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MEANINGFUL COMMUNITY ACCESS AND SUPPORTS FOR PEOPLE RECEIVING HCBS

Trainer Manual

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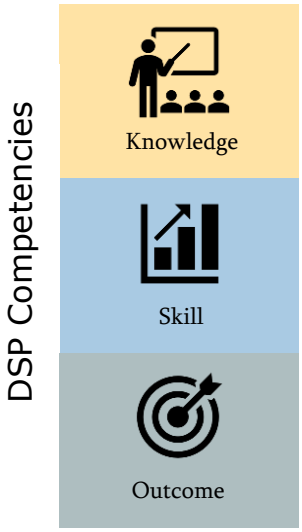
Competency-Based Training Requirements

The *Meaningful Community Access and Supports for People Receiving HCBS* waivers training is a competency-based training designed for direct support professionals (DSPs) who support HCBS recipients in residential and non-residential settings. This training will help DSPs understand (1) expectations for HCBS service delivery, (2) key knowledge and skills for increasing meaningful community access, and (3) instructional strategies for increasing meaningful community outcomes.

What are Competencies and Why Are They Important?

Competency-based training supports a DSP's development and growth which leads to higher job satisfaction and retention. Competency-based training also provides a framework for clear expectations of a DSP's roles and responsibilities during community-based activities. The competencies outlined for this training are observable and measurable knowledge and skills that focus on DSPs developing the knowledge and skills necessary for providing community-based instruction to HCBS recipients in residential and non-residential settings. The knowledge competencies are linked to information and principles that a DSP gains from formal training and hands-on experience. Knowledge competencies will be measured through a test. The skill competencies are performance-based and are measured by the DSP providing documentation to a supervisor for each skill area.



How to use the competencies.

The table below describes the stages of competence and descriptors for DSPs.

Level	Descriptors
Novice Stage	• **General description of knowledge/skills:** The DSP is not familiar with strategies to increase meaningful community access for people with disabilities. • **Ability to apply knowledge/skills:** The DSP needs clear instructions and hands-on assistance on how to meet the CBI competencies. • **Professional development:** The DSP needs direct instruction with targeted contextual examples, professional development activities that emphasize evidence-based practices, and instruction and TA with explicit and timely feedback.
Competent Stage	• **General description of knowledge/skills:** The DSP is familiar with strategies to increase meaningful community access for people with disabilities. • **Ability to apply knowledge/skills:** The DSP understands how specific activities contribute to improved outcomes for people with disabilities. The DSP follows consistent routines and procedures. • **Professional development:** The DSP needs targeted guidance (technical support) in applied situations on how to implement meaningful community-based activities. The competent DSP is "asked" not "told" how to implement meaningful community-based instructional activities.
Expert Stage	• **General description of knowledge/skills:** The DSP has extensive knowledge and strategies to increase meaningful community access for people with disabilities. • **Ability to apply knowledge/skills:** The DSP understands and can articulate to others information about legislation, the HCBS Settings Rule, and evidence-based instructional practices that promote meaningful community access. The DSP can also take this information and integrate it into their practices. The DSP can work autonomously and can supervise/mentor novice and competent staff. • **Professional development:** The DSP engages in ongoing professional development activities that are domain-specific. The DSP can teach others and seeks new knowledge related to meaningful community-based instruction.

Adapted from: Persky & Robinson (2017).

Entry-level DSPs with little prior experience in HCBS settings are in the novice stage. Competent DSPs are familiar with HCBS service delivery and implement outcome-focused HCBS services and supports. DSPs in the competent stage can work independently with some support from their supervisor. Expert DSPs have extensive knowledge and skills to provide HCBS services and are mentors to novice and competent DSPs.

DSPs who provide direct residential and non-residential supports should be at the competent stage. A competent DSP will meet the following requirements.

Knowledge competencies. There are 14 knowledge-based competencies for understanding key concepts for HCBS service delivery. DSPs who complete the training will be given a pre and post-test and must pass the test with 100%.

Skill competencies. There are 12 skill-based competencies. DSPs are expected to provide documentation to demonstrate mastery of specific skills outlined in the competency rubric. Documentation must be reviewed and signed off by an expert DSP (most likely a supervisor).

CBI Skill Documentation

S.1.1	Documentation that community-based skills and activities are connected to the strengths, interests, and preferences of the individual. Documentation can include information from a person-centered support plan (PCSP), preference assessments, and interviews.
S.1.2	Documentation includes meeting notes and/or signatures from a supervisor that the DSP is familiar with the HCBS recipient's PCSP goals and objectives.
S.2.1	Documentation of PCSP goals, conversations, and notes from formal observations.

	S.2.2	Documentation of community resource inventory that pinpoints locations, routes, and directions to community settings and resources that align with the strengths and interests of the HCBS recipient.
	S.2.3	Documentation that transportation options are explored with the HCBS recipient including public and private transportation, families, taxi/rideshare specialized accessible vehicles, and agency.
	S.2.4	The DSP independently completes the steps on the ecological inventory fidelity checklist.
	S.2.5	The DSP uses a task analysis to determine how target CBI tasks and activities are completed and independently completes the steps of the task analysis fidelity checklist.
	S.2.6	The DSP identifies the appropriate prompting strategy to teach the acquisition of community-based skills (completes the steps on the CTD or SLP fidelity check list).
	S.2.7	The DSP uses age-appropriate reinforcement strategies during community-based instructional trials (completes the steps on the CTD or SLP fidelity check list).
	S. 2.8	The DSP documents that baseline assessment was conducted and documents the controlling and non-controlling prompt (completes the steps on the CTD or SLP fidelity check list).
	S. 2.9	The DSP provides documentation about the data collection measure being used for CBI. (completes the steps on the CTD or SLP fidelity check list).
	S.2.10	The DSP uses appropriate fading strategies for each community-based instructional strategy (completes the steps on the CTD or SLP fidelity check list).

How to use the Fidelity Checklists.

Each fidelity checklist in Appendix C provides the steps and description for each community-based instructional component. For each instructional component, the DSP's direct supervisor must sign off that the DSP can independently complete each step. The supervisor should include notes and timelines for improvement for steps that the DSP is not independently performing.

Module A: Legislation and Background Information Supporting Community Access and Engagement

Module A provides information about the legislation and background information that supports the need for DSPs to facilitate community engagement of people with disabilities. Community access and engagement for people with disabilities is an important component of high-quality Home and Community-Based Services (HCBS) waivers for residential and day supports. Seven knowledge and two skill-based competencies are covered in Module A. These competencies include:

- K.1.1: The DSP understands the principle of normalization and social role valorization.
- K.1.2: The DSP can describe why the continuum of supports can limit community access for people with disabilities.
- K.1.3: The DSP can describe the Social Security Act and the Americans with Disabilities Act and how they influenced changes in disability access to community settings.
- K.1.4: The DSP can describe differences between integrated and segregated settings.
- K.1.5: The DSP can describe the HCBS Final Settings Rule.
- K.1.6: The DSP can describe HCBS quality indicators for residential and non-residential settings.
- K.1.7: The DSP understands the HCBS requirements for person-centered support plans.
- S.1.1: The DSP provides regular opportunities for residential and non-residential HCBS recipients to access the community based on the informed choice of the individual.
- S.1.2: The DSP regularly communicates with the supervisors to review and understand the HCBS recipient's person-centered support plan.

Background on Disability Supports

Specific factors such as legislation and consumer advocacy created a larger emphasis on increasing community access and engagement for people with disabilities (PWDs). Despite what we know about supporting people with disabilities in a variety of home, educational, work, and community settings, people with disabilities have not always had the same opportunities to participate in these settings as their same-aged peers. When discussing community access for PWDs, it is important to describe the traditional continuum of supports and the limits this model places on people with disabilities receiving disability supports.

Knowledge Competency

This section addresses K.1.1:

- *The DSP understands the principle of normalization and social role valorization.*

People with disabilities were often placed in large state-run, congregate institutions on the basis that they could neither be "fixed" nor "cured". According to McDonnell, et al., 2003, the institutional paradigm was primarily based on three common misconceptions listed in Figure 1.1.

Figure 1.1.
Misconceptions about People with Disabilities

Institutions typically did not provide people with disabilities access to the community, instruction, or support on fundamental skills for independent living. Many advocates and policymakers viewed the conditions in these institutions as deplorable and believed that the placement of people with disabilities in institutions was dehumanizing. A major paradigm shift began to occur in the late 1960s and early 1970s. At that time, advocates for people with disabilities began to look for alternatives to segregated, institutional placements. The catalyst for this change was the principle of normalization (Nirje, 1969). Nirje defined normalization as:

"Normalization means a normal rhythm of day for the retarded. It means getting out of bed and getting dressed even when you are profoundly retarded and physically disabled. It means eating under normal circumstances: sometimes during the span of the day, you may eat in large groups, but mostly eating is a family situation which implies rest,

Group Activity 1.1

Break into small groups and discuss ways in which you facilitate the principle of normalization with the people with disabilities you support.

harmony, and satisfaction. A normal daily rhythm also means not having to go to bed earlier than your peers because you are mentally retarded, not earlier than your sisters and brothers, or not to early because of lack of personnel… It is wrong when a retarded person, for example has his training classes, his structured therapies, and his recreation activities in the same building that serves also as his home."

To achieve the principle of normalization, Nirje contended that people with disabilities need to be supported in a way that mirrors people without disabilities. Therefore, people with disabilities should not receive educational services, structured therapies, and recreation opportunities in the same building that serves as their home. In essence, the normalization principle reflects three major themes that have influenced disability policy: equality, quality of life, and human rights. Each of these themes is described in Figure 1.2.

Figure 1.2.
Principle of Normalization Themes

Wolfensberger (2000) expanded the definition of normalization by discussing the idea of "social role valorization" (SRV). SRV examines the social impact that the roles we play in society have on our position, standing, and opportunities in the community. Simply put, SRV posits that people who fill roles in society that are valued by society typically have access to and support from their communities. People who fill roles that are devalued by others will typically not be supported by their communities. This theory is important because community access and engagement are valued components of our society; when people with disabilities don't meaningfully engage in their communities, they may be devalued.

Continuum of Support/Flow-Through Model

As services moved from institutional-like settings to smaller residential and day settings, disability services developed a framework to provide supports to PWD. This framework used developmental milestones of the person with a disability to determine the extent to which people with disabilities should be included in community settings. The framework used a medical approach to disability that assumed that disability needs to be "fixed" or "cured" before people, especially those with more significant disabilities, can engage in the community. As a result, disability services developed and primarily used a hierarchy of services known as a "flow-through"

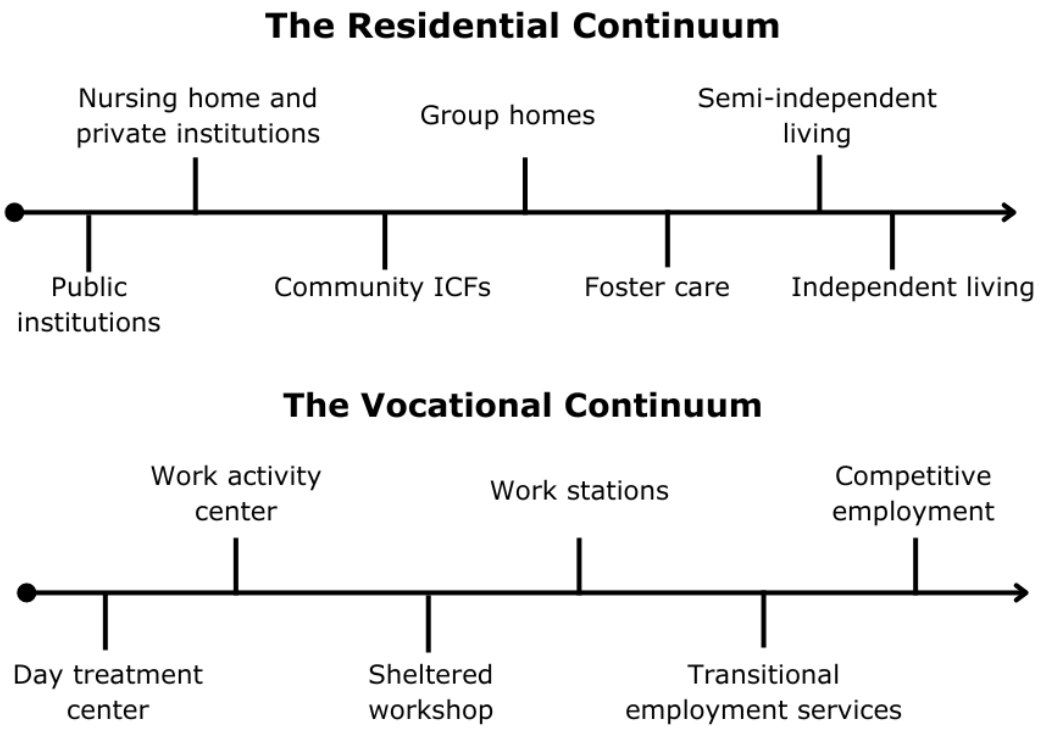
Knowledge Competency

This section addresses K.1.2:

- *The DSP can describe why the continuum of supports can limit community access for people with disabilities.*

or "continuum of supports." This approach was designed to teach people with significant disabilities prevocational skills that lead to employment and residential skills (Riesen, 2010). To achieve this goal, individuals received service in a variety of facility or community settings as illustrated in Figure 1.3. For example, in the employment continuum, people are placed in a variety of settings based on the achievement of certain developmental milestones. The continuum of placements includes day programs, work activity centers, sheltered workshops, and transitional employment. Movement in the continuum is based on the ability of the person with a disability to perform prevocational skills.

Figure 1.3.
Illustration of the Continuum of Supports Adapted from Taylor (1988)



Once a person demonstrates that he or she possesses certain prevocational skills, they can transition to a less restrictive setting. Unfortunately, the skills that are often taught in these settings are simulated and do not resemble actual community-

based jobs. Consequently, the person may learn a prevocational skill that they will not be able to generalize to an actual employment setting. This training approach does not necessarily prepare people with disabilities for the demands of community-based employment because research has shown that people with severe disabilities need to be provided instruction and support in the actual performance environments (Horner, McDonnell, & Bellamy, 1986; Westling & Fox, 2000). In addition, the development of social skills is also impeded when people with disabilities are placed in sheltered programs because they have less exposure to real-life social interactions. Finally, one of the greatest shortcomings of facility-based programs is that few people move from these settings to inclusive employment. Research has shown that once a person with a disability is placed in a sheltered setting, their chances of transitioning to inclusive employment are near zero (Zivolich, 1991).

Legislation Supporting Community Access for HCBS Recipients

There are approximately 3 million people in the United States who receive Medicaid Home and Community-Based Services (HCBS) with a combined Fiscal Year (FY) 2020 state and federal funding of $116 billion (O'Malley Watts, Musumeci, & Ammula, 2022). The Utah Department of Health & Human Services reported that there were 6,348 Utah individuals on a Medicaid 1915(c) HCBS waiver; people with intellectual disabilities represented 77% of these waiver recipients. HCBS waivers were conceptualized to provide a pathway to community integration for people with disabilities who traditionally received services in restrictive, institutional settings. While HCBS waivers have existed since 1981, the intent of these waivers has not been

fully achieved. That is, some HCBS waiver recipients continue to have little choice in the supports and services they receive and do not have meaningful access to integration in community settings and activities.

Knowledge Competency

This section addresses:

- *K.1.3: The DSP can describe the Social Security Act and the Americans with Disabilities Act and how they influenced changes in disability access to community settings.*
- *K1.4: The DSP can describe differences between integrated and segregated settings.*

Advocacy groups, researchers, and policymakers recognized this disparity and worked to improve meaningful integrated outcomes for people with disabilities for years. The 2014 HCBS Final Settings Rule represents a culmination of advocacy, legislation, and policy-making efforts. It is important to note that the Final Settings Rule is a progression and continuation of the values and ideas distilled in early legislation. Therefore, HCBS providers, parents, and others who are involved in supporting people with disabilities should have a basic understanding of key pieces of legislation. This legislation not only influenced the Final Settings Rule but is used to fund services and supports for meaningful community integration.

Social Security Act

Section 1915(c) of the Social Security Act of 1935, as amended, authorizes the Medicaid HCBS waiver program. Section 1915(c) was created as part of the 1981 amendments to the Social Security Act. Before this amendment, the Medicaid

program, which was created in 1965, provided little in the way of coverage for long-term services and supports in the community but offered full coverage for institutional care. This discrepancy was often referred to as the Medicaid "*institutional bias.*"

HCBS waivers were specifically created to address this institutional bias so that Medicaid programs could provide coverage for services in homes and communities and were adopted by states in the early 1980s. These waivers afforded more opportunities to engage in meaningful residential and non-residential settings that were less restrictive and complemented the regular services that are available through the Medicaid state plan. A Medicaid waiver waives certain statutory requirements, like requiring services to be provided in an institutional setting, so a state offers Medicaid beneficiaries the option of receiving services in their home and community. The Center for Medicare and Medicaid Services (CMS, 2019) gave states tremendous flexibility in designing the waiver. CMS specified various options for flexibility, some of which included (1) determining the target group(s) of Medicaid beneficiaries who are served through the waiver, (2) specifying the services that are furnished to support waiver participants in the community, (3) incorporating opportunities for participants to direct and manage their services, and (4) determining the qualifications of waiver providers.

The Americans with Disabilities Act

> "Historically, society has tended to isolate and segregate individuals with disabilities, and despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem" (42 U.S.C § 12102 (a)(2)).

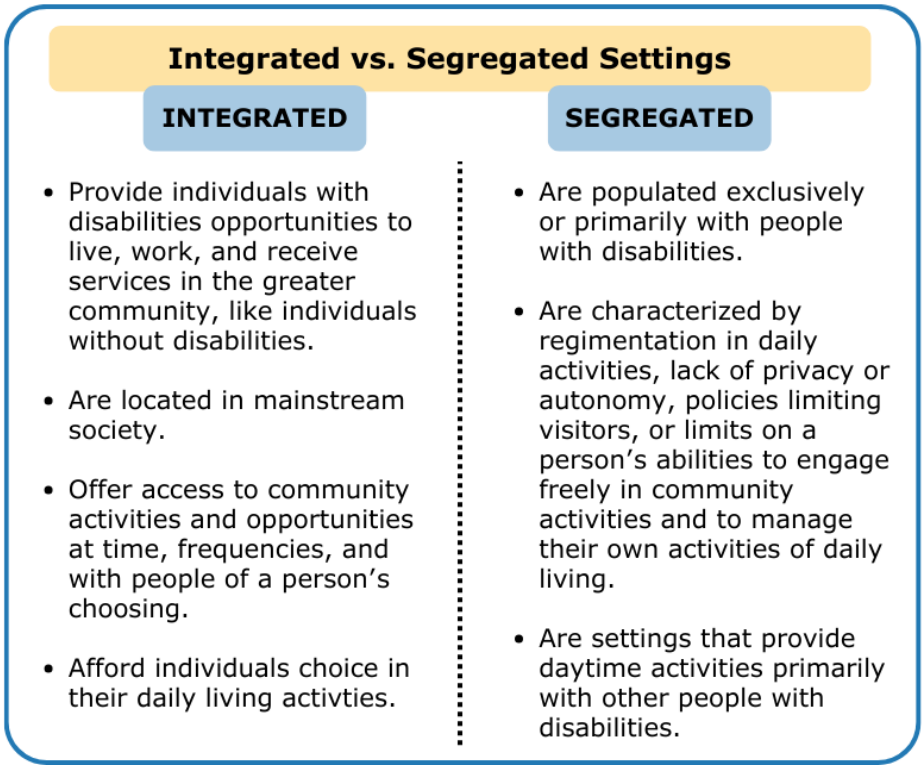
The Americans with Disabilities Act (ADA) was signed into law in 1990 and amended in 2008. This landmark legislation guarantees important civil rights for people with disabilities and ensures that people with disabilities have equal opportunities for access and employment. The ADA extends the civil rights, non-discrimination mandate of section 504 of the Rehabilitation Act to private employers and organizations that do not receive financial assistance. In the ADA's findings, Congress stated that people with disabilities continue to face forms of discrimination and isolation based on their disability. The broader protections outlined in the five titles of the ADA prohibit discrimination against people with disabilities in employment, public services, public accommodations, transportation, and telecommunications. Professionals, parents, and people with disabilities should also understand the Title II integration mandate. The mandate states: "a public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities" (28 C.F.R. § 35.103(d)). The integration mandate influenced the way programs and services are provided to people with disabilities and it enables people with

disabilities to interact with persons without disabilities to the fullest extent possible. Figure 1.4 provides information about how the U.S. Department of Justice (2011) defines integrated and segregated settings under the ADA.

HCBS Settings Rule

The Center for Medicare and Medicaid Services (CMS) issued the Home and Community-Based Waiver Services Final Settings Rule (CMS2249-F/2296-F) in 2014. The Final Settings Rule was designed to enhance the quality of HCBS programs and increase opportunities for people with disabilities to have meaningful access to integrated community settings. According to the CMS, the Final Settings Rule requirements establish an outcome-oriented definition that focuses on both the nature and quality of a person's experience. As such, the settings requirements are designed to maximize opportunities for people with disabilities to have access to the benefits of community living and the opportunity to receive services in the most

Figure 1.4.
U.S. Department of Justice Definition of Integrated and Segregated Services



integrated setting.

Knowledge Competency

This section addresses K.1.5:

- *The DSP can describe the HCBS Final Settings Rule.*

The Final Settings Rule required states to develop a transformation process to meet these new requirements and states. As of March 2023, states are required to be in compliance with the final settings rule. One of the challenges of meeting these requirements, however, is ensuring that provisions set forth by the Final Settings Rule promote meaningful access to the integrated community (Friedman & Spassiani, 2017). That is, services and supports need to be designed to ensure that people with disabilities are not simply physically relocated to the community but rather access to community settings is individualized and supports a full range of meaningful options. Unfortunately, many PWDs and their families do not fully understand the complete impact of the Final Settings Rule and provider organizations are struggling to understand and implement the required changes (Friedman, 2018). Given these challenges, it is increasingly important for people with disabilities, family members, and provider organizations to understand how to develop supports and services that meet the regulatory intent of the Final Settings Rule.

Group Activity 1.2

Break into small groups and discuss ways in which you are meeting the requirements of the Final Settings Rule.

Quality Indicators

Knowledge Competency

This section addresses K.1.6:

- *The DSP can describe HCBS quality indicators for residential and non-residential settings.*

Skill Competency

This section addresses S.1.1:

- *The DSP provides regular opportunities for residential and non-residential HCBS recipients to access the community based on informed choice of the individual.*

The Final Settings Rule promulgated specific regulatory changes designed to ensure that people receiving Medicaid-funded HCBS are provided with opportunities to have meaningful community integration and choice. Specifically, as outlined in Section 441.301 (c)(4) any residential or non-residential setting where people live or receive HCBS must have the five qualities outlined by CMS. These indicators include:

1. The setting is integrated in and supports the full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HBCS.

2. The setting is selected by the individual form among setting options, including non-disability specific settings and an option for a private unit in a residential setting.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. The setting optimizes individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. The setting facilitates individual choice regarding services and supports, and who supports them.

HCBS Final Settings Rule: Implications for Residential and Day Programs

The Final Settings Rule is designed to ensure that the HCBS recipients are provided with opportunities to have meaningful community integration and choice. The Settings Rule requirement is important because research suggests that while people with disabilities are physically located in the community, they are not meaningfully integrated and engaging in the full range of community options (Cullen et al. 1995). Figures 1.5 and 1.6 outline considerations for service providers for integration and engagement in the community.

Figure 1.5.

Considerations When Developing Services & Supports for Residential Providers

- **Do individuals come and go at will? Is there a curfew or other requirements for a scheduled return to the setting?**
- **Do individuals in the setting have access to public transportation? Are there bus stops nearby or are taxis available in the area? In an accessible van available to transport individuals to appointments, shopping, etc.? Are bus and other public transportation schedules and telephone numbers posted in a convenient location?**
- **Does the individual work in an integrated community setting? If the individual would like to work, are there activities which ensures the option is pursued?**
- **Does the individual participate regularly in meaningful nonwork activities in integrated community settings for the period of time desired by the individual?**
- **Is the setting based in a location that facilitates integration within the greater community including access to restaurants, businesses, and other residential areas? The settings should NOT be located in a facility that provides inpatient treatment or is adjacent to a public institution.**

Figure 1.6.

Considerations When Developing Services & Supports for Non-Residential Providers

- **Does the setting provide opportunities for regular meaningful non-work?**
- **Do individuals in the setting have access to public transportation? Are there bus stops nearby or are taxis available in the area? In an accessible van available to transport individuals to appointments, shopping, etc.? Are bus and other public transportation schedules and telephone numbers posted in a convenient location?**
- **Does the individual work in an integrated community setting? If the individual would like to work, are there activities which ensures the option is pursued?**
- **Does the individual participate regularly in meaningful nonwork activities in integrated community settings for the period of time desired by the individual?**
- **Is the setting based in a location that facilitates integration within the greater community including access to restaurants, businesses, and other residential areas? The settings should NOT be located in a facility that provides inpatient treatment or is adjacent to a public institution.**

Person-Centered Planning

Knowledge Competency

This section addresses K.1.7:

- *The DSP understands the HCBS requirements for person-centered support plans.*

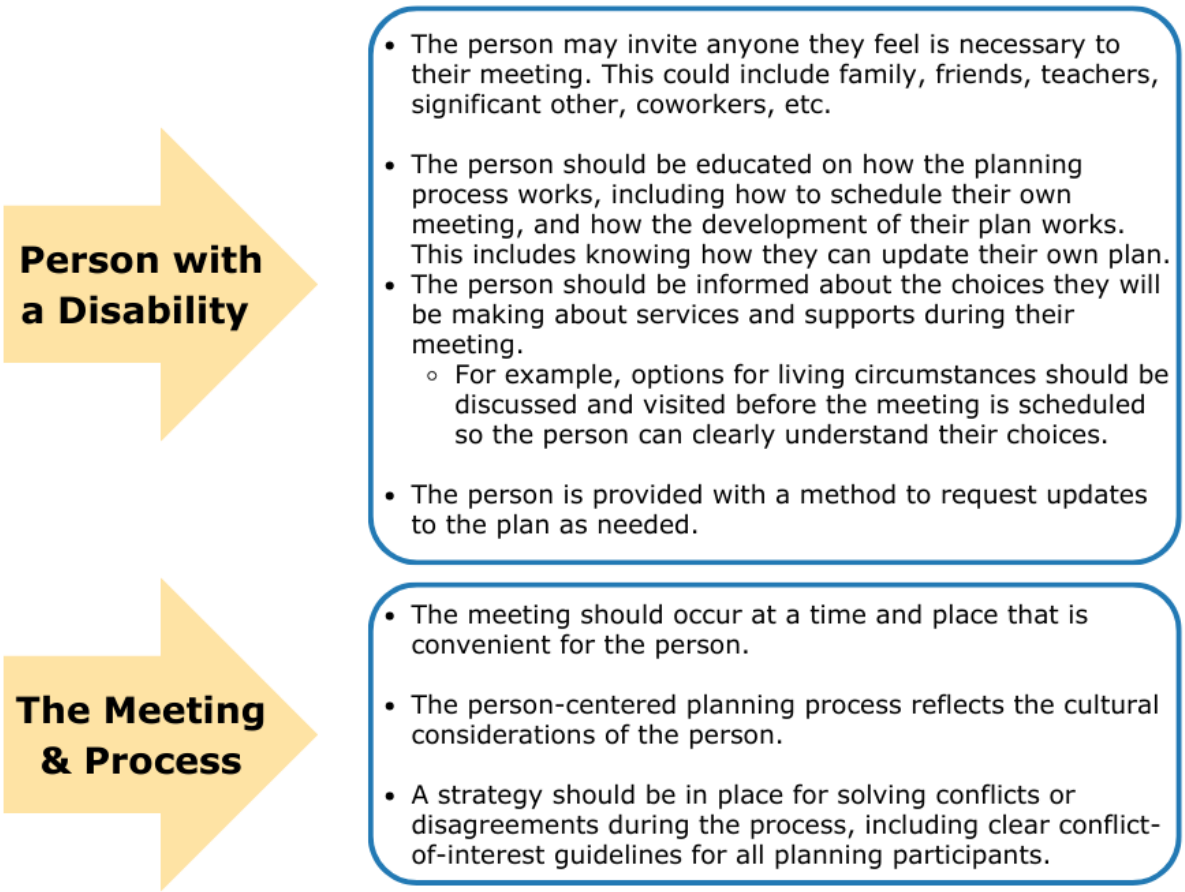
The HCBS Final Settings Rule reinforces the idea that person-centered planning is directly linked to positive community outcomes for HCBS recipients. Person-centered planning (PCP) should be a primary strategy that assists HCBS recipients with accessing meaningful, integrated settings and achieving valued outcomes such as competitive integrated employment. PCP emerged in the 1980s as a strategy to understand and discover how a person with a disability would like to live his or her life and to determine what supports are needed to help the person achieve their goals (O'Brien, O'Brien, & Mount, 1997). At a PCP meeting, a person-centered support plan (PCSP) will be developed.

The PCSP should reflect the individual's strengths, preferences, goals, and desired outcomes. The PCSP will also discuss what services and supports are needed for the person with a disability to achieve their goals, cover any necessary risk factors, and should be distributed to people involved in the plan. Several requirements for the PCP process and the person-centered support plan are outlined in the CMS Home and Community-Based Services Waiver Requirements. Each of these requirements is shown in Figure 1.7. The HCBS requirements also stipulate that each person-centered support plan should be reviewed and revised upon

reassessment of functional needs at least every 12 months or when the person's circumstances or needs change significantly, or at the request of the person (42 CFR 441.301(c)(1), et seq.).

Figure 1.7.

HCBS Waiver Requirements for Person-Centered Planning



When facilitating the person-centered planning process, steps must be taken to ensure the person with a disability leads the person-centered planning process, unless state law confers decision-making authority to a legal representative (42 CFR 441.201(c)(1)). Regardless of who has decision-making authority, the person-centered planning process should be driven by the person receiving HCBS services to the maximum extent possible so that the HCBS recipient achieves person-centered outcomes in the most integrated setting. The waiver requirements state that those who provide HCBS, or those who have an interest in or are employed by a provider of HCBS for the person, **must not provide case management or develop the**

person-centered service plan, except when the State demonstrates the only willing and qualified entity to provide case management and/or develop person-centered plans in a geographic area also provides HCBS. The HCBS waiver requirements also stipulate that the person-centered process should include several important elements which are discussed in Table 1.2.

It is important to note that while a DSP may not be directly involved in the development of the PCSP, DSPs should communicate regularly with the direct supervisor to review and understand elements of a plan created for the individual with a disability whom the DSP supports. Regular check-ins should occur to discuss progress meeting goals or any concerns the DSP has with implementing CBI that aligns with the support plan.

Skill Competency

This section addresses S.1.2:

- *The DSP regularly communicates with the supervisors to review and understand the HCBS recipient's person-center support plan.*

Table 1.2

HCBS Waiver Requirements

Item	Requirement
1	The written plan must reflect that the setting in which the person resides is chosen by the person. The State must ensure that the setting chosen by the person is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as people not receiving Medicaid HCBS.

Table 1.2 Continued

Item	Requirement
2	The written plan must reflect the person's strengths and preferences.
3	The written plan must reflect clinical and support needs as identified through an assessment of functional needs.
4	The written plan must include individually identified goals and desired outcomes.
5	The written plan must reflect the services and supports (paid and unpaid) that will assist the person to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.
6	The written plan must reflect risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed.
7	The written plan must be understandable to the person receiving services and supports, and the people important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited to English proficient.
8	The written plan must identify the person and/or entity responsible for monitoring the plan.
9	The written plan must be finalized and agreed to, with the informed consent of the person in writing, and signed by all people and providers responsible for its implementation.
10	The written plan must be distributed to the person and other people involved in the plan.

Table 1.2 Continued

Item	Requirement
11	The written plan must include those services, the purpose or control of which the person elects to self-direct.
12	The written plan must prevent the provision of unnecessary or inappropriate services and supports.
13	The written plan must document that any modification of the additional conditions must be supported by a specific assessed need and justified in the person-centered service plan.

Person-Centered Thinking

Person-centered thinking (PCT) is a philosophical approach and a set of values or tools a person has when talking or writing about, thinking about, and providing services to individuals (NCAPPS, n.d.). People who use PCT in their work and lives value an individual's lived experience, preferences, culture, way of thinking, and decisions they make. They are respectful of differences of opinions, believe that it's important to support not only what's important *for* a person but what's important *to* them, and strive to understand what's working and what's not working for a person (Helen Sanderson HSA, 2009). Having the values of PCT is critical when providing services to individuals both with and without disabilities.

Module A Summary and Key Takeaways

Module A outlined the legislation that supports meaningful community access for people with disabilities. HCBS waivers play an important role in community engagement. HCBS waiver providers must take steps to ensure that waiver recipients are provided with services and supports that meet the Final Settings Rule. All HCBS providers were required to meet the final settings rule in March 2023.

Key takeaways:

- The continuum of supports or flow-through framework can restrict access to meaningful community and work settings.
- Legislation including the ADA and Social Security Act has evolved to support meaningful access to the community for people with disabilities.
- The Medicaid HCBS Final Settings Rule requires that HCBS service recipients have the opportunity to fully participate in the community.

Module B: Overview of Community-Based Instruction and Supports

Module B delivers an overview of community-based instruction and support. The module provides information about quality of life, functional skills, and how to align CBI to a person's PCSP. Four knowledge competencies are covered in this module. These competencies include:

- K.2.1: The DSP describes the quality-of-life framework to support HCBS recipients.
- K.2.2: The DSP describes natural supports and how to use them during community-based instruction.
- K.2.3: The DSP aligns community-based instruction with the recipient's person-centered support plan.
- K.2.4: The DSP can describe types of functional skills that can be taught in community settings.
- K.2.5: The DSP describes the differences between CBI and general activities and outings.

Quality of Life

Knowledge Competency

This section addresses K.2.1:

- *The DSP describes the quality-of-life framework to support HCBS recipients.*

Quality of life (QOL) refers to how well a person's life is going and if they are satisfied with their life. Below is an outline of the quality-of-life framework described by Schalock, et al. (2002). DSPs should consider this framework when providing instruction to teach functional skills and developing supports to maximize community access. Continually using the QOL framework is important because people with disabilities are traditionally marginalized and experience higher levels of segregation and isolation from peers without disabilities (Wilson et al., 2017). Quality of Life is:

- Composed of the same factors and relationships for people with intellectual disabilities that are important to those without disabilities.
- Experienced when a person's needs and wants are met and when one has the opportunity to pursue life enrichment in major life settings.
- Primarily the perception of the individual that reflects the quality of life they experience.
- Based on individuals' needs, choices, and control.
- A multidimensional construct influenced by personal and environmental factors, such as relationships, work, place of housing, education, health, and the state of one's country.

Storey (2022) outlines specific QOL measures that DSPs can use when planning to support people with disabilities to

meaningfully engage in their homes and communities. Storey's measures of quality of life are summarized below:

Physical well-being. Physical well-being includes, but is not limited to, nutrition, fitness, and personal safety. DSPs should consider these factors when referencing the physical well-being quality of life measure. For example, a person with a disability, with the support of their DSP, may decide to plan nutritious lunches they can take to work.

Material well-being. Material well-being includes wealth-ownership and housing quality. DSPs should consider these factors when referencing the material well-being quality of life measure. For example, a DSP may decide with the person they support to label food the person with a disability owns so their roommate doesn't eat it.

Social well-being. Social well-being includes interpersonal relationships, social support networks, and community involvement. DSPs should consider these factors when referencing the social well-being quality of life measure. For example, a DSP may talk with the person they support and decide together that the person with a disability will attend a pottery class with their friend.

Productive well-being. Productive well-being includes, but is not limited to, personal development, choice and control, and employment. DSPs should consider these factors when referencing the productive well-being quality of life measure. For example, a person with a disability, with the support of their DSP, will choose their schedule for the day.

Emotional well-being. Emotional well-being includes, but is not limited to, life satisfaction, religious belief, and self-esteem. DSPs should consider these factors when referencing the emotional well-being quality of life measure. For example, a person with a disability, with the support of their DSP, may decide that they will attend the church service of their choice.

Group Activity 2.1

Break into small groups and discuss ways you are currently helping the people you support to achieve a higher quality of life.

Civic well-being. Civic well-being includes, but is not limited to, privacy, protection under the law, and voting rights. DSPs should consider these factors when referencing the civic well-being quality of life measure. For example, a DSP may talk with the person they support and recognize that the person needs help registering to vote.

Improvement of Quality of Life

Because of societal changes, the lifespan of people with disabilities has increased. Older adults with disabilities have reported a higher quality of life when they have meaningful relationships, social roles, and control over their lives (Friedman, 2019). In addition, people with disabilities report more frequent participation in the community when employed. Employment leads to more choice and control, provides a livelihood, and opportunities for social networking. Social support has proven to have a positive psychological impact on those with disabilities. Relationships provide resources, information and advice, emotional comfort, and distraction from stress (Blick et al., 2016; Silverman et al., 2017; Soresi et al., 2011).

Sheth et al. (2019) found that community living leads to a higher quality of life for people who previously lived in institutions and transitioned to living in the community. Sheth and colleagues outline four specific areas of life to determine if community living improved quality of life, including:

1. Living situation: People with disabilities who transitioned to community settings were over 14 times more likely to

enjoy where they lived in the community than in an institution. They were almost twice as likely to feel safer living in the community. People responded that they had more involvement in choosing their community living situation and getting more undisturbed sleep.

2. Choice and control: People with disabilities who transitioned to community settings had significantly more choice and control in daily activities and routines in the community. These people were 20 times more likely to be able to choose who provided the help if they needed assistance in daily living skills. In addition, people living in the community had greater opportunities to express choice when it came to when to eat, what to eat, when to be alone, when to go to bed, when to watch TV, and what to watch on TV.
3. Dignity, respect, and access to personal care: People with disabilities who transitioned to community settings and needed help with daily living skills explained that they had better experiences with caregivers treating them with respect and listening to their needs in the community. People living in the community also had increased access to hygiene and medication.
4. Community integration and inclusion: People with disabilities who transitioned to community settings reported higher rates of community integration and inclusion. People were over twice as likely to be able to leave their homes without having to pre-plan a community activity. There were higher rates of seeing family and friends, accessing errands or work activities, and attending leisure events.

Participation in the Community

As mentioned above, community participation is a critical component of QOL measures. The American Association on Intellectual and Developmental Disabilities (AAIDD, 2000) identifies participation as one of the five domains of life that influence human functioning. AAIDD refers to participation as the performance of people in actual activities in social life domains, including home living, work, education, leisure, spiritual, and cultural activities. In addition to participation, AAIDD recognizes intellectual abilities (i.e., general mental ability, such as planning, problem-solving, and comprehending ideas), adaptive behavior (i.e., conceptual, social, and practical skills people do in their everyday lives), health (i.e., the overall state of one's physical, mental, and social well-being), and context (i.e., the interrelated conditions within which people live their everyday lives, such as their families, communities, and cultures) as the remaining domain that influences human functioning. Research suggests that community participation has been linked to positive health and well-being (Dean et al., 2016). Participation emphasizes community inclusion and personal self-determination. People with disabilities who experience inclusion and support are more likely to participate successfully in the community (Soresi et al., 2011). Research suggests people with disabilities experienced a significant increase in participation in community integrated activities when they were simply present in the community; an additional increase was found when people with disabilities actively participated in the community (Thorn et al., 2009). Additionally, teaching skills to people with disabilities in community settings promotes learning, generalization, and maintenance of skills (Gilson et al., 2017).

Natural Supports

Knowledge Competency

This section addresses K.2.2:

- *The DSP describes natural supports and how to use them during community-based instruction.*

The use of natural supports allows for continued access to the community for people with disabilities. Direct support professionals (DSPs) can help people with disabilities gain natural supports through CBI. Some considerations for creating natural supports include:

- Discuss the idea of developing natural supports with the client.
- Is the person comfortable using natural supports?
- Explain to the natural support his or her role which emphasizes guiding and supporting; not completing any tasks or skills for the person.
- Look for both formal and informal opportunities.

Types of natural supports outlined by Trach and Mayal (1997) are provided below:

Community supports. Regardless of whether you live in a rural or urban area, the community has a support system available to all people. For people living in urban areas, the community may offer services such as public transportation systems, YMCA programs, and formal disability-specific advocacy groups. For people living in more rural locations, community support systems may include fewer formal programs like Rotary clubs, church groups, and 'tight knit' community relationships. Regardless of the types and availability of support in different communities, each will have a unique way of supporting the

citizens within it. A DSP needs to carefully consider what the particular community has to offer and ensure the people with whom they work have access to these types of supports.

> Natural supports allow for the ordinary cues that exist in the environment to help people know what to do. For example, a person can use natural supports to understand that when someone smiles and says "hello," they should respond with a greeting (Causton-Theoharris, 2009).

Organizational supports. Many routines within a person's life may fall outside of a trained skill but are nonetheless essential for community participation. Organizational supports allow for a person to receive assistance in preparing for and organizing activities in the community. These may include an alarm clock, a bus schedule, an electronic device, or knowing the layout of a grocery store.

Physical supports. Consideration of the design and function of physical objects and equipment in a setting is an important step to ensuring the success of the person in their community. Are aisles wide enough for a wheelchair to pass through? If an item is out of reach for the person, is it possible to use a reaching tool or ask for assistance? Will the lighting, or lack thereof, be an issue for the person? Consideration of a person's individual needs, paired with the physical environment, can begin during instruction and continue as issues arise.

Social supports. Ongoing interaction with others in a person's community is vital to meaningful community participation. When considering social supports in a community setting it's essential to allow a person to decide whom they are interacting with and where they are interacting. When a person likes what they are doing and whom they are doing it with, they are more likely to successfully engage in their communities. Unfortunately, this can also be one of the most difficult support

systems for PWDs to establish. DSPs must consider the ongoing routines of others (i.e. when people frequent bars or cafes) to ensure that a person is included in these activities.

Service supports. Accessing professional and non-professional disability-related services is a crucial part of achieving quality community participation for people with disabilities. However, these services can be hard to access and people with disabilities may not even know they exist or understand what services they provide. Because of these issues, the DSP must be knowledgeable about various programs (e.g., flex transit, independent living centers, etc.) to help a person make decisions about potential supports and how to access them. DSPs must keep up to date on this information by continuing to receive additional training provided by local and state agencies and independently seeking out information from reputable sources (i.e. professional organizations, institutions of higher education, and disability advocacy groups).

The Dignity of Risk

> "Do not teach me to be obedient, submissive, and polite. I need to feel entitled to say 'no' if I am to protect myself." (Kunc and Van der Klift, 1995).

The Center for Medicaid Services (CMS) defines the dignity of risk as, "the idea that self-determination and the right to take reasonable risks are essential for dignity and self-esteem…" (2019). A dignity of risk framework requires a DSP to not impede a person with a disability's choice-making process based on what the DSP believes is right to promote health and wellness for the person with a disability. For people with disabilities to fully participate in the dignity of risk, they should be afforded the opportunity to make informed choices even if these choices have negative consequences. Making choices that have the potential

for negative consequences is important because experiencing negative consequences is one way people learn. DSPs must take steps to balance their duty of care to provide a safe environment while allowing a person with a disability to take risks. From a CBI perspective, risk may include rock climbing at an indoor gym, where there is a potential to fall, or having and carrying a debit card, where there is a risk of losing the card.

What is Community-Based Instruction?

Community-based instruction (CBI) is used to support youth and young adults receiving special education and related services to engage in the community. CBI provides people with disabilities the opportunity to learn specific skills needed to meaningfully engage in the community. These skills are taught at regularly occurring intervals and ongoing data collection and assessment are used to determine the person's progress toward learning the skill and becoming independent (Hopkins & Dymond, 2020). Providing instruction in applied community settings is important because people, especially those with more extensive support needs, often have difficulty generalizing tasks. People with disabilities who require any amount of support can gain

Knowledge Competency

This section addresses K.2.3:

- *The DSP aligns community-based instruction with the recipient's person-centered support plan.*

Generalization occurs when a person engages in a community skill or task in trained and untrained environments. For example, if a person learns to use an ATM at the bank, he can also use an ATM at a hotel.

independence and generalization of skills across many settings with the use of CBI and corresponding support. The process of CBI should be continuous, sequential, interactive, and instructive. Each step of CBI should teach functional skills that align with a person's goals, as outlined in the PCSP (Beakley et al., 2003). DSPs can use CBI and corresponding supports to ensure that HCBS recipients have meaningful access to their communities.

Functional Skills

Knowledge Competency

This section addresses K.2.4:

- *The DSP can describe types of functional skills that can be taught in community settings.*

Functional skills are skills needed to independently engage in a variety of school, employment, residential, community living, and recreational/leisure settings. Functional skills should have immediate utility for the person and should be identified based on information obtained during the person-centered planning process. For example, if a person with a disability living in a residential setting expresses interest in grocery shopping and cooking, functional skills to support these interests include, (a) learning to ride the bus to the grocery store, (b) learning to shop for groceries, and (c) learning to cook meals. DSPs should consider four major types of skills taught in the community for CBI (Storey, 2022). Refer to Table 2.1 for examples of the skill types as adapted from Storey (2022).

Table 2.1

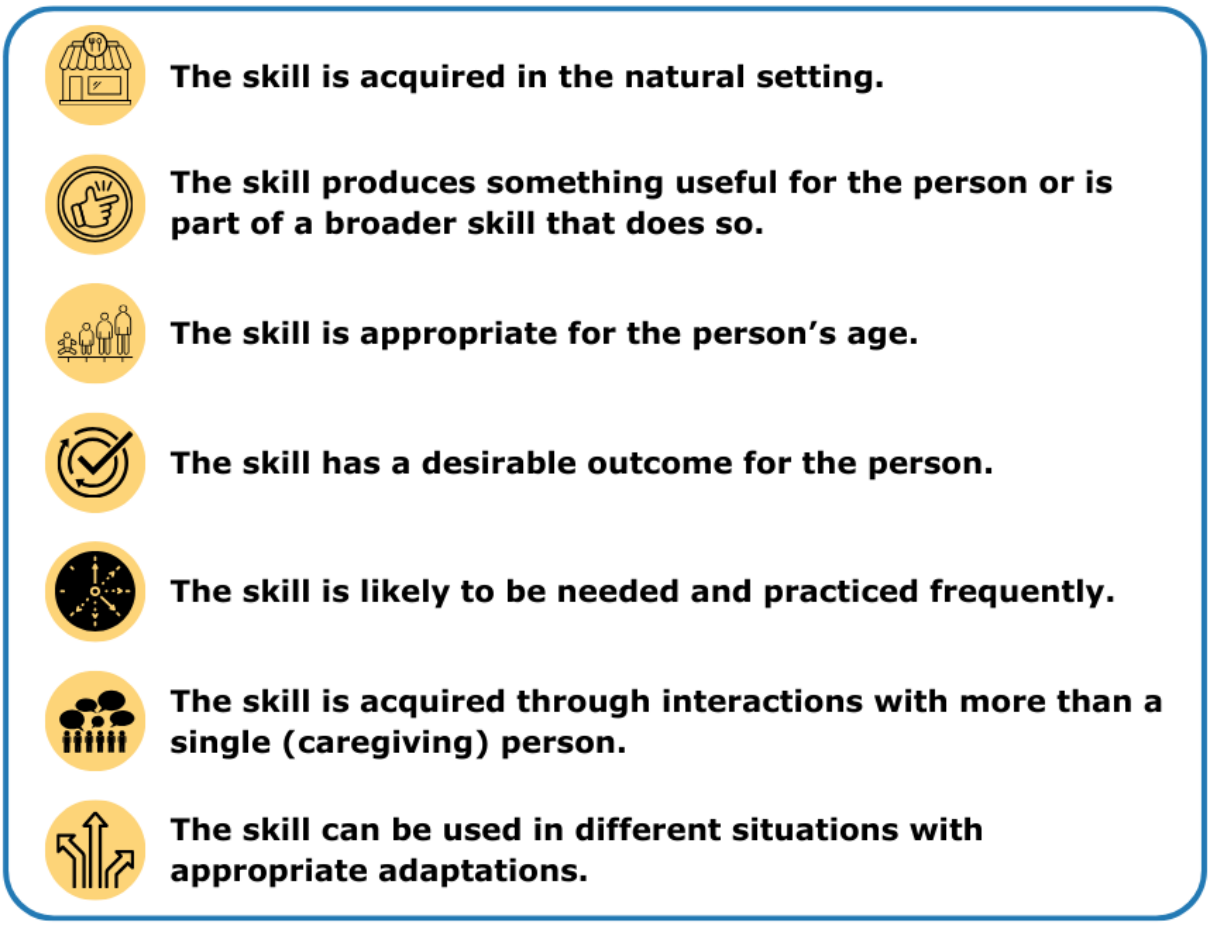
Four Major Skill Types and Community Examples

Skill	Community Settings	Relating Skills to the Person
Travel & Mobility	Public transportation, crossing the street, driving a car, walking/bike trails	Crossing the street at the crosswalk near the person's house
Community Skills	Shopping centers, restaurants and cafes, medical facilities	Shopping at the grocery store of the person's choice
Recreation/leisure	Gym, movie theater, museum, library	Utilizing an app to schedule weekly yoga classes
Financial Skills	Bank, using an ATM, payment methods	Withdrawing money from the ATM at the person's bank

DSPs should ensure the skills they teach people with disabilities are directly linked to the strengths, interests, and preferences of the individual receiving HCBS services. People with disabilities who participate in CBI are more likely to complete more steps of a functional skill independently and maintain those skills. Additionally, teaching functional skills that relate to a person's goals increases the chance of a higher quality of life for

the person (Storey, 2022; Hoover, 2016). Figure 2.3 provides context for making sure the skills are related to the person.

Figure 2.1.
Relating Functional Skills to the Person



What Community-Based Instruction is Not

Community-based instruction is not a field trip or outing, an isolated event that occurs one or two times per year, a universal event available to all people, or a "just for fun" event. CBI should provide exposure to experiences that support learning, facilitate independence, and align with the interests and preferences of the person with a disability. Simply taking a person with a disability to a park, fair, festival, zoo, or movie theater is not considered CBI. However, teaching a person with a disability to independently purchase a movie theater ticket, and purchase popcorn and a drink at a movie theater would be considered CBI. Therefore, CBI is intentionally designed to promote independence in the community.

Group Activity 2.2

Break into small groups and discuss whether each scenario is CBI or not. Scenarios:

1. A group of people with disabilities and their DSPs go to a movie together for an activity.
2. A person with a disability and their DSP goes to a grocery store so the person can practice their shopping skills.
3. A person with a disability and their DSP goes to an animal shelter weekly so the person can practice work skills.
4. A group of people with disabilities go for a drive with their DSPs in the company van together.

Difference Between CBI and General Activities or Outings

Knowledge Competency

This section addresses K.2.5:

- *The DSP describes the differences between CBI and general activities and outings.*

General activities and outings are valuable and should continue, but community-based instruction allows for more learning opportunities and requires greater planning and intent. CBI provides people with disabilities with more meaningful life experiences, valued social roles, inclusion, and increased self-advocacy. The examples below explore the differences between activities or outings and CBI:

- CBI is individualized, activities and outings tend to be experienced with a group.
- CBI promotes social and functional skills, activities and outings tend to be isolating experiences.
- CBI is part of ongoing instruction that leads to generalization, activities and outings tend to not lead to opportunities that will lead to more independence.

Benefits of CBI

CBI is designed to assist people with disabilities to meaningfully access and engage in their communities. When DSPs use a CBI framework, they are meeting the intent of the HCBS Final Settings Rule's provision for increased community access. In addition, CBI provides people with disabilities many benefits such as (a) providing a variety of experiences, (b) providing access to age-appropriate community activities, (c) providing opportunities to improve choice-making skills, and (d) providing opportunities for social and interpersonal growth. The

ultimate benefit of CBI is to provide opportunities for people with disabilities to learn new skills so that they can be less dependent on system supports and more independent in their communities.

Module B Summary and Key Takeaways

Module B described the quality of life and how it correlates to community participation. Quality community participation can be achieved through CBI and supports. DSPs should be familiar with a person's PCP to know what functional skills need to be taught in the community. Natural supports should be used to facilitate community participation.

Key takeaways:

- Quality of life is defined as how well a person's life is going and if they are satisfied with their life.
- Research shows that quality of life is improved when people participate in the community.
- Community participation is one of the five domains of life that influence human functioning; community participation is described as emphasizing community inclusion and personal self-determination.
- Natural supports allow for continued access to the community.
- CBI provides people with disabilities the opportunity to learn specific skills needed to meaningfully engage in the community.
- Functional skills are skills needed to independently engage in a variety of settings; functional skills should have immediate utility for the person.
- Activities and outings do not support the movement toward independence that CBI does.

Module C: Community-Based Instruction: Where to Begin

Module C reviews information on how to provide community-based instruction through developing CBI goals, tying them to person-centered plans, as well as identifying supports and utilizing tools to assist individuals in reaching their goals. Three knowledge and three skill competencies are covered in this module. These competencies include:

- K.2.6: The DSP understands assessment strategies to identify HCBS recipient's strengths, preferences, and interests as they relate to engaging in community settings.
- K.2.7: The DSP understands the range of transportation options to support community-based instruction.
- K.2.8: The DSP understands agency protocols for emergency situations in community settings.
- S.2.1: The DSP uses the PCSP, conversations, and formal observations to help identify age-appropriate goals, strengths, interests, and needs related to CBI.
- S.2.2: The DSP is familiar with community settings and resources that align with the person with a disability's goals and objectives.
- S.2.3: The DSP frequently assesses transportation needs so the person with a disability can access community environments.

How to Identify CBI Goals

Skill Competency

This section addresses S.2.1:

- *The DSP uses the PCSP, conversations, and formal observations to help identify age-appropriate goals, strengths, interests, and needs related to CBI.*

Identifying meaningful CBI goals is an important component of a DSP's job. DSPs should consider several factors when supporting people in the community. First, DSPs should ensure that each goal reflects the strengths, interests, and needs of the person with a disability. Individualized goals should be tailored to information obtained during the person-centered planning process and should align with the person's overall life vision. Second, DSPs must take specific steps to ensure that goals are not developed out of convenience or because a DSP perceives the goal as important. Each CBI goal that is developed should enhance a person's quality of life and access to meaningful community settings. Finally, CBI goals should be age-appropriate and appropriate for the person's chronological age.

Ensure that each goal reflects the strengths, interests, and needs of the person. Ensure that each community-based goal reflects the strengths, interests, and needs of a person identified in a person-centered plan. Reviewing this plan with the person receiving HCBS allows for the DSP to receive the most accurate information. For example, a DSP reviews the PCP and reads that the person listed animals as an area of interest, that the person is a hard worker, and that the person desires social interaction. The DSP talks to the person, and together they

decide that the person will volunteer at the local animal shelter. This corresponds with the person's interest in animals, allows them to apply their strength of hard work to the volunteer work, and fulfills the person's need for social interaction by being around other volunteers and workers.

Ensure that goals are not developed out of convenience. A DSP should not create a community-based goal because it is easy for the DSP to teach, or the DSP thinks it's important. Goals should be developed with the person with a disability in mind. To ensure that goals are based on the strengths and interests of the person with a disability, the DSP should review the PCP and communicate with the person to understand what they want and need. For example, a DSP concludes that a person's goal should be checking out and reading a book at the library so the DSP can study during this time. The person doesn't have an interest in reading and would prefer a goal of purchasing ten items at the grocery store instead. The DSP should adjust the goal to what the person wants, as the person oversees their own life and therefore gets the final say in what is best for them.

Develop age-appropriate goals based on the person's chronological age. Chronological age is the actual age of a person. Mental age represents the average performance of another person without disabilities chronological age. For example, a 16-year-old young adult who has a mental age of 5.5 years is perceived to perform similarly to a child who is 5.5 years old. Unfortunately, relying only on a person's mental age often results in low expectations and services and supports that are not always age-appropriate. People with disabilities must be treated the same way as other people their age.

Age-appropriateness means chronological age, not mental age. Age-appropriateness uses a person's chronological age to determine activities and/or tasks that match their age. People

with disabilities should engage in age-appropriate activities and tasks. For example, a 40-year-old man with a disability playing at a children's playground alongside small children is not age-appropriate. Age-inappropriateness decreases the social image and increases the stigma of people with disabilities (Storey, 2022). An age-appropriate activity might be playing basketball with same-aged peers at the park.

Group Activity 3.1

As a large group discuss the scenario and brainstorm ways to assess the person's preferences.
Case scenario: Miguel enjoys basketball, art, and baking. Currently, Miguel's DSPs take Miguel to the local nature trail weekly. Miguel's DSPs have him find fallen leaves or flowers to take home and make art projects with. Miguel has expressed an interest in learning new art methods and taking a sketchbook to the nature trail to sketch his surroundings.

How can Miguel's DSPs learn more about his strengths and preferences and how to support Miguel in age-appropriate activities that align with them?

Aligning CBI Goals to the Person-Centered Support Plan

People who receive Medicaid Home and Community-Based Services (HCBS) are required to have a person-centered support plan. The person with a disability creates the PCSP with their support coordinator (i.e., case manager) and their support team. The PCSP outlines individualized goals that are relevant to the

person receiving services as well as services that will support the person in reaching these goals (Legal Information Institute, 2014). DSPs and families will have copies of a person's PCSP and should use the goals outlined in the plan to identify goals to work toward in the community.

If you do not have access to a person's PCSP, speak with your manager or the person's support coordinator to help you identify individual, relevant goals. If you are unable to access the PCSP or need a jumpstart on goal planning, there are several tools you can use to help you and the person with the PCSP identify meaningful goals. Charting the LifeCourse (lifecoursetools.com) is a common framework used for person-centered planning, and many of its ideas and tools are used across services.

Tools to Help You Identify a Goal

DSPs can use the Life Domain Vision Tool, shown in Figure 3.1, to identify goals in various domains of a person's life. Start by talking to the person and their support team (if necessary) to get a better idea of what vision the person has for their future and how you and the person with a disability can break down that vision into attainable goals in each domain.

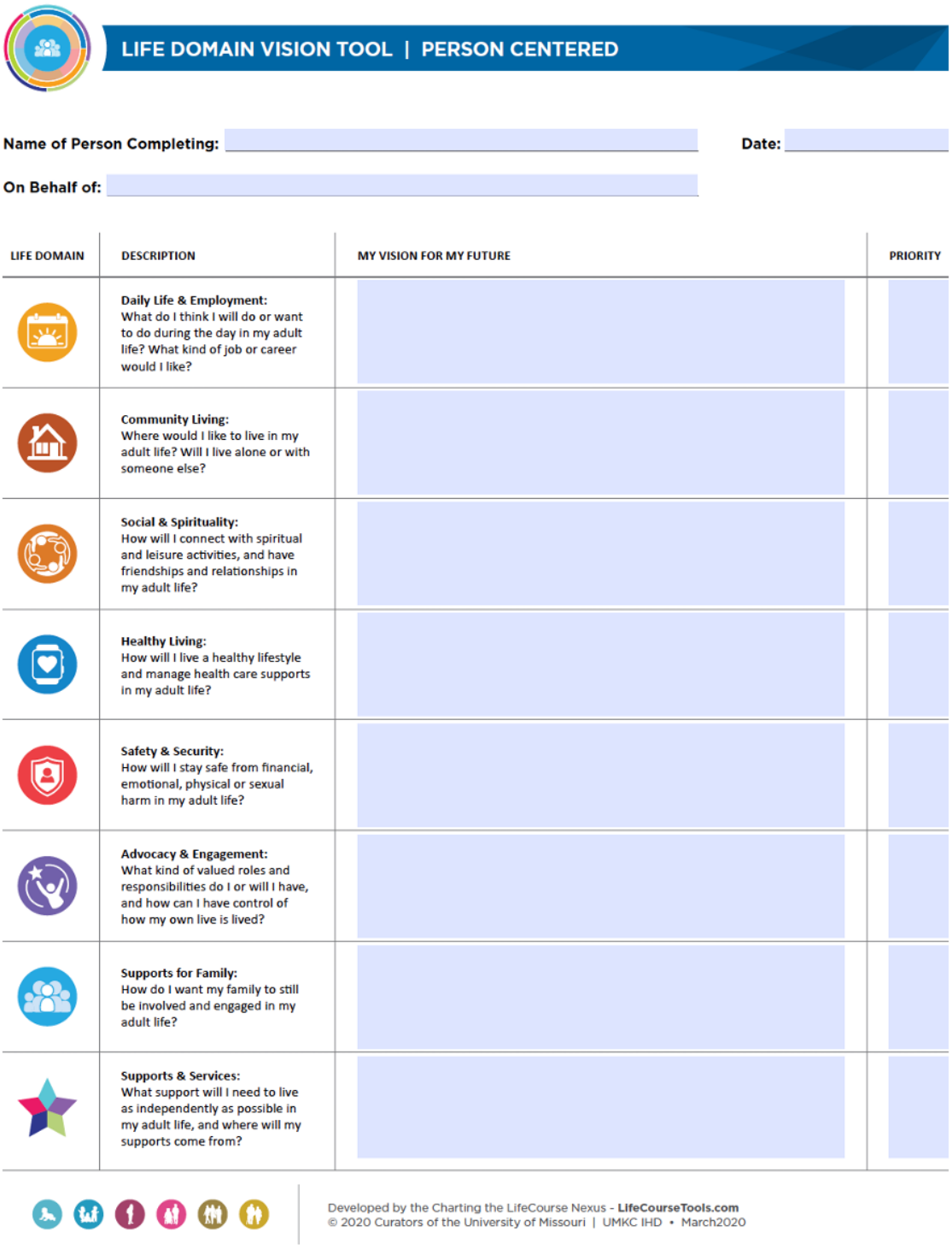
Knowledge Competency

This section addresses K.2.6:

- *The DSP understands assessment strategies to identify HCBS recipient's strengths, preferences, and interests as they relate to engaging in community settings.*

Figure 3.1.

Charting the LifeCourse Life Domain Vision Tool



LIFE DOMAIN VISION TOOL | PERSON CENTERED

Name of Person Completing: _____ **Date:** _____

On Behalf of: _____

LIFE DOMAIN	DESCRIPTION	MY VISION FOR MY FUTURE	PRIORITY
	Daily Life & Employment: What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?		
	Community Living: Where would I like to live in my adult life? Will I live alone or with someone else?		
	Social & Spirituality: How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?		
	Healthy Living: How will I live a healthy lifestyle and manage health care supports in my adult life?		
	Safety & Security: How will I stay safe from financial, emotional, physical or sexual harm in my adult life?		
	Advocacy & Engagement: What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own live is lived?		
	Supports for Family: How do I want my family to still be involved and engaged in my adult life?		
	Supports & Services: What support will I need to live as independently as possible in my adult life, and where will my supports come from?		

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Group Activity 3.2

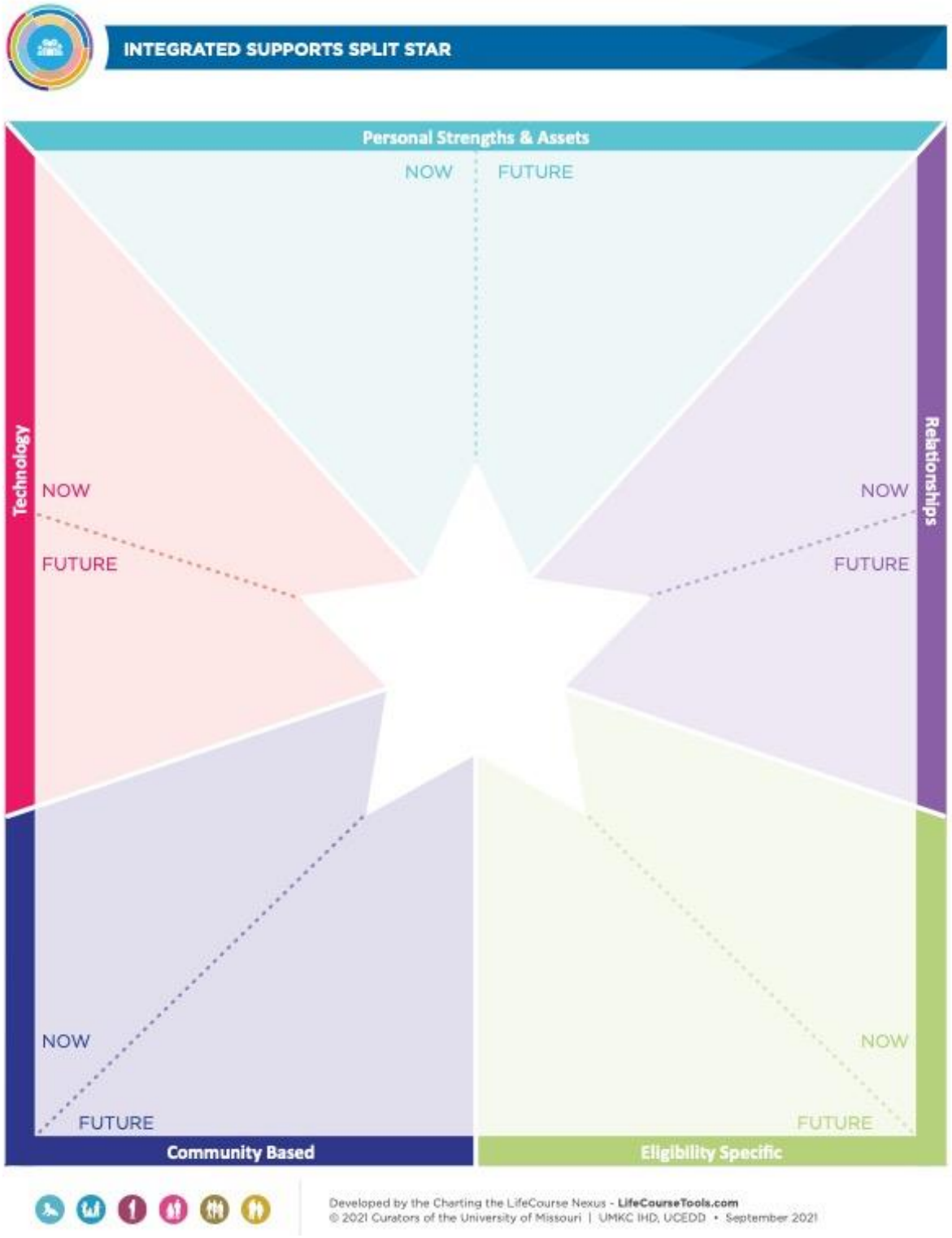
Fill out your own Life Domain Vision Tool. Take the time to read through each domain and consider what goal(s) you would like to achieve in that domain. Come together as a large group and discuss what your vision is.

Identifying Supports

People use a variety of supports to achieve their vision to engage in a variety of community settings. People use supports to meet their day-to-day needs, achieve long-term or short-term goals, solve problems, and enhance their quality of life. DSPs can use the Integrated Supports Star, as shown in Figure 3.2, from Charting the LifeCourse to help people recognize the supports they have and want to have in their lives.

Figure 3.2.

Charting the LifeCourse Integrated Supports Split Star



Follow these steps to use the Integrated Supports Star:

Decide the purpose. The DSP and the person with a disability should decide why they are using the Integrated Supports Star. Is the Integrated Supports Star being used to map supports or to work on a specific goal or situation? Write the purpose of the Integrated Supports Star, or the person's name, in the middle of the star.

Explore each part of the star. This step allows the DSP to learn more about the person and their situation. It helps the DSP and person to brainstorm what supports the person is currently using that can help them achieve their desired outcome. Use the following list, in any order, to assist in discovering a person's supports in each category.

- **Personal Strengths and Assets:**
  - Skills – personal abilities, knowledge, or life experiences
  - Strengths – things a person is good at or others like and admire
  - Assets – personal belongings and resources
- **Relationships**
  - Family/Friends
  - Coworkers
  - Acquaintances
- **Eligibility Specific**
  - Needs-based – services based on age, geography, income level, or employment status
  - Government-paid – services based on disability or diagnosis, such as special education or Medicaid
- **Community-Based**
  - Places – businesses, parks, schools, faith-based communities, health care facilities
  - Groups or membership organizations

    - Local or public resources – resources that everyone can use
- **Technology**
    - Personal – technology that anyone can use
    - Assistive or adaptive – technology that helps with day-to-day tasks
    - Environmental – technology designed to help with or adapt to surroundings

Identify specific resources. After exploring each part of the star, the DSP and person can identify resources or ideas for each part of the star to address the issue or support need. The DSP and the person should explore options that provide relief now and in the future. The supports that are identified can be written on the Integrated Supports Star Worksheet, Figure 3.2 below, or another place that works better for the person, such as a specific notebook or document on the computer.

On-going use of the star. The Integrated Supports Star is designed to be used multiple times. It can be repeated for any situation or problem that needs to be addressed. Completed stars can be reviewed at meetings to add or delete things that have been accomplished. The Integrated Supports Star is designed to be used continually, not to be completed and put away.

Group Activity 3.3

Fill out your own Integrated Supports Star. Take the time to read through each section of the star and consider the supports you use. Come together as a large group and discuss the types of supports that you identified.

Resources:
Life Domain Vision tool: https://ceiutah.com/webinars/tool-for-developing-a-vision/
Integrated Supports Star tool: https://www.lifecoursetools.com/lifecourse-library/integrated-supports-star/
Additional Charting the LifeCourse tools: https://ceiutah.com/webinars/?tx_project-type=persona-centered-planning

Community Mapping

Skill Competency

This section addresses S.2.2:

- *The DSP is familiar with community settings and resources that align with the person with a disability's goals and objectives.*

One way to promote meaningful community activities is for DSP and HCBS recipients to identify resources and valuable settings in a person's community. Identifying these resources will help the DSP and the person with a disability identify natural and relevant community-based settings to learn and practice community-based skills. For example, grocery stores, parks, banks, restaurants, coffee shops, hobby stores, movie theaters, and public transit locations are all settings you may want to consider when determining where to teach a skill. Knowing what settings are available to you and the person with a disability is important to consider before instruction.

DSPs can inventory communities in various ways, but key aspects to consider include: (1) the setting is in proximity to the

person's home; (2) the setting needs to be physically accessible to the person; (3) the setting allows for skill(s) to be practiced naturally; (4) the setting is conducive for teaching in (busyness, space limitations, etc.); (5) the setting is relevant to the person's goals. When using community mapping, the DSP should plan a visit to each setting targeted for CBI with the person they support. These visits will help the DSP and the person document and highlight relevant features and strategies to support the person in each setting.

How to Create a Community Map

Google My Maps is one way to engage in community mapping. Flanagan & Bumble (2022) explain how to use Google My Maps and a five-step process to get the person and their team started on creating a basic map. Once the team has developed a basic map, users can layer additional maps with different categories of resources on top of already existing ones to create a more comprehensive community map. Features allow users to pinpoint locations and items on the map, create routes, directions, and distances, and outline areas to highlight (Elliot, 2009; Flanagan & Bumble, 2022). Figure 3.3 shows an example of Google My Maps. Table 3.2 outlines the five steps to creating a community map as described by Flanagan and Bumble.

Figure 3.3.

Example of Google My Maps

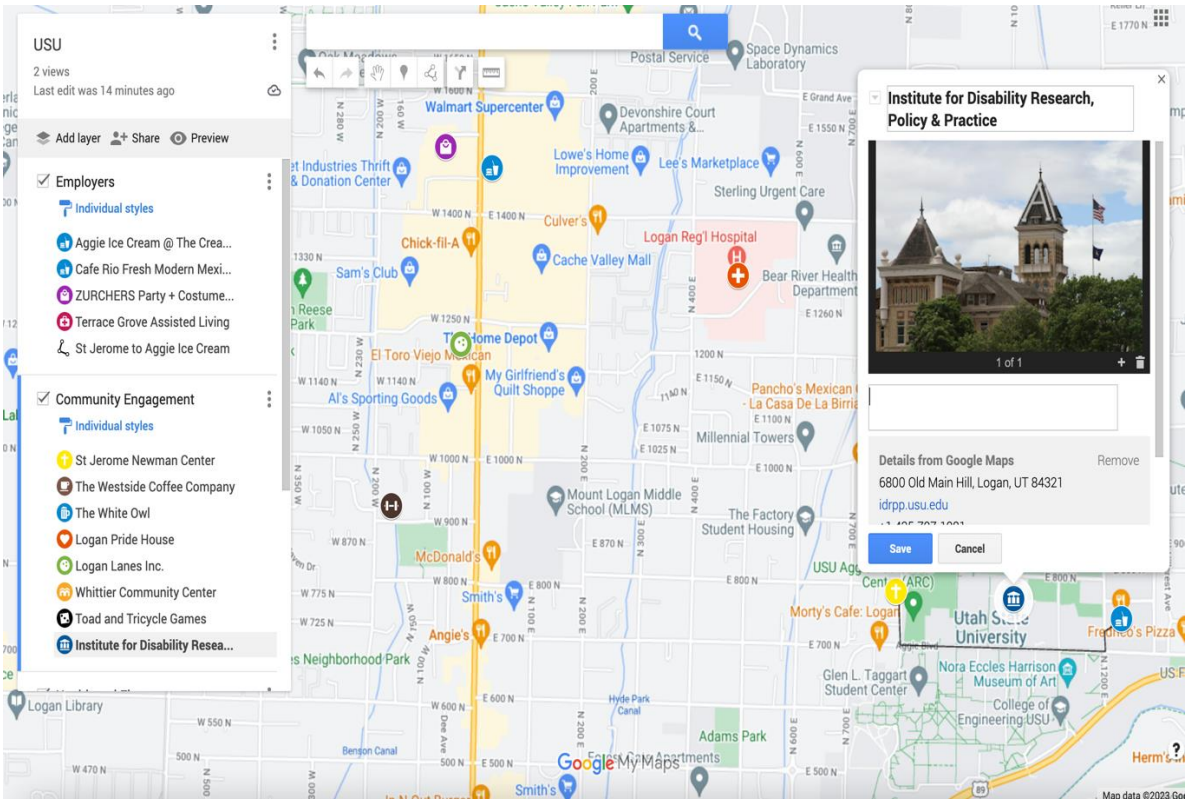


Table 3.2.

Five Steps to Creating a Community Map

Step	Description
Step 1: Enlist Your Team	The first step requires that DSPs assemble a core group of people to support map development and a secondary group of advisors who can provide support and guidance. The person with a disability and the people the person is frequently around, such as a direct support professional, family, close friends, or roommates, comprise the core group. The core group will then identify the group of advisors from larger agencies or organizations to receive guidance, such as Vocational Rehabilitation, a local Independent Living Center, the local chamber of commerce, local employers, religious or cultural groups, educators, etc.
Step 2: Establish Your Mapping Goals	The second step requires the team to establish the map's overall purpose and mission. The purpose and mission will support the group during the creation of the map to think about what resources they need to identify and how they will support the person in reaching their goals.

Table 3.2 Continued

Step	Description
Step 3: Identify and Categorize Local Assets	The third step requires the team to identify resources using the four "Ps": people, programs, providers, and places, to categorize. Team members will then work in pairs or small groups to create a master list of resources on a shared document, such as a Google Doc or a poster paper. Teams will then research through the web or personal contacts any other resources that may be beneficial to include on the map.
Step 4: Create and Customize Base Map	The fourth step requires the team to create the interactive map using the platform http://mymaps.google.com. Teams will work together or independently with assigned roles to make a list of all resources, add resources to the map, and add materials that support the map as needed (videos, images, contact information, etc.). Teams can use the "navigation center" in Google My Maps to add resources, set up layers, and customize resources. Teams may use the "layer" option to categorize resources based on skill that the person can practice within the setting or in any other way the team sees fit. Teams can also organize by colors and icons, add photos and videos, create routes, and add text descriptions.
Step 5: Disseminate the Base Map	The final step requires the team to distribute the map to anyone who may benefit from the map (family, educators, service providers, etc.) or who may have additional ideas of resources to add to the map.

If technology is a barrier or the team desires a more informal process, you can easily develop a community map on Microsoft Word or another word processing program. Refer to Appendix A for an example of a community mapping template for your use.

Transportation

Transportation is one of the most significant barriers to accessing communities for people with disabilities (Bezyak et al., 2017). People with disabilities travel less frequently and rely on public transportation more than those without disabilities. Barriers to transportation affect a person's ability to participate in the community. As a result, DSPs should identify the transportation needed to access these settings independently, especially once support has faded. Options for transportation may include private automobiles, scheduled rides from staff, public transportation, flex transit, biking, walking, etc. Transportation skills may also

Knowledge Competency

This section addresses K.2.7:

- *The DSP understands the range of transportation options to support community-based instruction.*

Skill Competency

This section addresses S.2.3:

- *The DSP frequently assesses transportation needs so the person with a disability can access community environments.*

be an ongoing identified goal for many people with disabilities; DSPs may want to consider embedding transportation goals within other goal areas. The importance of embedding transportation goals in other goals is underscored by the fact that adults with disabilities often use strategies to compensate for transportation limitations. For example, Brumbaugh (2018) found that about 44% of adults with travel-limiting disabilities ask others for rides, almost 23% limit their travels to daytime, and about 12% use special transportation services. Some people with disabilities even limit how often they travel. Brumbaugh also found that around 70% of adults with disabilities reduce day-to-day travel, about 21% give up driving, and about 14% use public transit less often than those without disabilities. Community-based instruction is the most effective way to teach travel skills to people with disabilities. CBI allows people more practical experience to plan for unseen events that can only occur in the natural environment. It is also a helpful way to identify what tools and strategies one might need for a trip (McDonnell et al., 2021).

Emergency Situations

Emergencies may arise during community-based instruction. Proper training and guidance are important to ensure DSPs know what to do and have the necessary resources to mitigate fears for individuals with disabilities and their families. When an emergency of any type occurs, the priority must be to secure the supervision and safety of the person receiving support. DSPs should notify the proper authorities and follow established protocols outlined by their HCBS provider.

Knowledge Competency

This section addresses K.2.8:

- *The DSP understands agency protocols for emergency situations in community settings.*

Module C Summary and Key Takeaways

Module C described how to prepare to implement CBI. DSPs must remember that the person with a disability has control of their own life, and therefore has the final decision on what goals will be implemented during CBI. DSPs can use Charting the LifeCourse and community mapping as tools for CBI.

Key takeaways:

- DSPs should ensure that each goal reflects the strengths, interests, and needs of the person, ensure that goals are not developed out of convenience, and develop age-appropriate goals.
- Chronological age is the actual age of a person; age-appropriateness means chronological age, not mental age
- Use a person's PCP to identify goals to work on in the community.
- DSP should develop ways to learn about resources in the community.
- Use Charting the LifeCourse and Google My Maps as tools for implementing CBI.
- Transportation is one of the most significant barriers for people with disabilities, therefore, DSPs must identify transportation that allows for independence in the community.

Module D: Systematic Instruction, Response Prompting, and Fading

The previous module outlined the importance of CBI and CBI goals. A DSP needs to use a person's PCP to identify and create meaningful CBI goals. Module D instructs DSPs on systematic instruction to teach the skills outlined by a person's goals, data recording to track the person's progress, and fading strategies to withdraw assistance effectively. Seven skill competencies are covered in this module. These competencies include:

- S.2.4: The DSP uses valid assessment strategies including ecological inventories to plan for CBI.
- S.2.5: The DSP uses task analysis to determine how community-based tasks and activities are completed.
- S.2.6: The DSP identifies the appropriate prompting strategy to teach the acquisition of community-based skills.
- S.2.7: The DSP uses age-appropriate reinforcement strategies during community-based instructional trials.
- S.2.8: The DSP conducts a baseline analysis for community-based instructional tasks and activities and documents level of performance, level of assistance or prompts needed, and the controlling and non-controlling prompts.
- S.2.9: The DSP uses appropriate data collection methods for community-based instruction including instructional data and maintenance data.
- S.2.10: The DSP uses appropriate fading strategies for each community-based instructional strategy.

Teaching Skills

Determining what skills to teach is a critical component of instructional planning. Each skill should enhance a person with a disability's quality of life according to Schalock's (2002) quality of life framework. The skills may also be identified as a priority during the person-centered planning process. DSPs should address a person's needs, the types of supports available, the modifications and adaptations, and the skills that need to be taught in several domains including, domestic, personal care, health and safety, money management, home maintenance, food management, time management, morning, day, and evening routines, and leisure (Storey & Miner, 2011). When teaching independent and community skills, consider the following:

- The skill that is taught has immediate utility for the person.
- The skill is desirable for the person.
- The skill is acquired in a social context – acquisition is the product of interactions with more than one caregiver.
- The skills are acquired in the actual, physical environment where the skill is naturally performed.
- The skill is age-appropriate.
- The skill is adaptable.

Ecological Inventory

Skill Competency

This section addresses S.2.4:

- *The DSP uses valid assessment strategies including ecological inventories to plan for CBI.*

Ecological inventories are used to analyze the demands of specific environments and determine what types of instruction and support a person with a disability needs to meaningfully engage in these environments. An ecological approach includes identifying current and future environments, activities that a person will participate in, and the skills required to participate. Table 4.1 outlines the steps to completing an ecological inventory adapted from Storey (2022).

Table 4.1.

Steps to Completing an Ecological Inventory

Step	Description
Step 1: Identify Curriculum Domains	Where will the task or skill take place? Showering takes place in a residential environment. Going to the bank takes place in a community environment.
Step 2: Identify and Survey Current and Future Natural Environments	Where does the activity naturally take place? If working on shopping skills, the person with a disability should be taught these skills in a grocery store. The store is the natural environment.

Table 4.1 Continued

Step	Description
Step 3: Breakdown Major Environments into Sub-Environments	What are the other environments within the main environment? Going to the doctor's office (major environment) has many different sub-environments. They include the waiting room, the examination room, the pharmacy, etc.
Step 4: Identify Relevant Activities	What activities will happen in the environment and sub-environments? Activities at a restaurant would include greeting the host/hostess, asking for a table, ordering food, and paying for food.
Step 5: Identify Skills Required	What skills are required to complete the activities? To complete the activity of going to a movie, a person would need communication skills to order the ticket and financial skills to pay for the ticket.

When completing an ecological inventory, observing other people performing each activity is important to determine the requisite skills. After observing others complete the activity, observe the person with the disability complete the skill, and document whether the person completed the skill correctly or incorrectly. Figures 4.1 and 4.2 provide examples of two types of inventories: Grocery Shopping and Using an ATM. In the first example, the DSP documents the performance level of the person with a disability identifying items on a shopping list and paying for items. In the second example, the DSP observes an individual making a deposit and withdrawing cash at an ATM. In each example, the DSP documents the performance of the individual by recording if they correctly or incorrectly perform the task. The DSP then indicates what type of instructional support is needed, and the types of adaptations or modifications that are needed.

Figure 4.1
Grocery Shopping Ecological Inventory

Grocery Shopping
Name: Max
Environmental Setting: Smith's Marketplace (Grocery store)
Sub Environment: Cash register

Skill	Performance Level: Independent	Performance Level: Needs Support	Notes
Identifying items on a shopping list.		X	He can read and understand items on the list, but needs help to find them in the store.
Paying for items at a cash register.		X	He can retrieve the method of payment but needs help completing the transaction.

Figure 4.2
Banking Ecological Inventory

Grocery Shopping
Name: Michelle
Environmental Setting: Chase Bank
Sub Environment: Outdoor ATM

Skill	Performance Level: Independent	Performance Level: Needs Support	Notes
Using an ATM for a deposit.		X	She can locate the ATM and recognize if she is using the ATM for a deposit or a withdrawal.
Using an ATM for a withdrawal.		X	She needs help remembering her pin and knowing what buttons to push.

Task Analysis

Skill Competency

This section addresses S.2.5:

- *The DSP uses task analysis to determine how community-based tasks and activities are completed.*

After conducting an ecological inventory to determine what type of instructional support is needed to learn the targeted skill, the DSP should develop a plan and corresponding instructional programs to teach identified skills. A task analysis is a useful way to do this. A task analysis (TA) is the process of breaking down a skill into smaller, teachable steps. TAs are used to identify every behavior needed to complete a task so, ideally, an instructor would personally complete the task analysis before instruction begins. Figure 4.3 provides considerations for developing a task analysis.

Group Activity 4.1

Practice creating and implementing a task analysis. Take 5-7 minutes writing a TA. Pair up with a partner and practice implementing the other person's TA.

Group Activity 4.1

Shoe tying example task analysis.

1. Put the left end of the shoelace in your left hand.
2. Put the right end of the shoelace in your right hand.
3. Pull both shoelaces at the same time away from your body to tighten the laces.
4. Make an X with the shoelaces by putting the left side over the right side.
5. Pull the shoelace that is on top underneath the other one.
6. Pull both shoelaces at the same time away from your body.
7. Make a loop with the shoelace that is in your right hand.
8. Wrap the shoelace in your left hand around the loop of the shoelace and thumb of your right hand.
9. Push the shoelace that is behind the loop, through the hole.
10. Pull on both loops until tight.
11. Pull loops until desired length.

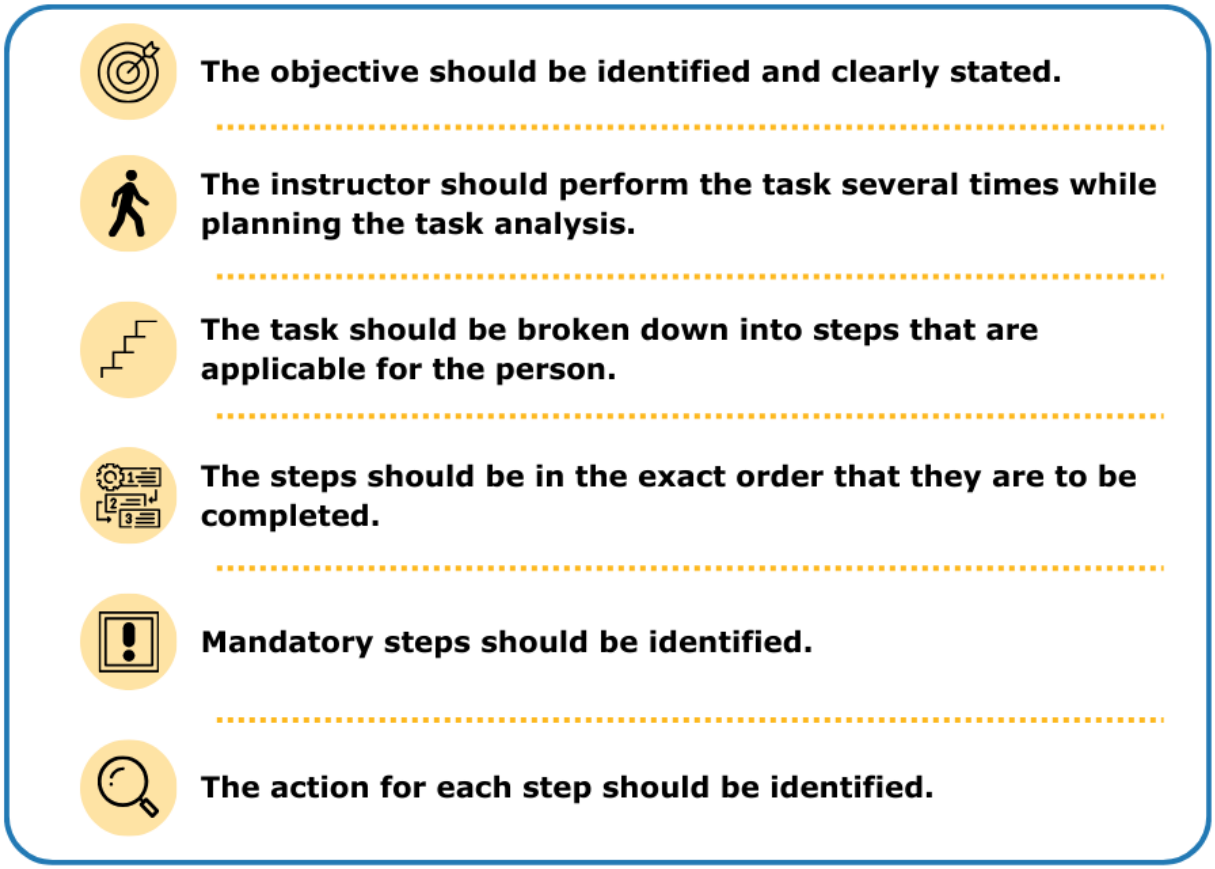
Group Activity 4.1

Creating a Word document example task analysis

1. Turn on your computer.
2. Enter your login information.
3. Double click on the Word application.
4. Double click on the "Blank Document" graphic.
5. Rename the document by clicking on "File" and then "Save As".
6. Type desired name into the "Save As" bar.
7. Select where you would like to save the document.
8. Click save.
9. Begin typing.

Figure 4.3

Considerations for Developing a Task Analysis



Tables 4.2 and 4.3 are two examples of task analyses. The first task analysis was designed to teach Max to shop for grocery items. For the task analysis, the DSP clearly stated the goal, "given a shopping list of ten items, Max will independently find and purchase all items on the list at 100% accuracy for three consecutive trials according to the steps outlined in the task analysis". The DSP then completed the task of shopping on their own. The DSP wrote down the steps that needed to be done to complete the task, in order.

Table 4.2.

Grocery Shopping Task Analysis

Observable and Measurable objective: Given a shopping list of ten items, Max will independently find and purchase all items on the list at 100% accuracy for three consecutive trials according to the steps outlined in the task analysis. **Setting:** Smith's Marketplace **Materials:** Shopping list and cash, credit, or debit card		
Step	**Quality and Speed**	**Comments**
Get a cart or basket		
Find items on your shopping list		
Put items in the cart or basket		
When all items are in the cart or basket, wait in the check-out line		
Place items on the conveyor belt		
Get out your wallet and take out the method of payment (cash or card)		
Pay for groceries		
Walk bagged groceries to the vehicle		
Put groceries in the vehicle		
Return cart or basket		

Table 4.3.

Banking Task Analysis

Observable and Measurable objective: Given a debit card and an ATM, Michelle will independently withdraw $20.00 from an ATM with 100% accuracy for three consecutive trials according to the steps outlined in the task analysis. **Setting:** ATM at Chase **Materials:** Debit card		
Step	**Quality and Speed**	**Comments**
Insert the debit card into ATM		
Enter four-digit PIN 2788		
Press enter		
Select withdraw		
Select checking account		
Push button for $20.00		
Press the button to confirm the withdrawal		
Select exit/print receipt		
Remove card		
Remove cash		
Remove receipt		

Response Prompts

Skill Competency

This section addresses S.2.6:

- *The DSP identifies the appropriate prompting strategy to teach the acquisition of community-based skills.*

A DSP may need to use prompts to teach a person with a disability a desired skill. Response prompts are used in instruction to elicit the correct responses from people and make the procedure nearly errorless (Collins, 2022). Prompts are categorized from least to most intrusive. Prompts may include indirect verbal, direct verbal, gestures, model, and physical prompts. Table 4.4 describes each prompt in detail. DSPs should be cautious about using prompts incorrectly and not fading. When prompts are used incorrectly and not faded a person may become prompt dependent. Prompt dependency occurs when a person waits for a prompt from a DSP and does not recognize the natural stimulus needed to complete a task independently. For a person to perform a target behavior independently, instructors must systematically fade the prompts.

Table 4.4.

Response Prompts

Prompt Type	Description
Indirect Verbal Prompt (IV)	An indirect verbal prompt is an indirect verbal statement that cues a person about an expected response. For example: "What do you need to do now?" or "What is next?"
Direct Verbal Prompts (V)	A direct verbal prompt explicitly cues the person about the expected response. For example, "Put the toothpaste on your toothbrush."
Gesture Prompts (G)	Nonverbal instructor prompts or gestures that draw attention to the stimulus material, such as pointing to the toothpaste.
Model (M)	The DSP models and demonstrates how to perform the expected response.
Physical Assistance (PA)	A DSP may use a full physical prompt such as hand-over-hand prompting to guide the person to a correct response. A DSP may use a partial physical prompt, such as touching a hand or an elbow. For example, the DSP might tap the person on the elbow to cue them to pick up the toothpaste.

Wolery et al. (1992) outlined six guidelines for using response prompts. Following these guidelines will maximize the effectiveness of instructional programs and increase the effectiveness of response prompts:

1. Select the least intrusive but effective prompt: Instruction using the least intrusive prompt allows the person to perform the target behavior as independently as possible.
2. Combine all prompts if necessary: Prompts can be combined to increase instructional effectiveness. For example, the

instructor can blend a model prompt with a direct verbal prompt.

3. Select natural prompts and those related to the behavior: Prompts should resemble behaviors naturally used in the environment(s).
4. Prompt only when the person is attending: Ensure the person is focused on the task at hand. If they are not focused, they will not learn the target behavior.
5. Provide prompts in a supportive, instructive manner: DSPs should not use prompting to punish or adversely affect individual behavior. Prompts should never be used in a corrective manner but instead to facilitate learning.
6. Fade prompts as soon as possible: Instructors must fade prompts for people to perform skills independently.

Reinforcement

Skill Competency

This section addresses S.2.7:

- *The DSP uses age-appropriate reinforcement strategies during community-based instructional trials.*

It is important to provide reinforcement during community-based instructional trials. Reinforcement should be age-appropriate and be designed to ensure the individual can complete the task independently. Reinforcement should be individually tailored to the person with a disability and may include verbal praise, gestures, and natural reinforcement. DSPs should not use reinforcement strategies that require a person with a disability to earn something like food, electronic time, time with loved ones, or free time. In addition, reinforcement should not be stigmatizing and should be age-appropriate. Giving hugs/back scratches, having items or privileges taken away, or using token economies are not appropriate reinforcers. An example of how to correctly reinforce during CBI is below.

Karina is working towards her goal of independently going out to eat with friends. Her DSP has been supporting her in using public transportation, ordering, and paying and has developed community-based instruction for each activity. When Karina independently completes a step outlined in the task analysis, the DSP provides verbal reinforcement, such as saying "Well done" or "That's right". Karina prefers verbal reinforcement to a high-five or other gestures. The reinforcement gradually fades to natural reinforcement as Karina learns to complete the activity.

Instructional Scripts

Instructional scripts detail the measurable objective, materials needed for skill acquisition, the setting of learning, and the teaching strategy and error corrections used (Riesen, et al., 2022). Instructional scripts support the DSP and any other support professionals in knowing what the goal is and what methods the DSP is using to support the person with a disability to obtain the goal. Examples, adapted from Riesen et al. (2022), of instructional scripts are provided in the following sections on System-of-Least Prompts (Figure 2.5) and Constant Time Delay (Figure 2.6).

System-of-Least Prompts

System-of-least prompts (SLP) requires the DSP to use a hierarchy of prompts from the least to the most level of assistance. For a DSP to correctly instruct using response prompts, they need to understand what controlling and non-controlling prompts are. A non-controlling prompt increases the likelihood of a person's response but may not always elicit a correct response. For example, when teaching Max to shop at the grocery store, the DSP would use the least intrusive prompt first and allow Max the opportunity to respond. If he does not respond, then the DSP delivers the next level or prompt, up to the controlling prompt. A controlling prompt is the prompt that reliably and consistently elicits a correct response from the person with a disability. To determine the controlling and non-controlling prompts, DSPs must conduct a baseline probe of the individual's performance on the target skill. Consider Max who is learning to grocery shop. The DSP conducts a baseline probe over three trials. During baseline, the DSP uses a least-to-most hierarchy and documents the level of prompt needed to complete

each step in the TA. After reviewing baseline data, the DSP determines the controlling prompt and develops a corresponding instructional script.

To start instructional trials, the DSP should determine at least three levels of prompts from the prompt hierarchy that they will use during instruction. The first level allows the person to correctly perform the task without a prompt. The next levels of prompts will be arranged from least to most intrusive and will end with the controlling prompt. It’s also important to determine the response interval, that is, how long the DSP will wait before implementing a prompt. The response interval will depend on the person with a disability and how long they need to execute a correct response. Collins (2022) outlines seven steps required for implementing SLP, as shown in Table 4.5.

Table 4.5.

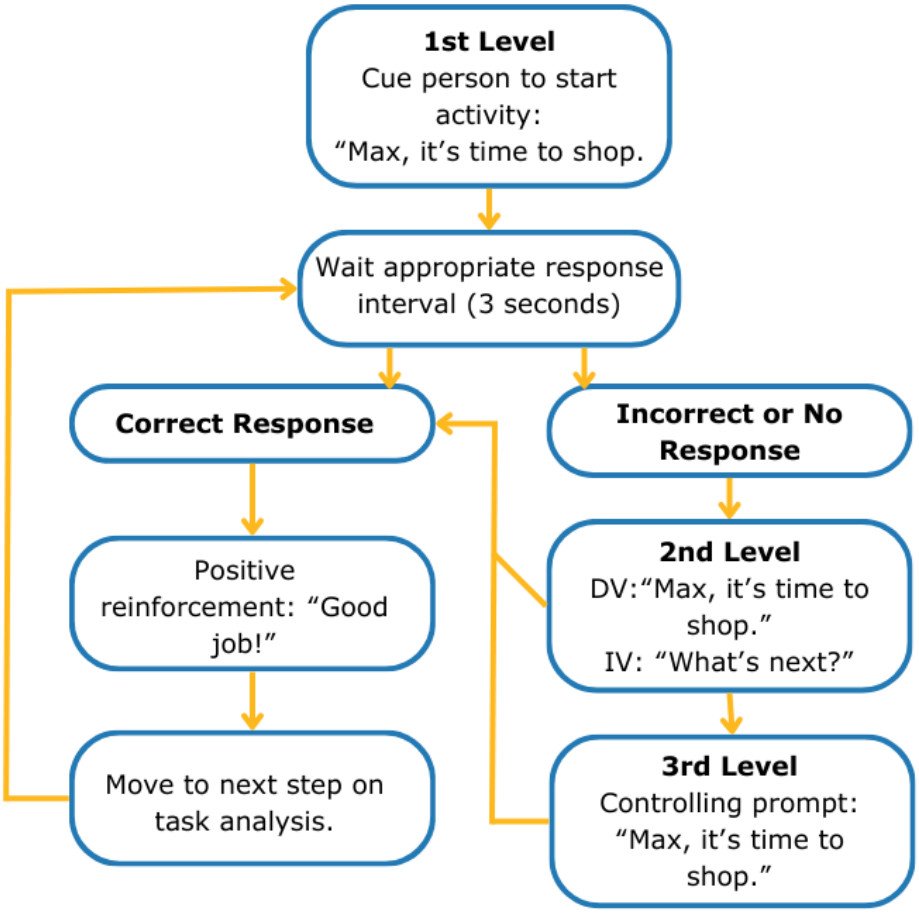
Steps to Implement System-of-Least Prompts

Step	Description
1.	Secure the person's attention
2.	Deliver the task direction
3.	Wait for a set number of seconds (the response interval) for the person to respond independently
4.	If the person responds correctly, give praise; if there is no response or an error, give the least intrusive prompt (e.g., indirect verbal prompt) in the hierarchy and again wait a set number of seconds for a response
5.	If the person responds correctly, give praise; if there is no response or an error, give the least intrusive prompt (e.g., indirect verbal prompt) in the hierarchy and again wait a set number of seconds for a response
6.	If the person responds correctly, give praise; if there is no response or an error, continue to give the next least intrusive prompt (e.g., direct verbal prompt) in the hierarchy until the person responds correctly
7.	Praise the correct response before going to the next trial for a discrete behavior or to the next step of the task analysis for a chained task

Consider the example of a person who is learning to shop (Figure 4.4). To begin instruction, the DSP would provide an instructional cue and allow the person the opportunity to respond "Max, it is time to shop." If Max does not respond within the appropriate response interval, the DSP systematically increases the amount of assistance using the non-controlling prompts, "Max, what is next?" and so on up to the controlling prompt "Max, I need you to walk into the store." During the initial phase of instruction, the DSP should verbally reinforce the person after he

completes each of the steps in the task for shopping. As the person acquires the skill, the reinforcement should fade to natural levels.

Figure 4.4
System-of-Least Prompts Flowchart



Group Activity 4.2

Individually write an instructional script using the baseline data provided. Come together as a group to discuss the process and go over each section of the instructional script.

Figure 4.5

System-of-Least Prompts Script

Learner: Max **Measurable Objective:** Given a shopping list of ten items, Max will independently find and purchase all items on the list at 100% accuracy for three consecutive trials. **Setting:** Smith's Marketplace (Grocery store) **Materials:** Shopping list and cash or debit/credit card
Teaching Strategy: System of Least Prompts **Response Interval:** 3 seconds **Controlling Prompt:** Model (M) **Non-Controlling Prompt:** Independent (I), Indirect Verbal (IV), Verbal (V)
Error Correction **Correct Response:** Provide verbal reinforcement ("Nice work!") for each prompted and unprompted correct response. **Incorrect Response:** Verbally identify the error ("Max, you did no complete the step correctly.") and provide a model. Ask Max to repeat the step.

Constant Time Delay

Constant time delay (CTD) uses intentional fading of a controlling prompt - a prompt that has a high probability of the person correctly responding (i.e., pointing to the next step in a task analysis or a verbal prompt) - paired with instruction. As a result, the person should have little-to-no error in responses. The controlling prompt should not change as instruction continues, but the time when a prompt is delivered changes as the person begins to show success after each practice session or lesson and gradually increases over time, allowing the person to independently complete the desired behavior until the prompt is completely faded from use. Table 4.6 outlines the steps for performing CTD according to Collins (2022).

Table 4.6.

Steps to Perform Constant Time Delay

Step	Description
1.	Secure the person's attention
2.	Deliver the task direction
3.	Wait a predetermined set of seconds for the person to respond (e.g., 0s delay during the first session, 4s delay during all subsequent sessions)
4.	Deliver controlling prompt
5.	Praise correct responses or repeat the prompt for incorrect responses or failure to respond
6.	Record data
7.	Repeat as needed

The first phase of instruction must always begin with a 0-second delay phase; the DSP provides the instructional cue (e.g.,

"What time does the bus come?") followed immediately by the controlling prompt (e.g., "7:30"). Using the 0-second delay with the controlling prompt ensures that the person can consistently and correctly respond to the instruction. After the person correctly responds to the 0-second delay over multiple trials (2 trials), the DSP will switch to the time delay phase of instruction (e.g., 4 seconds for the person to respond with "7:30"). In this phase of instruction, the DSP will deliver the instructional cue and then wait for the pre-specified time delay phase to give the person time to answer correctly. If the person does not respond within the time delay, the DSP will provide the controlling cue and again wait for the person to respond. If the person correctly responds, the DSP will provide praise and move on. If the person responds incorrectly, the DSP will correct the error (Riesen et al., 2023). For example, a DSP may start by prompting a person directly after instructing them (0s) and fade the prompt (4s) after practicing the instruction multiple times with successful outcomes until the person no longer needs the prompt for errorless outcomes. Once the person has correctly responded to the instruction, the behavior is to be reinforced by the DSP, and the person proceeds to the next step of the task analysis (Horn et al., 2020).

Figure 4.6
Constant Time Delay Script

Learner: Michelle **Measurable Objective:** Given a debit card and an ATM machine, with 3-5 opportunities to complete each step, Michelle will independently withdraw $20 from at ATM with 100% accuracy for two consecutive trials. **Setting:** Chase Bank **Materials:** Debit card
Teaching Strategy: Constant Time Delay **Instructional Cue:** "What is the next step?" (Indirect Verbal, IV) **Controlling Prompt:** Perform the task analysis (Model, M) **Time Delay:** 5 seconds
Error Correction **Correct Response:** Provide verbal reinforcement ("That's right!") for each prompted and unprompted correct response. **Incorrect Response:** Verbally identify the error ("Michelle, that step is completed like this.") and provide a model. Move on to the next step. **Unprompted Error:** Verbally identify the error and remind Michelle to wait ("No, that step is completed like this [model]. Remember to wait if you aren't sure.") and move onto the next step. **No Response:** Remind Michelle to complete the step after your prompt ("Remember to do the step after me.") and move on to the next step.

Compensatory and Other Support Strategies

Compensatory strategies are supports that may include modifications or additional equipment so a person with a disability can complete the task. Examples from Riesen and colleagues (2021) include:

- Picture schedules
- Video modeling
- Notebooks and calendars
- Alarms or timers
- Predictable routines and structures

- Minimal background distractions
- Assistive technology

Data Collection

Collecting data during instruction is a key aspect to knowing if a person with a disability is acquiring the skill or if the DSP needs to reassess the methods used for teaching. There are two phases to data collection including the baseline and instructional phase. The baseline probe is an important step as it helps the DSP identify the individual's level of performance on the target skill, how much of the target skill the individual can complete independently, and the level of assistance or the type of prompt the individual needs. The baseline phase helps the DSP identify the controlling prompts. The instructional phase provides information about skill acquisition and will provide the DSP information on what is and is not working. Figures 4.7 and 4.8 show examples of data collection sheets, adapted from Riesen and colleagues (2021), that can be replicated and individualized.

Skill Competency

This section addresses:

- *S.2.8: The DSP conducts a baseline analysis for community-based instructional tasks and activities and documents level of performance, level of assistance or prompts needed, and the controlling and non-controlling prompts.*
- *S.2.9: The DSP uses appropriate data collection methods for community-based instruction including instructional data and maintenance data.*

Figure 4.7.

Task Analysis Data Sheet

Learner: Max										
Measurable Objective: Given a shopping list of ten items, Max will independently find and purchase all items on the list at 100% accuracy for three consecutive trials.										
Setting: Smiths Marketplace **Materials:** Shopping list and cash, debit, or credit card.										
Steps	**Session**									
	Baseline				**Instruction**					
	1	2	3	4	5	6	7	8	9	10
1. Get a cart or basket	IV	IV	IV	IV	V	IV	I	I	I	I
2. Find items on your shopping list	I	I	I	I	M	M	V	I	I	I
3. Put items in the cart or basket	V	V	IV	V	M	V	IV	I	I	I
4. When all items are in the cart or basket, wait in the check-out line	I	I	IV	I	I	I	I	I	I	I
5. Place items on the conveyor belt	I	I	I	I	IV	IV	I	I	I	I
6. Get out wallet and take out method of payment (cash or card)	V	V	V	V	IV	IV	I	I	I	I
7. Pay for groceries	IV	IV	IV	IV	M	V	IV	IV	I	I
8. Put groceries back into cart	IV	IV	I	IV	I	I	I	I	I	I
9. Put cart or basket away	IV	IV	V	V	IV	IV	I	I	I	I
10. Leave grocery store	V	V	V	IV	V	V	IV	I	I	I
Percent of Unprompted Correct Responses	30	30	30	30	20	20	60	90	100	100
	Summary Data									
	%	%	%	%	%	%	%	%	%	%
	100	100	100	100	100	100	100	100	100	100
	90	90	90	90	90	90	90	90	90	90
	80	80	80	80	80	80	80	80	80	80
	70	70	70	70	70	70	70	70	70	70
	60	60	60	60	60	60	60	60	60	60
	50	50	50	50	50	50	50	50	50	50
	40	40	40	40	40	40	40	40	40	40
	30	30	30	30	30	30	30	30	30	30
	20	20	20	20	20	20	20	20	20	20
	10	10	10	10	10	10	10	10	10	10
	0	0	0	0	0	0	0	0	0	0

Figure 4.8.

Time Delay Data Sheets

Learner: Michelle										
Measurable Objective: Given a debit card and an ATM, with 3-5 opportunities to complete each step, Michelle will independently withdraw $20.00 from an ATM with 100% accuracy for two consecutive trials.										
Setting: Chase Bank							**Materials:** Debit card			
I – unprompted correct, **P** – prompted correct, **E** – prompted/unprompted error, **NR** – no response										
Steps	**Session**									
	0s delay			**5s delay**						
	1	2	3	4	5	6	7	8	9	10
1. Insert debit card into ATM	P	NR	P	E	P	P	P	I	I	I
2. Enter 4-digit pin (2788)	NR	P	P	P	P	E	P	P	I	I
3. Press enter	P	P	P	E	P	I	I	P	I	I
4. Select withdraw	P	P	P	P	E	P	P	I	I	I
5. Select checking account	P	P	NR	P	P	P	P	P	I	I
6. Push button for $20.00	P	P	P	P	P	P	E	P	P	I
7. Press button to confirm the withdraw	P	P	P	P	P	I	P	I	I	I
8. Select exit/print receipt	P	P	P	I	I	I	I	I	I	I
9. Remove card	NR	P	P	P	I	P	I	I	I	I
10. Remove cash	P	P	P	P	P	I	I	I	I	I
11. Remove receipt	P	P	P	P	E	P	P	I	I	I
Percent of Unprompted Correct Responses	0	0	0	10	18	36	36	64	91	100
	Summary Data									
	%	%	%	%	%	%	%	%	%	%
	100	100	100	100	100	100	100	100	100	100
	90	90	90	90	90	90	90	90	90	90
	80	80	80	80	80	80	80	80	80	80
	70	70	70	70	70	70	70	70	70	70
	60	60	60	60	60	60	60	60	60	60
	50	50	50	50	50	50	50	50	50	50
	40	40	40	40	40	40	40	40	40	40
	30	30	30	30	30	30	30	30	30	30
	20	20	20	20	20	20	20	20	20	20
	10	10	10	10	10	10	10	10	10	10
	0	0	0	0	0	0	0	0	0	0

Fading Supports

Skill Competency

This section addresses S.1.2:

- *The DSP uses appropriate fading strategies for each community-based instructional strategy.*

Fading support means reducing the type and level of assistance a DSP provides to a person with a disability. Prompts increase the chance that a person with a disability will learn a targeted behavior, but prompts can lead to dependency (refer to prompt dependency in response prompts above). Fading assistance decreases the chance of prompt dependence; fading shifts the behavior from prompts to environmental stimuli (Causton-Theoharis, 2009; Schoen, 1986).

Whether a DSP is using direct instruction or establishing natural supports, the goal of any instructional plan is to promote a person's independence in the community. An important component of any instructional plan is to develop a timeline for fading supports. When a person demonstrates that they have learned to perform all tasks correctly, the DSP should begin the process of fading. Fading should be incremental and should be based on a schedule. At first, the DSP may start to fade support from the immediate area as soon as the person demonstrates mastery of a specific task or routine. For example, if the person met the criteria for successfully withdrawing money at an ATM, the DSP could fade support by leaving the person's side but remain at the bank. Gradually, as the person masters all the essential functions of withdrawing money from an ATM, the DSP would fade and leave the bank. The DSP should ensure that

unpaid, natural supports are in place during the fading process. In addition, the DSP can engage in "what if" and role-play scenarios with a person to ensure they will be able to respond to certain situations once the DSP has successfully faded their support. For example, the DSP could ask the person a question such as (a) what will you do if you miss your bus? (b) what will you do if you are going to be late for meeting up with a friend? (c) what will you do if there is an emergency at home? (medical emergency, fire alarm, power outage, weather-related problem) (d) what will you do if a stranger is bothering you? (e) what will you do if you are not feeling well while out? (f) what will you do if you are unsure of how to complete a task?

Examples of Various Studies in Different Community Settings

The efficacy of response prompts such as SLP and CTD to teach community skills to PWD is well documented. For example, Bassette et al. (2020) used the system of least prompts and video modeling to teach independent physical activity to students with moderate to severe disabilities. The physical activity of each participant increased, and skills were generalized to community settings for each participant.

Athorp et al. (2022) used the system of least prompts and video modeling to improve the daily living skills of a student with a disability. The student was taught kitchen skills and identified cooking pasta, making smoothies, using measuring cups, and reading recipes as areas of focus. The researchers created a task

analysis and corresponding videos for instruction. Researchers provided Leslie with verbal instructions to open the video corresponding to the focus activity. She had 15 seconds to begin the video or start the activity on her own. If she didn't start either in 15 seconds, researchers used a system of least prompts. Leslie improved in each skill and researchers found that video modeling was an effective strategy when used with other intervention strategies.

Mechling and Cronin (2006) used constant time delay to teach three students aged 17-21 to order food at a fast-food restaurant with the help of assistive technology. Students watched a simulation of ordering at a restaurant in the classroom and researchers implemented a 3-second CTD. Once students showed mastery by 100% unprompted correct responses across three trials, they moved to the community to practice their skills. All students used augmentative and alternative communication devices which they used to order at restaurants. Researchers continued to use a 3-second CTD in the community setting. All students showed generalization of skills in the community setting and the research found that using assistive technology and CBI allowed for independence in all three students.

Bassette et al. (2018) used the system of least prompts to teach three students aged 13-15 to take and send pictures of their surroundings via phone. Students practiced their skills in five different settings, three of which were at their school, one being a familiar setting in the community, and one being an unfamiliar setting in the community. Before students demonstrated their knowledge of what to do if lost, they watched two videos. One modeled someone explaining they were lost and looking for a key identification point to help identify their location. The second video modeled how to take and send a picture. After watching the videos, researchers told students to show staff what to do when lost. If students couldn't complete a step

independently, staff would assist them by using SLP. Results demonstrated that students increased their ability to perform the task independently and that students could generalize their skills by completing the steps in an unfamiliar community setting.

McDonnell et al. (2021) used most to least prompting to teach adults with disabilities transportation skills. The students practiced these skills on public transportation with the use of various assistive technologies. People traveled to meaningful places identified from their goals, including homes, workplaces, relatives' houses, leisure settings, day programs, and other community facilities. Students also practiced their individualized skills; participants might have practiced crossing the street, following directions, stranger danger, using a bus pass, locating bus stops, solving travel problems, and using personalized Google Maps depending on the person's needs. Additionally, students used their assistive devices to support skills on public transportation. For example, students used Google Maps (printed or application), social stories, task lists, public transportation apps, digital schedule boards, and/or printed route schedules. Ten participants completed the travel training along with a pre and post-test after eight travel sessions. Scores increased for each participant from the pre-test to post-test.

Burckley et al. (2015) used a task analysis paired with video prompts and video cueing (via iPad software) to teach an 18-year-old student shopping skills. The person completed shopping trips at three different locations of the same chain grocery store. Researchers implemented a task analysis for the person to complete the task independently. The task analysis was as follows:

1. Walk into the store.
2. Obtain a shopping basket.
3. Tap the picture of the first item.
4. Navigate to the location of the first item.

5. Select the first item and put it in the basket.
6. Tap the picture of the second item.
7. Navigate to the location of the second item.
8. Select the second item and put it in the basket.
9. Walk to the checkout lane and get in line.

The person completed 66% of the steps independently at the first location, and 88% of the steps independently at the second and third locations. A parent, educational staff, and residential staff all reported some improvement in the participant's community shopping skills.

Module D Summary and Key Takeaways

Module D discussed instruction strategies for direct support professionals to use when implementing CBI. DSPs should perform an ecological inventory before instruction. DSPs should then develop a task analysis to determine which instructional program should be used to teach the desired skill. Instructional programs outlined in module D included system-of-least prompts and constant time delay. Module D also detailed response prompts needed to conduct the teaching strategies and described the importance of fading and how to fade. DSPs should follow the information in module D when the person with a disability has shown mastery of skills. CBI should lead to independence.

Key takeaways:

- DSPs can use a person's PCP to determine which skills need to be taught.
- DSPs should use an ecological inventory to determine what types of instruction and support a person needs.
- After DSPs complete an ecological inventory, they should develop a task analysis; a task analysis breaks skills down into smaller, teachable steps.
- Response prompts may be needed to teach a desired skill; prompts include indirect verbal prompts, direct verbal prompts, gesture prompts, model, and physical assistance.
- Prompt dependency occurs when a person waits for a cue before performing the desired skill.
- System-of-least prompts uses the hierarchy of prompts to teach the desired skill.
- Constant time delay uses intentional fading of a controlling prompt.
- Compensatory strategies can be used in support of teaching strategies.

- Instructional scripts are used to outline the goal and what methods should be used to obtain the goal.
- Data collection allows the DSP to recognize if the person is grasping the skill or if the team needs to reassess the methods of teaching.
- Fading is reducing the type and level of support given by a DSP.

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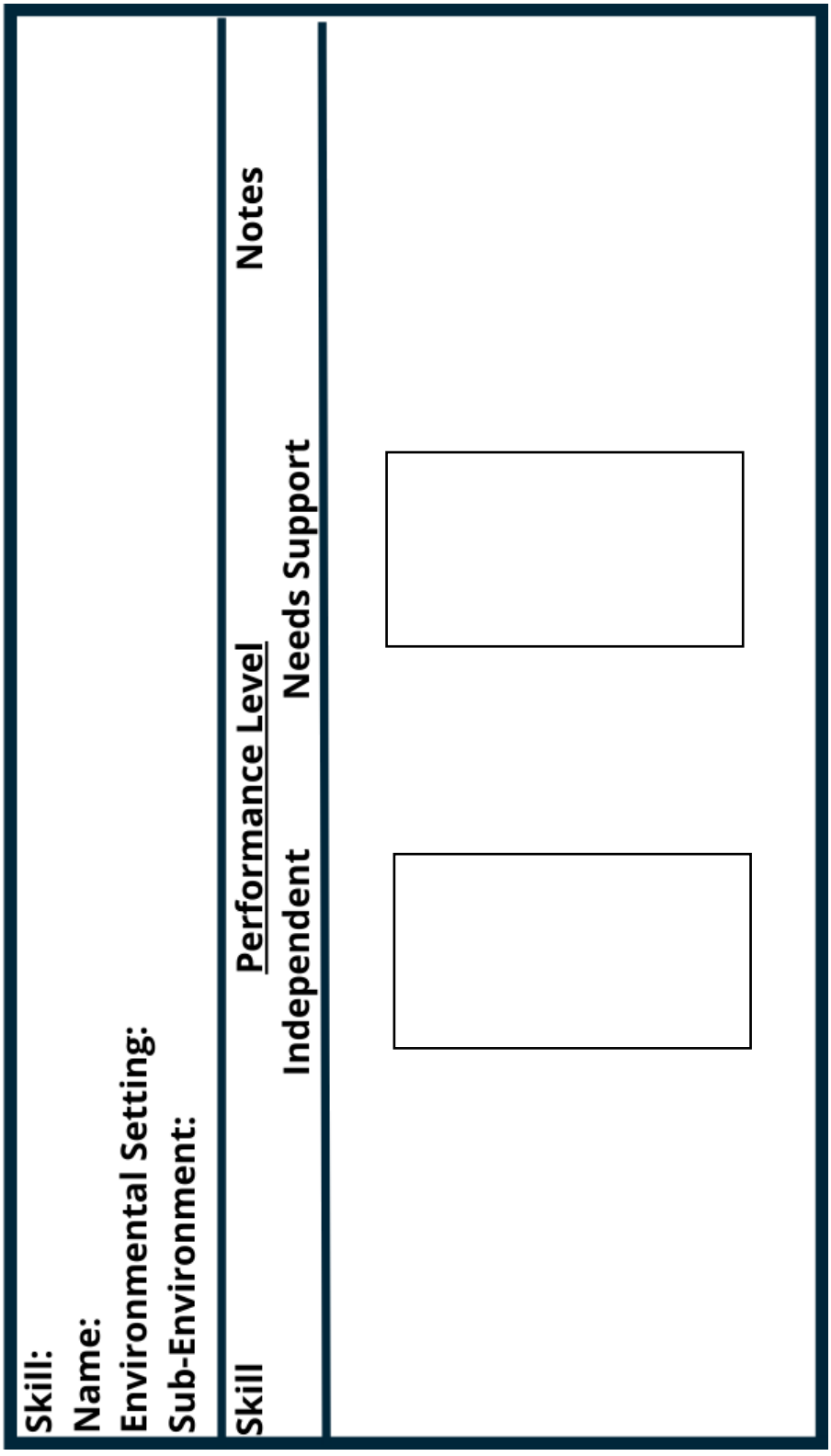
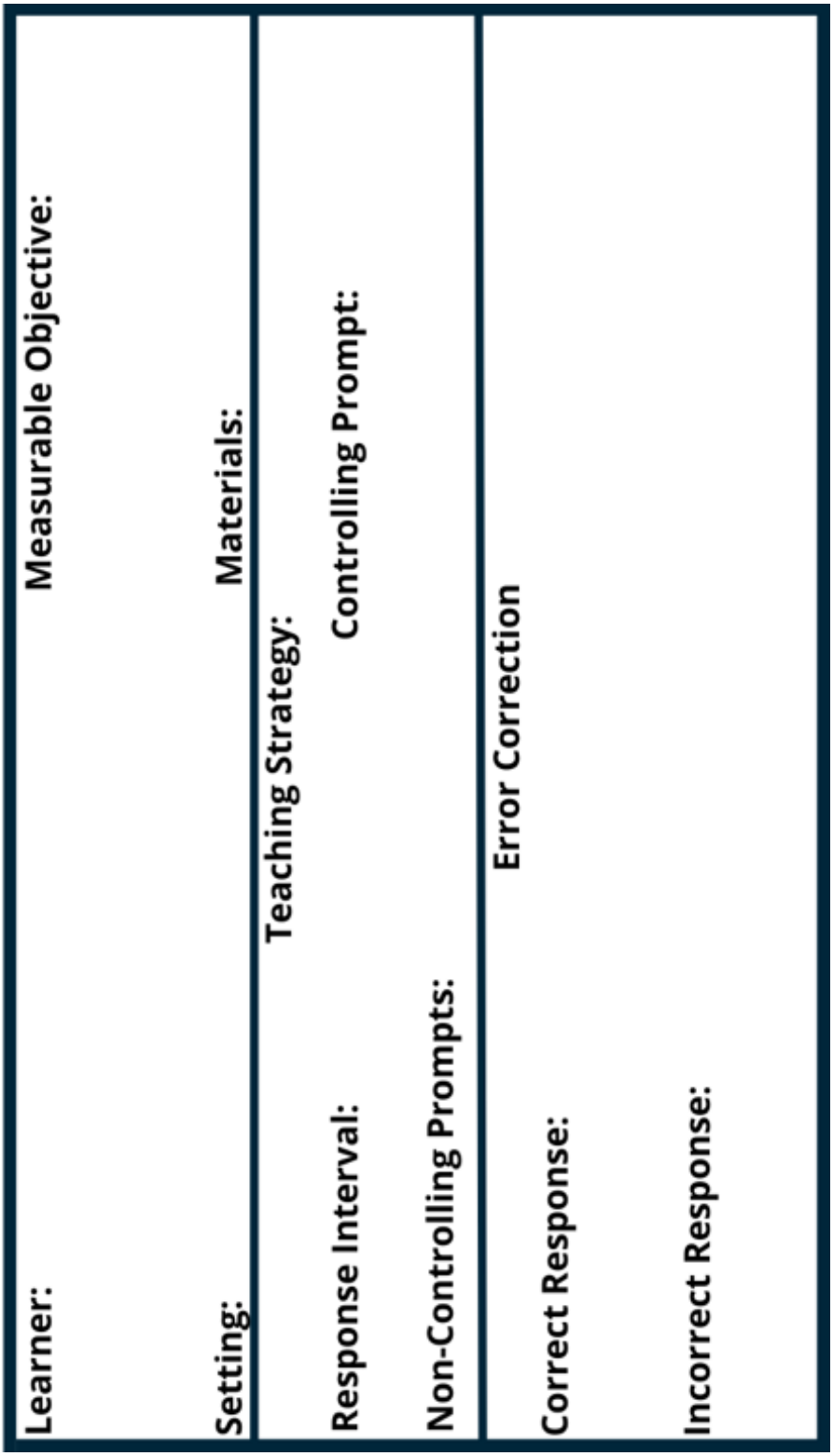
Appendix A

Blank Data Sheets

Ecological Inventory



System-of-Least Prompts Script



Constant Time Delay Script

Task Analysis

Observable and Measurable objective: **Setting:** **Materials:**		
Step	**Quality and Speed**	**Comments**

System-of-Least Prompts Data Sheet

Learner:										
Measurable Objective:										
Setting: **Materials:**										
Steps	**Session**									
	Baseline				Instruction					
	1	2	3	4	5	6	7	8	9	10
1.										
2.										
3.										
4.										
5.										
Percent of Unprompted Correct Responses										
	Summary Data									
	%	%	%	%	%	%	%	%	%	%

Time Delay Data Sheet

Learner:										
Measurable Objective:										
Setting: **Materials:**										
I – unprompted correct, **P –** prompted correct, **E –** prompted/unprompted error, **NR –** no response										
Steps	0s delay			5s delay						
	1	2	3	4	5	6	7	8	9	10
1.										
2.										
3.										
4.										
5.										
Percent of Unprompted Correct Responses										
	%	%	%	%	%	%	%	%	%	%

Community Mapping Form

Community Mapping Form							
	Business Name						
	Description						
	Hours						
	Activity/ Skill						
	Accessible (Y/N)						
	Transportation Needed						
	Environments Comments						
	Contact Info (if needed)						
	Additional Comments						

Appendix B

Module Tests

Module A Test

1. True or false.
   To achieve the principle of normalization, people with disabilities need to be treated specially and not like people without disabilities.

2. What are the three themes of normalization?
   a. Segregation
   b. Human rights
   c. Equality
   d. Happiness
   e. Quality of life

3. True or false.
   In the continuum of support/flow through model, a person cannot move into more integrated settings until they have shown they possess certain skills.

4. What is the Final Settings rule?
   a. A rule issued by CMS in 2014 to enhance the quality of HCBS programs.
   b. An amendment made to the Americans with Disabilities Act in 2014.
   c. A rule that allows service providers to make all the decisions for the people they support.
   d. A rule that states people with disabilities must work.

5. True or false.
   People receiving services through HCBS should be meaningfully integrated and fully engaged with their community.

6. Examine the indicators below and mark if they are HCBS quality indicators as outlined by CMS or not.

Indicator	CMS Quality Indicator	Not a CMS Quality Indicator
The setting is integrated in and supports the full access of individuals receiving Medicaid HCBS to the greater community		
The setting segregates the individual from the greater community		
The setting is not a setting of the person's choice		
The setting is selected by the individual from among setting options		
The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint		
The setting optimizes individual initiative, autonomy, and independence in making life choices		
The setting is unsafe for the individual		
The setting facilitates individual choice regarding services and supports, and who supports them		
The setting allows for the people who support the		

individual with a disability to make all choices for them		

7. Match the policy on the left to the correct description on the right.

Policy	Definition
1. Social Security Act	a. Enacted in 1935; authorized the creation of Medicaid.
2. Home and Community-Based Services	b. Signed into law in 1990; the five titles prohibit discrimination against people with disabilities.
3. Final Settings Rule	c. Created in 1981; provides a pathway to community integration for people who historically received services in institutional settings.
4. Americans with Disabilities Act	d. Issued in 2014; provides people with disabilities opportunities to receive services in the most integrated setting.

8. True or false.
Title II of the Americans with Disabilities Act requires that people with disabilities receiving public service be integrated in the community to the same extent as people without disabilities.

9. True or false.
The Final Settings Rule was created because of concerns that people with disabilities receiving HCBS waivers were not fully integrated with their communities.

10. What statement reflects the person-centered planning philosophy?

a. PCP is a strategy in which a DSP decides the goals for the people they support.
b. PCP is a way for people with disabilities to think only of themselves.
c. PCP is a strategy used to understand and discover how a person with a disability would like to live their life.
d. PCP is a mindfulness technique.

11. True or false.
Community-based instruction should be used to teach functional skills that align with the goals outlined in a person's PCSP.

12. Examine each waiver requirement below regarding the person-centered support plan requirements and indicate if the requirement is true (reflected in the HCBS requirements) or false (not reflected).

HCBS Waiver Requirement	True: It's reflected	False: It's not reflected
The individual may only invite their family to their meeting		
The individual should be educated on how the planning process works		
The individual should be informed about the choices they will be making about services and supports during their meeting		
The meeting occurs only during business hours at a manager's office		

The meeting reflects cultural considerations of the individual		
The plan can only be updated once a year		
A strategy should be in place for solving conflicts or disagreements during the process		

13. Examine each definition below and indicate whether it defines an integrated or segregated setting.

Definition	Setting Type
Populated primarily with people with disabilities.	
Provides people with disabilities opportunities to live, work, and receive services in the greater community.	
Located in mainstream society.	
Provides activities primarily with other people with disabilities.	
Offers access to the community at time, frequencies, and with people of a person's choosing.	
Characterized by regimentation, lack of privacy, or limitations.	
Offers people choice in their daily living activities.	

Module B Test

1. True or false.
   Quality of life is composed of the same factors and relationships for people with disabilities that are important to those without disabilities.

2. True or false.
   Quality of life is experienced when a person's needs and wants are met and when one has the opportunity to pursue life enrichment in major life settings.

3. True or false.
   Quality of life is primarily the perception of people around the person.

4. Natural supports are everything except:
   a. Cues that exist in the environment.
   b. Supports that allow for continued access to the community.
   c. People, technology, personal attributes, places, and services.
   d. People who don't support others.

5. Identify the natural supports used in the following scenario.
   Marta is working her volunteer shift at the food bank. She writes her name and the time she got in on the volunteer sheet. Today she is placing a shipment of food. Marta uses picture cards to help her place food items in the correct spot. She notices that some items of food are not listed on the picture cards. Marta uses her iPad to ask her DSP where the unidentified items should go. Her DSP isn't quite sure either. Marta then uses her iPad to ask a coworker. With the help of her coworker, Marta found the correct spot for the

unidentified items. Once Marta is done with her shift at the food bank, she walks home alone.

a. Social, organizational, service
b. Physical, organizational, transportation
c. Social, community, physical
d. Community, transportation, organizational

6. Match the functional skill to the community setting it could naturally occur at.

Functional Skill	Community Setting
1. Travel and Mobility Skills	a. Gym, movie theatre, museum
2. Community Skills	b. Public transportation, crossing the street, walking/biking trails
3. Recreation/Leisure Skills	c. Bank, using an ATM, payment methods
4. Financial Skills	d. Shopping centers, restaurants and cafes, medical facilities

7. What are functional skills?

a. Skills that people are born with.
b. Skills that allow for communication.
c. Skills needed to independently engage in a variety of settings.
d. Skills that aren't necessarily needed to perform everyday tasks.

8. Identify whether the scenarios below align with the attributes of community-based instruction or a general activity/outing.

Scenario	Community-Based Instruction or General Activity/Outing
Activity is adapted to the needs or special circumstances of an individual	
Activity does not lead to opportunities that will lead to more independence	
Activity is group-based	
Activity promotes social and functional skills	
Activity is an isolated experience	
Activity is part of ongoing instruction that leads to generalization	

9. DSPs should teach functional skills using information from a person's:
   a. Behavior support plan
   b. Person-centered support plan
   c. Rights restrictions plan
   d. Quality of life framework plan

Module C Test

1. DSPs should consider several factors when supporting people in the community. They are:
   a. Teach skills that are only relevant to the DSP.
   b. Ensure that goals reflect the strengths, interests, and needs of the person.
   c. Provide instruction that reflects the mental age of the person with a disability.
   d. Ensure that goals are not developed out of convenience.
   e. Develop age-appropriate goals based on a person's chronological age.

2. What are different assessment strategies that can be used to identify a person's strengths, preferences, and interests?
   a. Life Domain Vision Tool
   b. Community mapping
   c. Reading a textbook
   d. Integrated Supports Star
   e. Ignoring the person
   f. Referring to a person's PCSP

3. True or false.
   Transportation is not a significant barrier for people with disabilities to access their communities.

4. When it comes to transportation, all the following are true except:
   a. People with disabilities rely on public transportation more than those without disabilities.
   b. Transportation skills may be an ongoing identified goal.
   c. People with disabilities never have to limit how they travel.
   d. Transportation goals can be embedded with other goals.

5. True or false.

DSPs should be familiar with their company’s protocol for emergency situations prior to facilitating CBI.

Appendix C

Competencies

Proficiency Standard 1: HCBS Settings Rule and Application			
Knowledge	Competency	Application	Notes
K.1.1	The DSP understands the principle of normalization and social role valorization.	Test	
K.1.2	The DSP can describe why the continuum of supports can limit community access for people with disabilities.	Test	
K.1.3	The DSP can describe the Social Security Act and the Americans with Disabilities Act and how they influenced changes in disability access to community settings.	Test	
K.1.4	The DSP can describe differences between integrated and segregated settings.	Test	
K.1.5	The DSP can describe the HCBS Final Settings Rule.	Test	
K.1.6	The DSP can describe HCBS quality indicators for residential and non-residential settings.	Test	
K.1.7	The DSP understands the HCBS requirements for person-centered support plans.	Test	

Skills	Competency	Application			Notes
		Novice	Competent	Expert	
S.1.1	The DSP provides regular opportunities for residential and non-residential HCBS recipients to access the community based on the informed choice of the individual.				
S.1.2	The DSP regularly communicates with the supervisors to review and understand the HCBS recipient's person-centered support plan.				

Proficiency Standard 2: Community-Based Instruction			
Knowledge	Competency	Application	Notes
K.2.1	The DSP describes the quality-of-life framework to support HCBS recipients.	Test	
K.2.2	The DSP describes natural supports and how to use them during community-based instruction.	Test	
K.2.3	The DSP aligns community-based instruction with the recipient's person-centered support plan.	Test	

K.2.4 	The DSP can describe types of functional skills that can be taught in community settings	Test	
K.2.5 	The DSP describe the differences between CBI and general activities and outings.	Test	
K.2.6 	The DSP understand assessment strategies to identify HCBS recipient's strengths, preferences, and interests as the related to engaging in community settings.	Test	
K.2.7 	The DSP understands the range of transportation options to support community-based instruction.	Test	
K.2.8 	The DSP understands agency protocols for emergency situations in community settings.	Test	
Skills	Competency	Application Novice / Competent / Expert	Notes
S.2.1 	The DSP uses the PCSP, conversations, and formal observations to help identify age-appropriate goals, strengths, interests, and needs related to CBI.		

S.2.2	The DSP is familiar with community settings and resources that align with the person with a disability's goals and objectives.				
S.2.3	The DSP frequently assesses transportation needs so the person with a disability can access community environments.				
S.2.4	The DSP uses valid assessment strategies including ecological inventories to plan for CBI.				
S.2.5	The DSP uses task analysis to determine how community-based tasks and activities are completed.				
S.2.6	The DSP identifies the appropriate prompting strategy to teach the acquisition of community-based skills.				
S.2.7	The DSP uses age-appropriate reinforcement strategies during community-based instructional trials.				
S.2.8	The DSP conducts a baseline analysis for community-based instructional tasks and activities				

	and documents level of performance, level of assistance or prompts needed, and the controlling and non-controlling prompts.				
S.2.9	The DSP uses appropriate data collection methods for community- based instruction including instructional data and maintenance data.				
S.2.10	The DSP uses appropriate fading strategies for each community-based instructional strategy.				

Ecological Inventory Fidelity Checklist				
DSP Name: Supervisor sign-off:				
Step	**Description**	**Independent**		**Notes (areas for improvement)**
		Yes	**No**	
1. The DSP identifies instructional domains.	The DSP can identify instructional domains and explains how each domain is aligned with the strengths, interests, and preferences of the person with a disability.			
2. The DSP identifies preferred current and future environments for implementing CBI.	The DSP can identify current and future environments in preferred community-based settings. The DPS ensures that these environments are linked to the person with a disability's strengths, interests, and preferences.			
3. The DSP identifies major and sub-environments.	The DSP can identify major and sub-environments where instruction will occur and explain how they relate to a person with a			

	disability's strengths, interests, and preferences.			
4. The DSP identifies relevant activities.	The DSP can identify relevant/applied activities and explain how they relate to a person with a disability's strengths, interests, and preferences.			
5. The DSP identifies the skills and necessary accommodations needed to complete an activity.	The DSP can identify the communication, physical, and analytical skills needed to complete a task. The DSP identifies accommodations when skill deficits are observed.			

Task Analysis Checklist				
DSP Name: Supervisor sign-off:				
Step	**Description**	**Independent**		**Notes (areas for improvement)**
		Yes	**No**	
1. The DSP develops measurable community-based training objectives.	The DSP can operationalize training objectives that are both observable and measurable. Objectives align with information obtained collected during ecological assessment.			
2. The DSP clearly describes each discrete, teachable step for the task or activity.	The DSP writes out each discrete step in the TA in both observable and measurable terms.			
3. The DSP sequences the steps in the TA.	The DSP logically sequences the steps in each task in exact order for completion.			
4. The DSP performs the TA.	The DSP performs the TA more than once to ensure accuracy and adjusts as needed.			

5. The DSP identifies the materials and accommodations needed to complete the task.	The DSP identifies materials and accommodations needed to successfully complete the task. The DSP ensures the person with a disability has access to the materials and accommodations.			
6. The DSP documents speed and quality requirements.	The DSP identifies the speed and quality requirements for completing the task.			

CTD Checklist				
DSP Name: Supervisor sign-off:				
Step	**Description**	**Independent**		**Notes (areas for improvement)**
		Yes	**No**	
1. The DSP conducts baseline analysis.	The DSP documents the controlling prompt and ability to wait for prompt, determine the number of 0s trails and determine length of response interval.			
2. The DSP presents the 0s delay trial.	The DSP provides task direction and immediately presents the controlling prompt. The DSP ensures that the person with a disability correctly responds with the controlling prompt.			
3. The DSP determines consequences for each response.	The DSP identifies age-appropriate reinforcement for prompted and unprompted correct responses. During acquisition, the DSP fades reinforcement to natural levels. For error responses, the DSP interrupts the error response and provide appropriate assistance.			

4. The DSP implements CTD instruction.	The DSP give instructional cue, uses appropriate response interval, provides reinforcement for correct unprompted and prompted responses, continues instruction until the person with a disability meets established independent criteria.			
5. The DSP collects appropriate data.	The DSP document the level of assistance (prompt) needed to produce a correct response. The DSP summarizes data by calculating the number of correct responses / incorrect responses.			
6. The DSP conducts maintenance analysis.	The DSP collects maintenance analysis at predetermined intervals.			

SLP Checklist				
DSP Name: Supervisor sign-off:				
Step	**Description**	**Independent**		**Notes (areas for improvement)**
		Yes	**No**	
1. The DSP conducts baseline analysis.	Document controlling and non-controlling prompts and identify at lease 3 levels of prompts to use during instruction.			
2. The DSP sequences prompts.	The DSP sequences and arranges prompts from the least to the most assistance and determines the length of the response interval.			
3. The DSP determines consequences for each response.	The DSP identifies age-appropriate reinforcement for prompted and unprompted correct responses. During acquisition, the DSP fades reinforcement to natural levels. For error responses, the DSP interrupts the error response and moves to the next level prompt in the hierarchy.			
4. The DSP implements SLP instruction.	The DSP gives instructional cue, uses appropriate response interval, provides reinforcement for correct			

	unprompted and prompted responses, continues instruction until the person with a disability meets established independent criteria.			
5. The DSP collects appropriate data.	The DSP documents the level of assistance (prompt) needed to produce a correct response. The DSP summarizes data by calculating the number of correct responses / incorrect responses.			
6. The DSP conducts maintenance analysis.	The DSP collects maintenance analysis at predetermined intervals.			