health providers have more leeway to offer a variety of choices for participant activities.
- Could providers develop a mechanism for resolving conflicts resulting from individual choice? (conflict resolution plan) This might be one way to meet individual choice as much as possible.

Issues and Concerns

- How do we determine what degree of community integration is expected? Once a day, once a week, once a month? Need feedback on what is feasible for providers but also meets the requirement.
- Weather can be a barrier to getting out into the community (affects % of time in versus time out).
- Can Adult Day Health and DDA centers be assessed with the same tool? Can adult versus children's centers be assessed the same way? We need further discussion to determine whether we need separate tools.
- What if participant *choice* is not to integrate? There must be a good system to document that choice was offered and to document the participant's choice. Overlap between community integration and participant choice and autonomy.
- Lack of appropriate transportation options can impact community access. Some participants in wheelchairs need specialized transportation.
- Programmatic/service delivery constraints: for example, community access for individuals receiving Developmental Therapy cannot include recreation.
- How can we meet requirement of community integration while still protecting participant privacy (HIPAA) and the wishes of guardians?
- Constraints with participants who have little or no personal money to go into the community (i.e. to a movie, or to Wal-Mart)