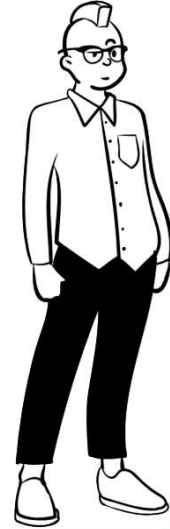


Being **SMART(er)** about Employment and Integrated Community Involvement

ISP Life Areas





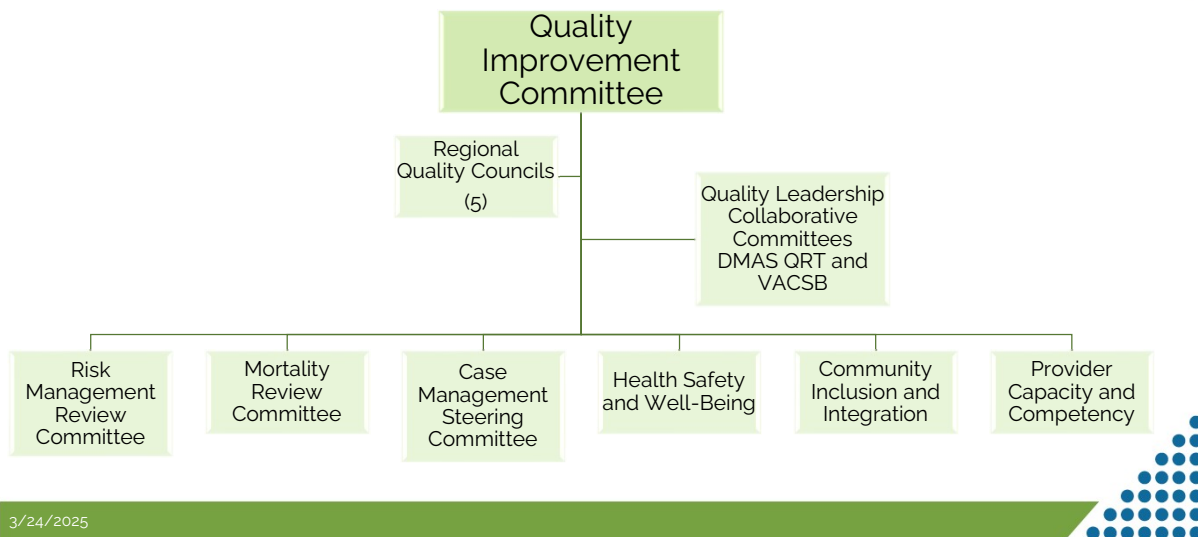
Alert Service Providers and Support Coordinators to resources that have previously been provided by DBHDS regarding outcomes and life areas



Further educate providers regarding the inclusion of employment and integrated community involvement outcomes into individual activities, regardless of having an employment or community engagement/coaching service authorization



Promote communication and understanding between individuals, families, service providers, support coordinators, and DBHDS offices regarding the employment and integrated community involvement life areas



AS BACKGROUND:

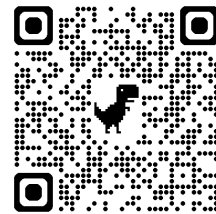
This diagram demonstrates the Quality Committee Structure at DBHDS. While the Quality Improvement Committee (QIC) oversees all quality activity, there are multiple committees with specified areas of focus that operate individually, as well as five Regional Quality Councils (RQCs), one for each region of Virginia.

RQCs require membership to include family members, self-advocates, service providers, and CSBs as well as DBHDS representation. If you know someone that may be interested in serving on their local RQC, please contact your Community Resource Consultant and they can share your information with the RQC Chair in your area.

All QI Subcommittees are required to propose and complete Quality Improvement Initiatives (QIIs) which are defined as:

*"...strategies designed to support quality improvement activities, whose implementation and use follow the PDSA cycle to achieve these improvements. QIIs seek to improve systems and processes to achieve desired outcomes; strengthen areas of weakness, to prevent and/or substantially mitigate future risk of harm."
(Source: QIC and QIC Subcommittees Protocol)*

Learn More About Quality Improvement:
<https://www.youtube.com/playlist?list=PLmFe443VQ9xUxxc85z--thJUFCjjKrTfL>



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A Quality Improvement Initiative (QII) is at its most basic level a documented effort to improve in an area of service provision. It may consist of one or more “projects” or “changes” that are hypothesized to have a positive effect and lead to the desired outcome.

Based on data collected and discussions with providers and support coordinators, there is still room for improvement in the annual planning process, specifically with including outcomes within employment and integrated community involvement (EMP/ICI) life areas in ISPs.

This presentation is part of a QII and is a method of summarizing information that has been published and making sure all involved parties are knowledgeable regarding the life areas and importance of individuals being integrated into their communities.

Case Management Data Targets – collected from WaMS submissions

50%

Adults (AGES 18-64) with DD Waiver receiving CM services have an ISP that contains employment outcomes
(Measure 3)

86%

Adults (ages 18-64) with DD Waiver receiving CM services and are interested in (looking for) employment have an ISP that contains employment outcomes
(Measure 3b)

86%

Individuals receiving CM services from the CSB whose ISP developed/updated at the annual ISP meeting contain Medicaid DD integrated community services goals
(Measure 6)

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These are the current statewide targets related to employment and integrated community involvement outcomes.

Although there has been much progress over the last several years, these targets have not yet been met.

Region 2, under a QII completed by the Regional Quality Council in that area, has seen improvement over the last year which you will see in the data included in this presentation. Those efforts are now being expanded upon by the Case Management Steering Committee (CMSC) and the Regional Quality Council in Region 3 (RQC3).

The overarching goal is to make sure individuals are integrated into their community as much as they would like and in a manner they prefer



A specific service is NOT required for the employment and integrated community involvement life areas

Two things to keep in mind during this presentation and when assisting with individual planning sessions

The Life Areas in the Individual Support Plan (ISP) are adapted from the *Charting the LifeCourse* framework. ¹

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. Life domains or areas are the different aspects and experiences of life that we all consider as we age and grow.

Individuals and families plan for the present and future life outcomes that take into account all life domains and have opportunities for life experiences that build self-determination, social capital, economic sufficiency, and community inclusion.

You may hear the terms Life Domain and Life Area used interchangeably pertaining to the ISP and outcomes.

In Virginia, the first three Life Areas (employment, integrated community involvement, and community living) are reserved for specific types of outcomes.

The **employment life area** should be selected for any outcomes that lead to or support ongoing employment, (INCLUDING volunteerism)

The newest area "**integrated community involvement**" should be used when supporting community involvement in at least one setting at a ratio of no more than one DSP to 3 people receiving services

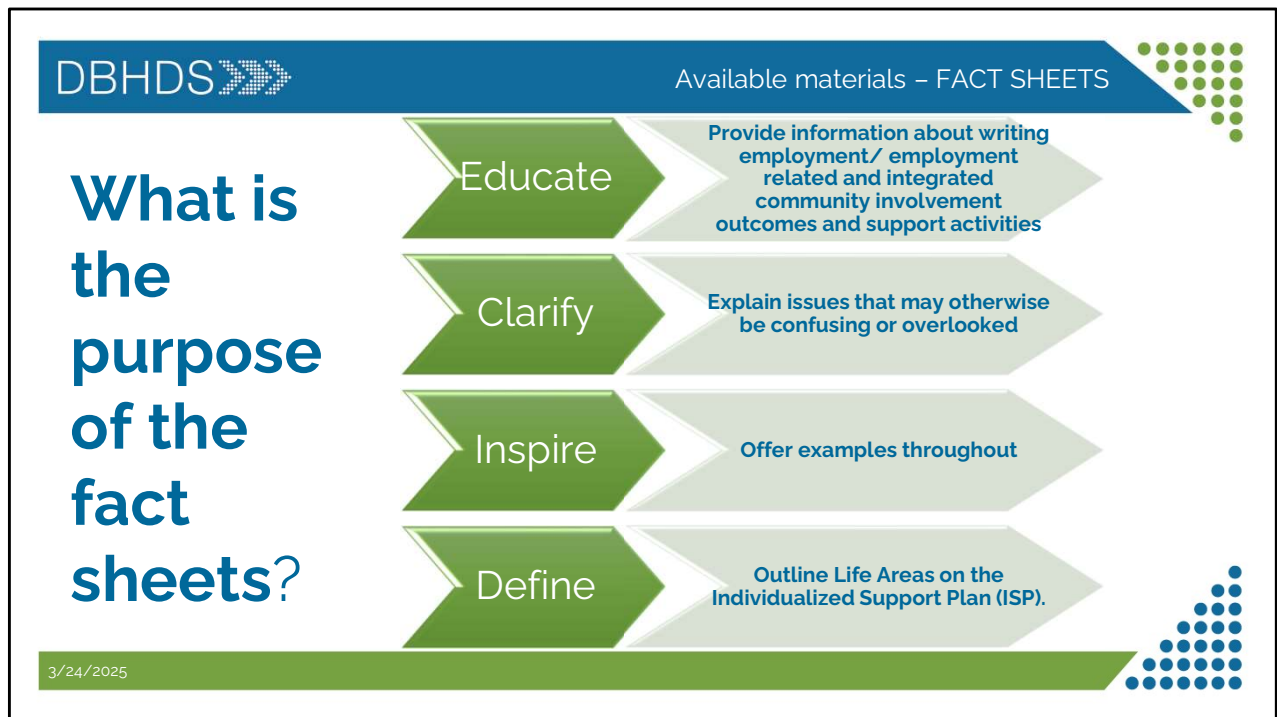
The **community living life area** should be used for all other community-based outcomes, regardless of the ratio of DSP to individuals

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Again, please note that these life areas do not have a prerequisite of any specific service.

An outcome in one of these life areas could be appropriate for Day Services, Residential, Case Management, and even listed as supported by an individual's Natural Supports!

As always, an outcome can be assigned to multiple services/providers. Regarding Integrated Community Involvement, as long as one setting is addressing the outcome with a ratio of 1:3 staff to individual ratio, that outcome can be noted within the ICI life area and still assigned to multiple services/providers, even if the other providers are NOT meeting that ratio.



One of the changes implemented previously by DBHDS, through collaboration with the Regional Quality Council in Region 2, was to create an easy reference Fact Sheet for both ICI and Employment/Employment Related Outcomes.

The fact sheets are an excellent resource for service providers and support coordinators regarding these life areas.

Design: Each fact sheet is one-page, two-sided. It is designed to be eye-catching and user friendly.

ISP Life Area Cheat Sheet

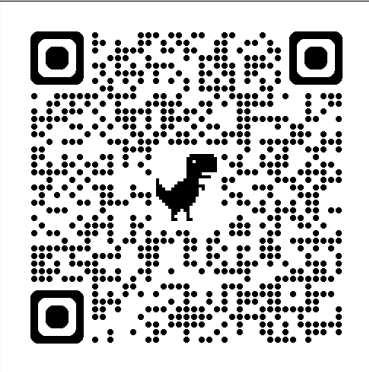
Employment Outcomes Fact Sheet

ISP Fact Sheet: Integrated Community Involvement

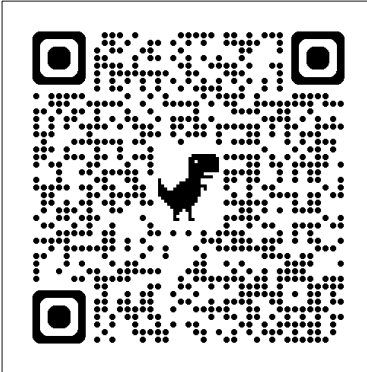
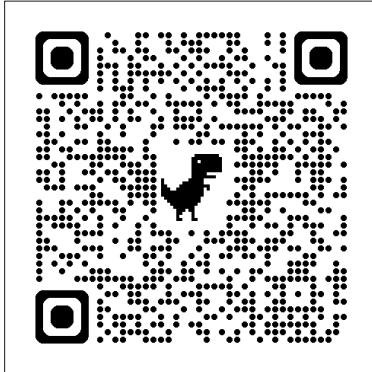
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Here is a snapshot of the fact sheets that were created. There is a link to the Office of Provider Network Supports page where they are located in the resources at the end of this presentation as well

ISP Life Area
Cheat Sheet

3/24/2025

Employment
Outcomes
Fact SheetISP Fact Sheet:
Integrated Community
Involvement

For your easy reference:

ISP Life Area Cheat Sheet

https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf

Employment Outcomes Fact Sheet

<https://dbhds.virginia.gov/wp-content/uploads/2024/02/Employment-Outcomes-Fact-Sheet-FINAL-1.19.24-2.pdf>

ISP Fact Sheet: Integrated Community Involvement

https://dbhds.virginia.gov/wp-content/uploads/2023/10/ICI-Fact-Sheet-FINAL_newlogo-1.pdf



What is Employment? Employment means integrated Individual or Group Supported Employment, work providing a minimum or commensurate wage and related benefits in a typical work setting where the employee with a disability has opportunity to interact with non-disabled co-workers, has an opportunity for career advancement, and is preferably engaged full time.



What is the definition of Employment Employment Related Outcomes? An outcome is a statement about what the individual wants to do in their life. Employment/employment related outcomes are statements about what the individual wants to do that leads to employment or supports ongoing employment, to include volunteering or other skill-building activities that lead to employment.

Employment Employment Related Outcomes are added under the Employment Life area in the Shared Plan in the Person-Centered Individual Support Plan (ISP). They reflect what is important to the person, are measurable, have a target date, and, in combination with the key steps, include language that demonstrates movement toward employment.

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Let's look at the Employment Life Area first.

The Fact Sheet defines Employment and Employment Related Outcomes. **Note the addition of *Employment Related***. This phrase was added because, per the definition, outcomes can be about what the individual wants to do that LEADS TO employment or SUPPORTS ongoing employment, which could include volunteering or other skill-building activities that lead to employment. Remember, only employment service providers and natural supports can support with paid work tasks.

The current fact sheet mentions that employment related outcomes could include volunteering or other skill-building activities that lead to employment. There are also possible employment related activities that could be found in this life area that are routine supports such as assisting someone with daily living skills through the Personal Assistance service.

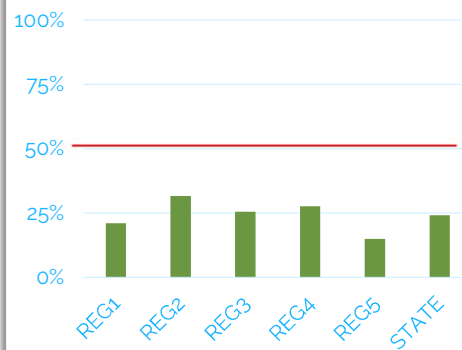
How does DBHDS measure Employment/Employment Related Outcomes?

DBHDS measures employment/employment related outcomes (measure 3) by dividing the number of individuals' ISPs that have an outcome in the Employment Life Area by the total number of ISPs effective during that timeframe, for ages 18-64.

50%

3/24/2025

FY24Q4 % of Individuals with Outcomes in Employment Life Domain



The fact sheet also describes how DBHDS measures employment / employment related outcomes.

This example shows data for FY24Q4 for all adults (ages 18-64).

Again, the goal for this measure (3) is 50% statewide!

Although this measure has proven difficult to meet, it remains one that is regularly monitored as Virginia is an Employment First state.

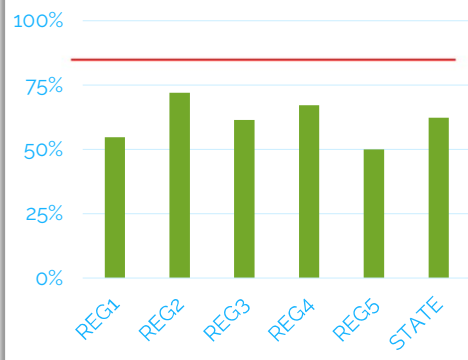
How does DBHDS measure Employment/Employment Related Outcomes (seeking employment)?

DBHDS measures employment/employment related outcomes of those seeking employment (measure 3b) by dividing the number of individuals' ISPs that have an outcome in the Employment Life Area by the total number of ISPs effective during that timeframe, for ages 18-64 that are looking for employment.

86%

3/24/2025

FY24Q4 % of Individuals with
Outcomes in Employment Life
Domain (looking for work)



The current fact sheet does not show how DBHDS measures employment / employment related outcomes for individuals interested in employment, but as you can see it is very similar.

This example shows data for FY24Q4 for **individuals seeking employment (ages 18-64)**. As an FYI, this data does NOT include individuals that are already working.

The target for this measure (3b) is 86% statewide.

Writing Employment/Employment Related Outcome Statements



How using the SMART framework can help. SMART stands for Specific, Measurable, Achievable, Relevant, and Time-bound. To follow the SMART framework, wording must be:

- explicit in what is to be accomplished,
- quantifiable in some way,
- realistic and within reach,
- significant and aligned with broader efforts,
- and time-bound with a deadline.



By using SMART, teams can improve their focus, accountability, and decision-making about implementing actions and tracking outcomes.

1. In Part III, develop a simple, observable statement that describes what will be attempted with a target date. Make it specific. Use the formula!

[Person's name] [activity/event/important FOR] so that/in order to [important TO achievement]

John	works at Market Hub	in order to	go on vacation.
Sam	volunteers at the hospital	so that	he can get a job helping others.
Mia	becomes an office assistant	in order to	be a valued contributor.

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The next sections of the fact sheets provide an overview of the SMART framework and how using that framework can help with writing and improving outcomes.

SMART is an acronym representing:

- Specific
- Measurable
- Attainable
- Relevant
- Timebound

In order to be “specific”, the statement should be for one person, completing one task. Avoid using the word “and” which will typically combine 2 tasks into one statement or outcome. It should focus on the person and what is important **for them** to achieve what is important **to them**.

2. In Part III, develop key steps and share them across services and supports.

Referral to DARs (Support Coordinator)
Introducing self to others (Day Support and Residential)
Organizing personal mail (Residential)

3. In Part V, develop support activities that are measurable using the skill-building formula:

[Name] [countable achievement] [how often] [how long].

John	stocks two endcaps with spoken reminders	twice a week	for six weeks.
Sam	greet visitors with no reminders	three times a day	for five days.
Mia	places her mail in folders with physical support	once a week	for eight weeks.

4. Ask "Is the measure achievable?" Does the measure appear achievable for the person? Does it match the type of support they want and what they want to achieve?

5. Ask "Is the measure relevant?" Does the measure reflect the person? Does it make sense knowing who they are, what they enjoy, and how they want their life to be?

6. Ask "Is the measure time-bound?" For skill-building, does the measure reflect one specific skill that will be the focus of skill-development? Does the measure include how often the skill will be observed and how long the person will be successful to ensure learning?

Read more at: <https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6379>



...continued information about Part III outcomes and Part V support activities, following the SMART framework

MEASURABLE: A countable achievement. Use the skill-building formula. Note that there are different ways to show measurability for Skill-building verses Routine supports. We will talk more about those in a moment.

ACHIEVABLE: The measure does not have to be something easy, but is it something the person can achieve with support? Do they want the type of support needed to attain the measure?

RELEVANT: Does the measure reflect the person? Does it make sense for the person, taking into consideration who they are and what they want their life to look like?

TIME BOUND: Is there a target date for the individual to meet their goal? Skill-building measures should not be never-ending. How often will they work on the activities related to the measure?

You will notice there are resources listed within the Fact Sheets as well that further help explain the information

SMART is an acronym that stands for:

- **Specific**

- **Measurable**

Routine Supports-Adding "how often" along with the "by when" date to the activity statement makes routine activities measurable!

Skill-Building- Including how often the skill will be observed **and** how long the person will need to be successful along with the "by when date" is needed.

- **Attainable/Achievable**

- **Relevant**

- **Time-Bound**



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(Remember that outcomes should be measurable and utilizing the SMART framework can help ensure a successful outcome for the individual.)

Measurability may be shown in different ways for routine supports and skill-building supports. (Next slides)



Where skill-building is not being attempted, adding “how often” to the activity statement makes routine activities measurable.

Activity Formula**[Person's name] verb [what/when/where]****Routine Measure Formula****+ how often**

Tom uses weights at the gym.	Tom uses weights at the gym two days a week .
Marshall introduces himself to others.	Marshall introduces himself to others daily .
Joy purchases housewares.	Joy purchases housewares monthly .

Routine measure examples

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Examples for routine measures.



Where skill-building is being attempted, more information is needed to determine that the person is developing skills as desired. Notice in the following examples “countable achievement” is used to describe the measure that will be used for each activity and each measure includes both how often and how long to help define the measure.

Activity Formula**[Person's name] verb [what/when/where]****Skill-building Measure Formula****Name countable achievement how often and how long.**

Tom uses weights at the gym.

Tom does seven types of weight exercises each week for one month.

Marshall introduces himself to others.

Marshall says hello and his name to five people a week for three months.

Joy purchases housewares.

Joy completes a purchase weekly for two months.

Skill-building measure examples

SITUATION	OUTCOME/KEY STEPS	SERVICE(S)/TASK IDEAS
Gracie says she would like to work but has trouble sticking to a routine, making decisions about appropriate clothing, and getting started each day.	<p>Gracie works towards employment weekly.</p> <p>Gracie is supported by staff to explore different tasks and activities which could lead to employment. Gracie will prepare herself to be employed by practicing skills such as being on time and having clean clothing to dress for different types of employment in the community.</p>	<p>Residential – identifying public transportation options available to get her where she needs to be, preparing clean and appropriate clothing, using an alarm clock regularly, etc.</p> <p>Day Services – participate in employment readiness activities at the day program such as cleaning areas, practicing with money/sales, discussing what she likes/dislikes about various employment tasks, etc.</p>

***The examples within this entire presentation would need to be written using the SMART framework and be inclusive of what is IMPORTANT TO the individual to be submitted. The examples are not in final format and are provided only to help guide you to create appropriate outcome statements.

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These are some real-life examples to consider regarding Employment

Notice how the situation can be incorporated into outcomes and key steps for non-employment services like Residential and Day Supports as long as the activities are ALLOWABLE for those services

Remember, using the SMART framework will help to create measurable outcomes and objectives. The examples shown here are very generalized and would need to be worded according to routine or skill-building outcome types to be measurable as well as worded to reflect what is most important to the individual.

Remember that the Support Activities and Support Instructions must remain allowable for the requested service per the DD Waiver Provider Manual Chapter 4.

Service Definition / Description

Criteria / Allowable Activities

Service Limitations

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Within the DD Provider Manual you can find each service definition and description of the service, the requirements and a list of allowable activities for each service, and any limitations for the service.

By reviewing this information for the service being provided, you can ensure that the outcomes are written within the scope of the service being provided. For employment or employment related outcomes you can also review activities that are appropriate for employment services to make sure you are NOT including those activities in non-employment services. Example: Job training is allowable under Employment Services so you would not include any type of job training for a Residential Service outcome.

A link and QR Code to this document is located in the resources section at the end of this presentation for your convenience.

SERVICE and OUTCOME	SUPPORT ACTIVITIES/ SUPPORT INSTRUCTIONS	COMMENTS
<p>In-Home Supports</p> <p>Gracie will obtain employment in her community.</p>	<p>Gracie is being trained for an employment opportunity in her community.</p> <p>Staff support Gracie by helping search wanted ads, role playing customer service situations, leading discussions about employer and employment expectations, transporting to job fairs and interviews.</p>	<p>Employment training is a job coaching/employment services activity and is NOT an allowable activity for this service, although some key steps may be appropriate for the service.</p>
<p>Personal Assistance</p> <p>Gracie is supported by staff while working in the community.</p>	<p>Gracie is supported by staff while working in the community.</p> <p>Staff will monitor Gracie for her safety while at work, assist with checking her daily to-do list, and monitor to make sure she completes assignments accurately.</p>	<p>This service can be provided at the same time as an employment service but CANNOT include performing functions related to the individual completing their job as that is an employment service allowable activity. The Support Activity also CANNOT be the same as the outcome statement.</p>

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These are some real-life examples of outcomes submitted for service authorizations in the Employment Life Area.

Do you think these outcomes would be approved for these services? Why?

***Remember that the supported activities must be included in the allowable activities for the specific service found in the DD Waiver Chapter 4. A link and QR Code to this document is located in the resources section at the end of this presentation for your convenience.

SERVICE AND OUTCOME	SUPPORT ACTIVITIES/ SUPPORT INSTRUCTIONS	COMMENTS
In-Home Supports Gracie will obtain employment in her community so she can earn more money for shopping.	Gracie will strengthen her life skills to prepare for employment. Staff support Gracie by providing transportation to and from the employment assistance office, job fairs, and interviews, discussing behaviors that may be viewed as “challenging” by employers and role-playing positive behavior to replace those, ensuring Gracie has taken her medications before leaving home or has them on her person as needed, assisting Gracie with learning about and accessing public transportation available to her in the community	These activities ARE allowable for this service and do not include job coaching.
Personal Assistance Gracie will work in her community so she can earn more money for shopping.	Gracie will be safe in her community while working. Staff will monitor Gracie for her safety, assist her with using the restroom, support with her taking medication, attending staff meetings and eating during her breaks while at work.	The activities listed ARE allowable for this service.

Let’s use the same examples and revise them. (Remember that more information is needed within the ISP for service authorization approval. These are examples of how you might can revise the errors on the previous slide.)

Using the Employment Life Area for employment related outcomes outside of employment services can pose a challenge. Keep in mind that the Outcome, Key Steps, Support Activities, **AND** Support Instructions must **ALL** be allowable for the specific **service**, regardless of which service or life area you are addressing.

Make sure that you are reviewing and considering feedback you may received from DBHDS regarding outcome statements, support activities, and support instructions. Something may not be approved simply due to the wording used and may be easily revised. Also remember that these examples do not necessarily follow the SMART framework. They are being provided to help guide you in creating outcomes that are meaningful, important TO, the individual.

*Support Activities and Support Instructions CANNOT be the same as the Outcome statement. For example, “Gracie will obtain employment in her community.” can be the outcome statement, but the Support Activities/Support Instructions cannot simply reiterate that. They should SUPPORT the outcome statement instead.



Life Area	Desired Outcome	Key Steps and services to get there	Types of Support	Supports/ Providers	Other Supports	Start Date	End Date
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PART III

Support Activities	I no longer want/need supports when	What to record	Skill building	How Often	By When
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PART V

Following the Part III and Part V ISP formulas will guide you through the SMART Framework!

Measurable outcomes are not only important to assess progress, but multiple entities assess outcomes to determine if they are measurable by reviewing outcomes and objective statements, support instructions, key steps, and target dates.

**What is Integrated Community Involvement (ICI)?**

- It is when an individual participates in the larger community in which they live. It is more than just being present. ICI means individuals are included and involved in activities that they are interested in and that are available to everybody.
- **Defining Integrated Community Involvement for the Individualized Support Plan (ISP):** Outcomes that support community involvement in any setting at no more than 1:3 ratio (one staff person to three individuals). For example, community engagement or in-home support services. ICI is not solely about the ratio. It is about the actual involvement with community members!

Eric works out at the YMCA at least once a month. He participates in a fitness class, like yoga, or uses the machines for at least 30 minutes each time.

Lisa participates in the knitting group that meets at the local library every two weeks.

Seth goes to listen to music in local venues when there is a performance he is interested in.

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The Integrated Community Involvement fact sheet is set up similarly.

Again, remember that ICI is not defined as a service and a specific service, like Community Engagement/Community Coaching, is not required to utilize this life area.

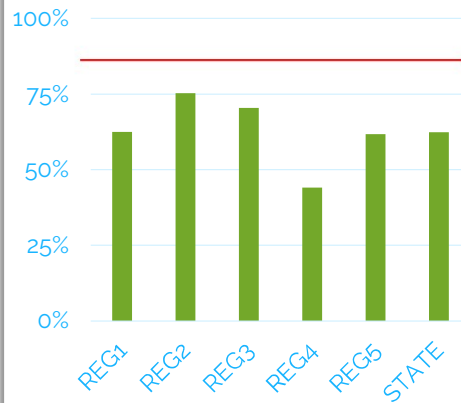
Multiple providers/services can be assigned to an outcome under the ICI life area as long as one meets the 1:3 ratio. The ratio can be specified within the key steps in the provider's Part V section of the ISP.

How does DBHDS measure Integrated Community Involvement (ICI) Outcomes?

DBHDS measures Integrated Community Involvement outcomes (measure 6) by dividing the number of individuals' ISPs that have an outcome in the Integrated Community Involvement Life Area by the total number of ISPs effective during that timeframe, all ages.

86%

3/24/2025

FY24Q4 % of Individuals with Outcomes in ICI Life Domain

Again, the fact sheet describes how DBHDS measures ICI outcomes.

Here is updated statewide data for FY24Q4.

The goal is 86% statewide.



The Role of Residential Providers

- How can residential providers support an ICI outcome?
- Residential providers can support people to be involved in their community by supporting the person at a ratio of 1:3 or less, at least some of the time. For example, a Sponsored Residential provider supporting a person to take a class at the YMCA, or a group home provider supporting two individuals to go to the movies. Even though the group home may have 5 people living there, if there is one staff taking two people to the movies, this is considered to be ICI.



The Role of Day Support Providers

- How can day support providers support an ICI outcome?
- Group Day providers who have the ability to support people to be involved in their community at a ratio of 1:3 or less, at least part of the time, can support an ICI outcome. For example, if a group of 7 people and one staff go out 4 days a week, this is not ICI, but if small groups of 2 or 3 people go out with one staff every Friday, this is ICI. Community Engagement and Community Coaching are integrated services, by definition.

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Part of the ICI Fact Sheet includes this information for residential and day support providers and how they can support ICI outcomes.

Remember: The activity must be person-centered and should be one that the person chooses!

SITUATION	OUTCOME/KEY STEPS	SERVICE(S)/TASK IDEAS
Gracie likes to be in the community and would like to explore more opportunities in her area.	Gracie shops at her favorite stores monthly. Gracie interacts with others on shopping trips to clothing stores and other stores she likes at least weekly. Gracie has the opportunity to go into the community monthly with a ratio of 1:3 staff to peers. Gracie is supported by staff and monitored for any identified risks and potential risks while in the community.	RATIO OF 1:3 OR BETTER Residential – identifying community activities of interest, scheduling and participating in community outings such as shopping, library, clubs, church, etc., respecting personal space of others in the community, Day Services – planning and participating in community activities, interacting with community members, respecting personal space of others in the community,

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These are some real-life examples to consider regarding Integrated Community Involvement

Notice how the situation can be incorporated into outcomes and key steps for services other than Community Coaching or Community Engagement.

Also notice that the 1:3 ratio may be possible for each service, but remember that it is not required as long as at least one service can address the outcome with that ratio.

Remember, using the SMART framework will help to create measurable outcomes and objectives. The examples shown here are very generalized and would need to be worded according to routine or skill-building outcome types to be measurable.

Sponsored Residential

- *Gracie lives in a Sponsored Residential home with one other individual that receives Waiver services. They go out weekly to complete household shopping and she has an outcome regarding this activity in her ISP under the Community Living life area.*

Group Day Supports

- *Gracie attends a day program daily and receives group day services. She and 2 of her peers volunteer once a month at the clothing closet and are working on meeting new people and displaying appropriate interactions while they are volunteering.*

In-Home Supports

- *Gracie lives with her parents. She has asked about joining a crochet club and her mother is supporting her by introducing her to one and its members and guidelines.*

**ALL OF THESE SITUATIONS COULD HAVE OUTCOMES WITHIN THE
INTEGRATED COMMUNITY INVOLVEMENT LIFE AREA!**

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Referring back to the ISP Life Area Cheat Sheet, notice the differences between the ICI life area and the Community Living life area. Now think about these three examples.

ALL of these situation could have been placed under the Integrated Community Involvement Life Area!

Remember that if there is a ratio of 1:3 or better by at least one provider, the outcome is appropriate for the ICI life area.

Gracie is interested in clubs, various activities, churches, and employment but she is new to the area and has never had a paying job.

Employment Life Area

Residential?

Case Management?

Day Supports?



Integrated Community
Involvement Life Area

Residential?

Day Supports?

Natural Supports?

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EXERCISE: (Live session – discuss each prior to advancing slides)

Using what you have seen today, come up with some suggestions for outcomes that could possibly be categorized into the specified life area and appropriate for the service indicated

Possible Outcomes for Gracie in the **Employment** Life Area



RESIDENTIAL

Gracie volunteers at the hospital gift store to learn customer service skills she can use in future employment



CASE MANAGEMENT

Gracie will work in the community to make more money for shopping. (A key step for CM could be: SC will support Gracie by making a referral to DARS for an evaluation)



DAY SUPPORTS

Gracie will participate in activities at XYZ program related to various types of future paid work she might be interested in to determine which she may want to explore further, including but not limited to cleaning, sorting and phone etiquette

3/24/2025

EXERCISE POSSIBLE RESPONSES:

These are some possible responses to the preceding slide.

*A reminder that the wording here is very broad and the provider would need to put into Support Instructions and Key Steps the details for these outcomes while staying away from including job training (DARS) and paid employment activities. Referencing some type of job training or paid employment/activity would be outside of the scope of Residential, Case Management, or Day Supports services and would not be approved for those service authorizations.

Remember that the Employment Life Area can be used for employment AND employment RELATED outcomes, within the scope of the service being provided. The services in these examples for instance cannot include paid employment or employment training activities, but the employment related outcomes listed here could include activities and supports that would fall into the scope of each of these service.

Possible Outcomes in the **Integrated Community Involvement** Life Area



RESIDENTIAL

Gracie will visit a new church monthly. (Key steps might specify that Gracie will be joined with 1-2 friends which would demonstrate the ratio needed for the ICI Life Area)



DAY SUPPORTS

Gracie will attend at least one community activity of her choice each month (Again the key steps can reference more details such as how many people will join her.)



NATURAL SUPPORTS

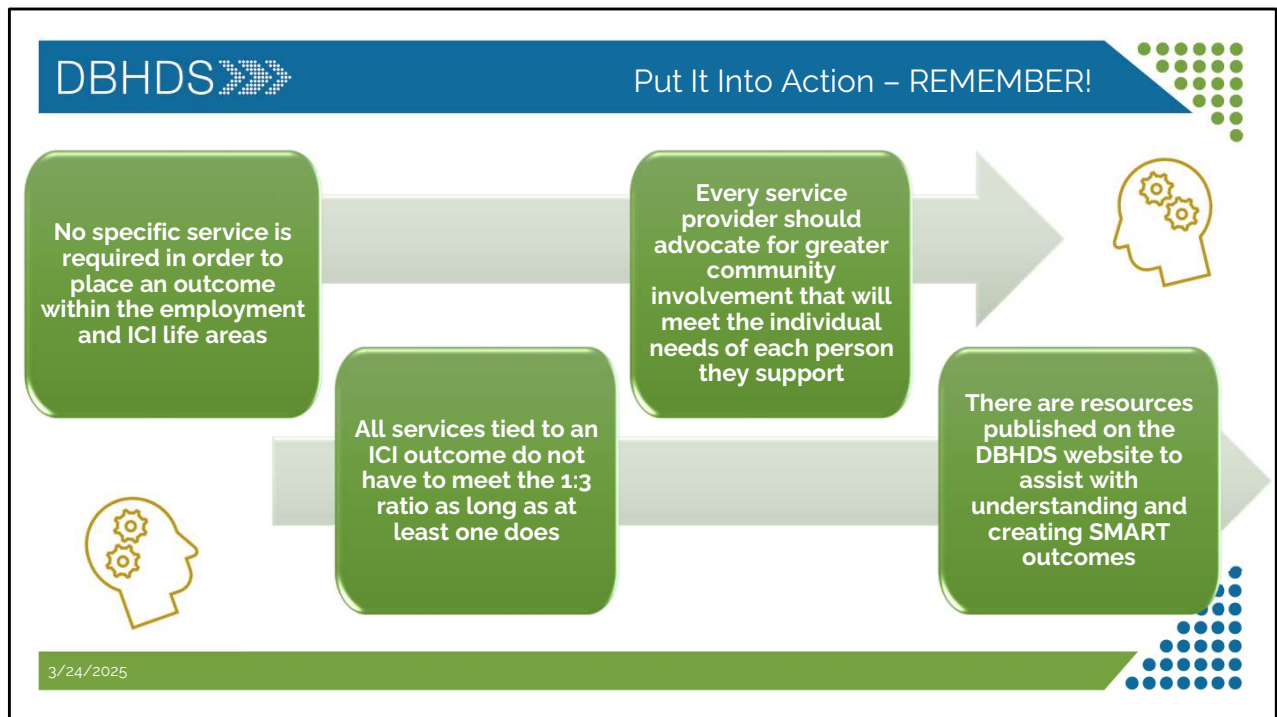
Gracie goes into her community weekly to spend time with her mother

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EXERCISE POSSIBLE RESPONSES:

These are some possible responses to the earlier slide. Specific details regarding ratios and services being provided would be written into key steps so that the outcome can be used for multiple providers or services.

REMINDER-All services do not have to meet 1:3 ratio to have ICI outcome.



PUT IT INTO ACTION!

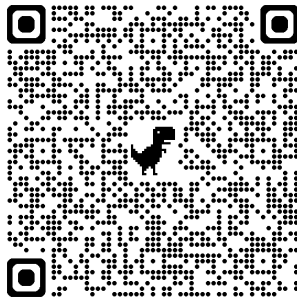
Now that you have a better understanding of creating outcomes within the Employment and Integrated Community Involvement life areas, strive to make sure that individuals are supported by advocating for outcomes that encourage their chosen level of interaction within their community!

Published resources on DBHDS are available for anyone in the community!

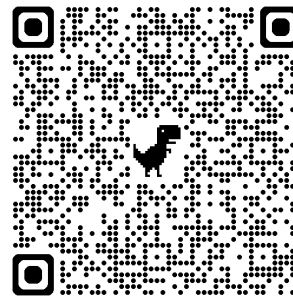
Be creative and work as a team to incorporate meaningful community involvement into the plans of the people you support!

Fact Sheets (QR Codes and links found earlier in presentation)

Using the SMART framework was described in the Nov. 2022 Provider Data Summary (p.24)



DD Waiver Chapter 4



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****VIDEO AUDIO WILL PAUSE MOMENTARILY TO PROVIDE TIME TO USE QR CODE***

Using the SMART framework was described in the Nov. 2022 Provider Data Summary (p.24)

[https://dbhds.virginia.gov/assets/Developmental-Services/provider-data/2023/18.1 18.3 18.5 Provider%20Data%20Summary%20Report%20Nov%202022%20Final%20\(4.26.23\).pdf](https://dbhds.virginia.gov/assets/Developmental-Services/provider-data/2023/18.1%2018.3%2018.5%20Provider%20Data%20Summary%20Report%20Nov%202022%20Final%20(4.26.23).pdf)

DD Waiver Chapter 4

[https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/DD%20Waiver%20Chapter%204%20%28updated%2011.1.22%29 Final.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/DD%20Waiver%20Chapter%204%20%28updated%2011.1.22%29%20Final.pdf)

<https://www.dbhds.virginia.gov/>

Department of Behavioral Health and Developmental Services
An official website of the Commonwealth of Virginia [Here's how you know](#) ▼

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Home Getting Help ▼ Offices ▼ About DBHDS

DIVISIONS

- Architectural & Engineering
- Office of Behavioral Health Wellness (OBHW)
- Child and Family Services
- Office of Management Services
- Developmental Services**
- Office of Budget and Financial Reporting
- Office of Forensic Services
- Office of SVP Services
- Health Equity

Human Resources

- Background Investigations Unit
- Office of Integrated Health
- Human Rights
- Office of Licensing
- Procurement
- Clinical and Quality Management
- Office of Recovery Services
- Substance Use Disorders
- Division of Crisis

Office of Provider Network Supports

The **Office of Provider Network Supports** focuses on developing providers who meet the needs of the Commonwealth. On this page, you will find resources for providers, including a list of providers, a list of providers, and a list of providers. You can also find resources for providers, including a list of providers, a list of providers, and a list of providers.

Quality Service Reviews

**You can also find many resources at this location related to Developmental Services which are not included in this presentation*

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Resources on previous slides are located on the Office of Provider Network Support (OPNS) webpage shown here along with many other resources not included in this presentation

ISP Guidance, Templates, and Training**PC ISP v4.0 Resources (2024)**

- [ISP v4.0 What's New](#)
- [ISP Parts I-IV – Maria \(sample plan\)](#)
- [ISP Part V – Maria \(sample plan\)](#)
- [Part V Template with Support Instructions ISP v4.0](#)
- [Quarterly Person Centered Review Word Template ISP v4.0](#)
- [Personal Preferences Tool for use with DMAS 97 A/B ISP v4.0](#)
- [Therapeutic Behavioral Consultation – WaMS ISP element recording](#)
- [WaMS ISP Parts I-IV Notes Version for Offline Use](#)

Additional ISP Resources

- [Person Centered ISP Guidance Document 2021](#)
- [ISP v3.3 Q&A \(includes ISP updates for Employment and Integrated Community Involvement\)](#)
- [ISP Training Resources](#)
- [Allowable Activities and Considerations for Developing Skill Building Activities](#)
- [Personal Assistance, Respite, and Companion- Modified Use of Part V in WaMS](#)
- [ISP Fact Sheet: Integrated Community Involvement](#)
- [ISP Life Area Cheat Sheet](#)
- [Electronic Home-based Services \(EHBS\) Optional Assessment Form](#)

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Once on the OPNS page, scroll down to the ISP Guidance, Templates, and Training section to locate the Fact Sheets along with LOTS of other resources made available to you!

For further questions regarding the information found in this presentation, please contact one of the following:

Lead Services Authorization Consultant
Community Resource Consultant – Systems
Community Resource Consultant – Providers
Regional Quality Improvement Specialist
Case Management Steering Committee – CMSC@DBHDS.Virginia.Gov

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If you have specific questions or situations you would like to discuss further regarding this presentation topic, please contact one of the following people.

Contact information for all regions can be found for these offices in the following locations:

DBHDS.Virginia.Gov – select OFFICES, then...

for Service Authorizations: Developmental Services – Waiver Services (SA Consultants)

for CRCs: Developmental Services – Office of Provider Network Supports (CRCs)

for QISs or RQCs: Clinical and Quality Management – Office of Community Quality Management – Regional Contacts



Alert Service Providers and Support Coordinators to resources that have previously been provided by DBHDS regarding outcomes and life areas



Further educate providers regarding the inclusion of employment and integrated community involvement outcomes into individual activities, regardless of having an employment or community engagement/coaching service authorization



Promote communication and understanding between individuals, families, service providers, support coordinators, and DBHDS offices regarding the employment and integrated community involvement life areas

How did we do? This presentation should have covered all three of the purposes stated at the beginning of the session.

The text "Thank you!" is rendered in a large, blue, 3D cursive font. The letters have a slight shadow and depth, giving them a three-dimensional appearance. The exclamation mark is also 3D and blue.

Please share this information with your coworkers and encourage them to participate in these sessions regarding outcomes and life areas!

Thank you to the Office of Provider Network Supports and the Office of Waiver Network Supports, specifically the Directors, CRCs and SA staff, the CMSC, RQC2 and RQC3 for working together to provide consistent information regarding this topic.