

POSITION MANUAL

RECREATIONAL THERAPY

2024



Assisted Independence, LLC.
Home and community based services



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To be completed online at assistedindependence.care

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INTRO



Welcome Recreational Therapists!

Assisted Independence is committed to the sound delivery of Recreational Therapy supports. Our Recreational Therapists are trained professionals, working towards a common goal of helping others reach independence. By joining our team, you have joined the mission for individuals we support to live active and healthy lives at home and in the community. Our vision is "one day, people will be able to access Recreational Therapy through public and private health insurances, prescriptions, primary and secondary educations, local parks organizations, corporations, and philanthropies.

The Recreational Therapy Position Manual is designed to help our Recreational Therapists, as well as individuals supported, navigate the wonders of Recreational Therapy in the home and community-based Indiana Medicaid waiver system. We hope your questions can be answered by referring to this guidebook. On behalf of the entire team at Assisted Independence, thank you for the dedication in supporting individuals with developmental disabilities.

How Assisted Independence Started

Jason's Story

One summer, working as a young Direct Support Professional (DSP), I had the pleasure of meeting Mr. Ricke, who was receiving Participant Assistance and Care (PAC) through his state-sponsored Medicaid Waiver. Our relationship took off as we bonded over the love of fishing. Mr. Ricke's numerous conditions sometimes created barriers for doing the hobbies he loved, but with the help of a Direct Support Professional (DSP), so much was possible. Jason and I spent most of our summers fishing on Lake Santee. During that time I learned so much from Jason, particularly about the best bass fishing techniques. Jason would flip his line in between docks, waiting for his prize... Splash! Out of the water jumped a largemouth bass. Jason would set the hook, yanking his fishing pole over his right shoulder, reeling in the fish like a professional. The lakefront homeowners cheered Jason from their back porches: "Nice catch, Jason!". His excitement for fishing seemed to never cease. His hobby brought him a sense of community and belonging. His identity was shaped through his fishing pursuits. I was thankful to be along for the boat rides, even though Jason would say, "You're not tournament ready". On those long, summer days, the sun seemed to hang in the sky forever. My job hardly seemed like work, holding a fishing pole, enjoying the sunset's golden reflection off the lake water. I wish those days lasted forever.

Jason's condition began depleting a few years after our first acquaintance. My role transformed from fishing partner to healthcare transporter. Jason's kidneys were failing. As a result, Jason dedicated a huge amount of time to dialysis treatments. His conditions created a domino of health effects. Jason suffered many catastrophic medical events. Jason knew his time was short, but we were determined to make our days count, not count our days. We managed a successful fishing trip and campfire cookout at Lake Monroe, followed by an evening trip to Lake Santee when Jason caught his record size, favorite fish, the largemouth bass. Not long thereafter, Jason was scheduled for a minor outpatient surgery to cauterize his superficial veins in order to increase his blood pressure, which had been abnormally low. Prior to the surgery, we must have asked the doctor a hundred questions. Post-procedure, when Jason awoke from the anesthesia his oxygen levels took a few hours to recover, and the hospital seemed determined get him out the door and on his way.

The next day Jason was back in the hospital - This time in the Intensive Care Unit (ICU). His lungs were carrying a profound amount of fluid, as his kidneys were unable to filter his blood to sufficiently excrete unneeded fluids. Jason fought hard. Shortly thereafter, God rescued Jason, and his pain here on earth was no longer. This experience was incredibly hard as a caregiver.

Jason is a huge reason Assisted Independence started. Weeks after his death, I realized more could have been done to delay the outcome. Perhaps we could have had a few more fishing trips. We both had dreamed about going to Dale Hollow, one of the nation's best bass fishing destinations. If Jason's cardiologist who performed the surgery had consulted Jason's nephrologist (kidney doctor), perhaps dialysis could have been conducted before, during, and/or after the surgery to prevent excessive fluid retention. Reducing anesthetics and reducing intravenous fluid intake, or using anesthesia alternatives, might have prevented Jason from accumulating the fluid in his lungs that eventually led to his death.

The Recreational Therapist can play a vital role in helping individuals manage many life aspects, such as healthcare, diet, fitness, employment, education, and so much more. Recreation brought Jason happiness. Recreation, specifically fishing, was the driving force in his life. Fishing brought exercise, socialization, education, and numerous other beneficial outcomes. In Jason's final years, fishing was the reason he fought. Assisted Independence vows to grow the Recreational Therapy profession in a manner that honors Jason, so others can have the best possible care. Although Jason is gone fishing, his experiences propel a bright future for individuals with disabilities.



Administrative Team



President

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Direct Support Professional (DSP) Team



Available Supports

through

Assisted Independence

- **Direct Support Services**
 - **Day Services (Formerly known as Community Habilitation & Integration)**
 - **Participant Assistance & Care**
 - **Residential Habilitation Services**
 - **Respite Service**
 - **Transportation**
- **Recreational Therapy**
- **Nursing Supports**
- **Wellness Coordination**
- **Family and Caregiver Training**



Intro Documents

- **Assisted Independence Locations:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Locations.pdf>
- **Assisted Independence Organizational Chart:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Organizational-Chart.pdf>
- **Assisted Independence, LLC. Quality Assurances Award Letter 01-10-2023 :**<https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Locations.pdf>
- **Community Integration and Habilitation Waiver (CIHW) Available Supports:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Community-Integration-and-Habilitation-Waiver-CIHW-Available-Supports.pdf>
- **Day Habilitation (DHI):** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Day-Habilitation.pdf>
- **Family Supports Waiver (FSW) Available Supports:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Family-Supports-Waiver-FSW-Available-Supports.pdf>
- **Medicaid Waiver Overview:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Medicaid-Waiver-Overview.pdf>
- **Participant Assistance and Care (PAC):** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Participant-Assistance-Care-PAC.pdf>
- **Residential Habilitation and Support (RHS) – Hourly:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Residential-Habilitation-and-Support-RHS.pdf>
- **Respite:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Respite.pdf>
- **What is Recreational Therapy?:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/What-is-Recreational-Therapy.pdf>



SECTION ONE

HUMAN RESOURCES



CHECKLIST FOR THE FOLLOWING...



1.) Driver's License (EXPIRES EVERY 4 YEARS)



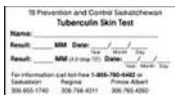
2.) Vehicle Registration (EXPIRES EVERY YEAR)



3.) Automobile Insurance (EXPIRES EVERY 3, 6, or 12 MONTHS)



4.) CPR / First Aid Certification (EXPIRES EVERY 2 YEARS) (offered once per quarter, be sure to claim time in AccelTrax)



5.) Negative TB Skin Test (EXPIRES EVERY 2 YEARS)
Religious exemption? No problem, just email us!



6.) Highest education degree /diploma



7.) National Council on Therapeutic Recreation Certification (NCTRC) Certified Therapeutic Recreation Specialist (CTRS) certification

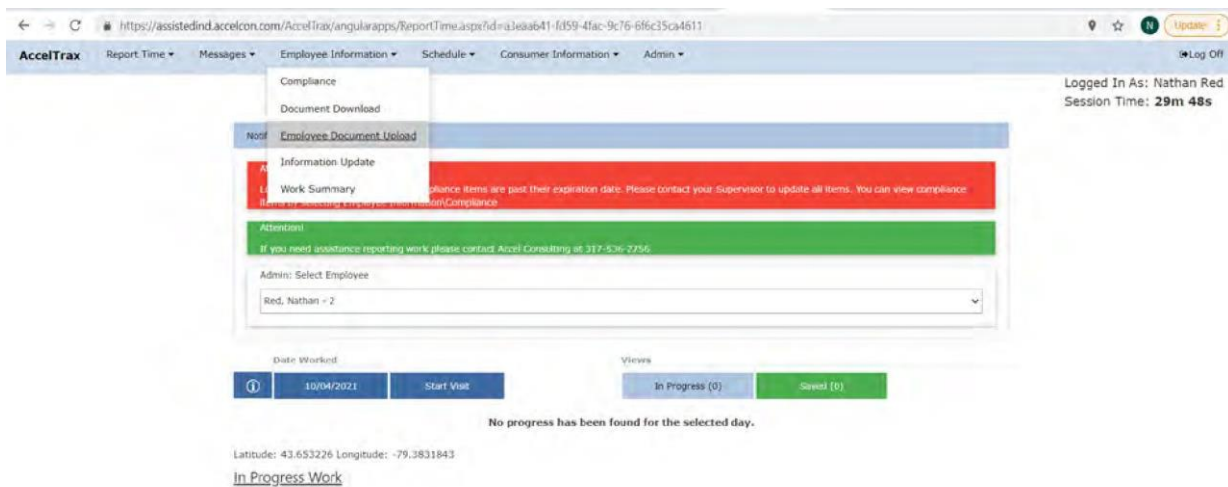
Note: If you do not have the necessary files, you will NOT be allowed to work. Files should be uploaded to AccelTrax.

How to Upload Employee Compliance Documents

Go to <https://assistedind.accelcon.com/acceltraxv5>

Employee #: will be provided by Director of Recreational Therapy
Password: Last four of your social security

- 1.) On AccelTrax, click the "Employee Information" tab to expand the drop-down menu.
- 2.) From the drop-down menu, click "Employee Document Upload"
- 3.) Beneath the drop-down menu under "Group", select "Employee"
- 4.) Beneath the drop-down menu "Section" select "Employee Compliance Documents"
- 5.) Beneath the drop-down menu "Type" select the applicable compliance document.
- 6.) Name the file "Last Name, First Name [Compliance Document Type] MM-DD-YYYY"
- 7.) Leave the "Description" field blank
- 8.) Click "Select a Document" A pop-up window will occur.
- 9.) Click "Choose File". Browse your device and select the previously saved completed competency examination. Click "Open"
- 10.) Click "Done"
- 11.) Click "Upload"
- 12.) A message will read "Document Uploaded Successfully".

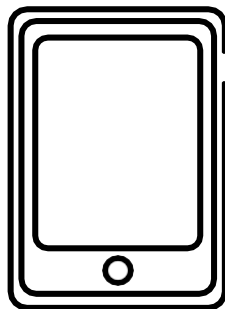


Acceptable Employee Compliance Document Types

If you don't have a digital document to upload, any of the following can create an acceptable digital document. As long as your employee compliance document is readable, it can be uploaded as documentation to AccelTrax!



Scan your documents



Take a photo with a tablet



Take a photo with your mobile

If you can read it, we can read it.

Your Company Email



The Director of Recreational Therapy will provide you with a company email. Your email address will likely be yourfirstname@assistedindependence.care. The password will be provided to you by the Director of Recreational Therapy, thereafter you may change the password. You may access your WebMail email account by visiting <https://assistedindependence.care:2096/>

While on vacation or work, you are required to set up an automated email to inform those attempting to contact you that you are not available and when you are expected to return.

Required Email Signature

[Name]
[Phone]
your_email@assistedindependence.care

Recreational Therapist
Assisted Independence, LLC.
www.assistedindependence.care
PO.. Box 1683
Columbus, IN 47202
Hours of Operation:: Monday - Friday 8:00AM-4:00PM

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Email on Mobile Devices

How do I set up my email on my mobile device?

download Microsoft Outlook on your mobile device

EMAIL SETTINGS

Username: info@assistedindependence.care
Password: Use the email account's password.

Incoming Server: mail.assistedindependence.care

- IMAP Port: 993
- POP3 Port: 995

Outgoing Server: mail.assistedindependence.care

- SMTP Port: 465
- IMAP, POP3, and SMTP require authentication.

<https://help.one.com/hc/en-us/articles/115005586709-Setting-up-Mail-on-iPhone-iOS-11-12->

You'll set up as described but until step#7, for this you'd use the following settings instead of what is in the guide:

Incoming/Outgoing Server Hostname: mail.assistedindependence.care

To note, in the Outgoing Settings it will say the username and password is optional during the setup. Disregard this and enter in the hostname, username(email address) and password anyways.

Email Support Contact
Ben Dennie
Sozo Technologies LLC

317.406.0035
m: 317.561.0315
w: www.sozo.tech
E: ben@sozo.tech





ACCESSING YOUR PAYSTUBS

ACCESSING YOUR BI-MONTHLY PAYSTUBS THROUGH PAYLOCITY

Instruction for Accessing on a Desktop

1. Go to <https://access.paylocity.com/>
2. Enter "156311" under Company ID
3. Enter your username (same as AccelTrax)
4. Enter your password
5. Click "Login"
6. Choose the method you which to receive your two-factor authentication code
7. Receive an enter your one-time pass code
8. Click Login
9. Click on "Pay" located on the second tab
10. Select "Checks" from the second tab beneath pay
11. Click the "Show" tab to view the entire check stub details.
12. Click "History" to view previous pay stubs.

Instructions for Accessing on a Mobile Device

1. **Download the Paylocity App from the App Store on your mobile device**
2. **Open the Paylocity App**
3. **Enter your company number: 156311**
4. **Create a username**
5. **Create a password**
6. **Login**
7. **Choose the method you which to receive your two-factor authentication code**
8. **Receive an enter your one-time pass code**
9. **Click Login**
10. **Click on "Pay" from the drop-down menu on the left side of the screen**
11. **Your current check details will then appear.**
12. **Click "History" to view previous pay stubs.**

BENEFITS

Recreational Therapists

Health Insurance: 50% reimbursed

401K Retirement Planning: Employees may put a percentage or flat amount of their pre-tax income into a retirement plan. We match 1%

Paid Time Off (PTO): one average work week p/y with a one-year rollover

Mileage Reimbursement: \$0.35 per mile with individual supported

Short-Term Disability Insurance: includes maternity leave

Liability Insurance: +\$5 million in coverage

Worker's Compensation Insurance: in case you're injured on the job

Unemployment Insurance: in case things get tough

Payroll Tax Payments: so you don't get behind

National Council on Therapeutic Recreation Certification (NCTRC) Annual Maintenance Fees: because you shouldn't have to pay to work

National Council on Therapeutic Recreation Certification (NCTRC) Exam Application and Entrance Fees Reimbursement: because we need it for you to work

Continuing Education Credits: \$150.00 p/y

Paid CPR Training: in-house offered every quarter

Background Check Payment: every three years

TB Skin Test Reimbursement: every two years

Online Software: to organize your notes

Equipment: cycles, kayaks, outdoor supplies, and more

Bus: for you to drive during group field trips

Program Plans: to bring us together

Formalized Assessments: to measure progress accurately

Quarterly Report Filing: so you aren't always doing paperwork

Lobbying Representation: so you have a say in our government's policy

Company Retreats: when we all need a break!

Utilization Bonuses: for using all that is available to an individual

Recruitment Bonuses: for helping more get service access

Employee of the Month Bonuses: good work deserves good reward

Social Media Participation Bonuses: for helping us grow

Annual Raises: each and every year!

Gifts: so you know you are valued



Assisted Independence, LLC.

Home and community based services

Health Insurance

Need a health insurance plan?

Assisted Independence pays 50%!

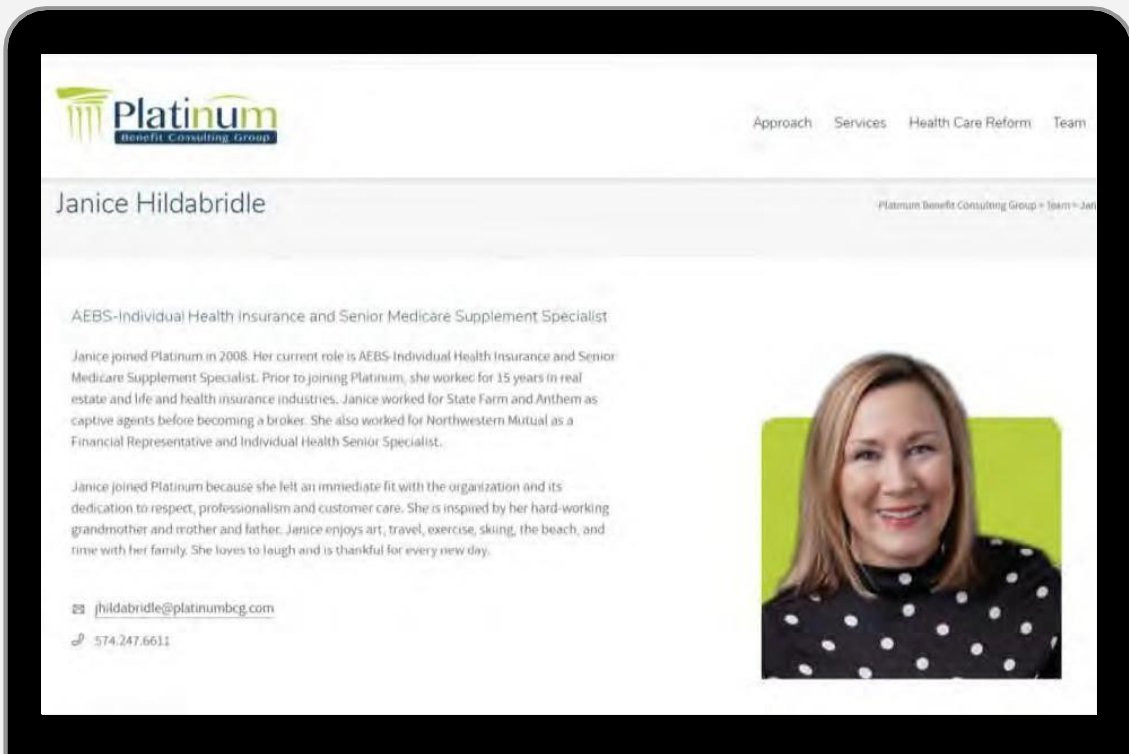
Who is eligible? Full-Time Employees

How does it work? Employees pay 100% of the health insurance costs, Assisted Independence reimburses 50% of employee cost per month on check.

What does this cover? 50% of health insurance. Vision and dental are not covered.

Who does this cover? Your policy may have dependents on it. Assisted Independence only covers 50% of the cost for you as the employee. It is your responsibility to cover your other 50% and the full cost of any dependents.

What do I need to do to get set-up? Request a quote by emailing (please CC the Director of Recreational Therapy) your full name, address, birthday, and expected annual income to Janice Hildabridle at jhildabridle@onedigital.com.



The screenshot shows a professional profile page for Janice Hildabridle on the Platinum Benefit Consulting Group website. The page includes the company logo, navigation links, and a detailed bio. The bio states that Janice joined Platinum in 2008 and is currently an AEBS-Individual Health Insurance and Senior Medicare Supplement Specialist. It also mentions her previous experience in the real estate and life and health insurance industries, and her personal interests. Contact information for Janice is provided at the bottom of the bio section.

Platinum
Benefit Consulting Group

Approach Services Health Care Reform Team

Janice Hildabridle

Platinum Benefit Consulting Group • Team • Janice


AEBS-Individual Health Insurance and Senior Medicare Supplement Specialist

Janice joined Platinum in 2008. Her current role is AEBS-Individual Health Insurance and Senior Medicare Supplement Specialist. Prior to joining Platinum, she worked for 15 years in real estate and life and health insurance industries. Janice worked for State Farm and Anthem as captive agents before becoming a broker. She also worked for Northwestern Mutual as a Financial Representative and Individual Health Senior Specialist.

Janice joined Platinum because she felt an immediate fit with the organization and its dedication to respect, professionalism and customer care. She is inspired by her hard-working grandmother and mother and father. Janice enjoys art, travel, exercise, skiing, the beach, and time with her family. She loves to laugh and is thankful for every new day.

jhildabridle@platinumbcg.com

574.247.6611



Paid Time Off (PTO)

Who is eligible?

All therapists, full and part time, receive one week of Paid Time Off each year! The time allotted for the time off is equivalent to the average hours worked per week. All therapists are eligible for Paid Time Off after 90 days of employment.

How does this work?

Paylocity tracks the hours you work with each paycheck. You may request a singular day up to a full week off at a time.

How to request time off:

1. Login to Paylocity
2. Select Time Off tab
3. Select Requests tab
4. Select the Start and End Dates for your time off request
5. Input the start and end times to the amount of hours you would typically bill for the specific day you are requesting off
 - a. Repeat this for each day if requesting multiple days.
 - b. Do not request more hours than available
6. You do not select the "Include Weekends"
7. Under Comments, input the year you are requesting time off from.
 - a. If using rollover time from the previous year, type, "Rollover from [input previous year] Request
 - b. If using the current year, type, "[Current year] Request
8. Select Submit

After you submit the request, the Director of Recreational Therapy will either approve or deny your request. You will receive an email stating the status of your request.

Paid Time Off is approved on a first come, first serve basis. Only three therapists may request the same week of the year off at a time for approval.

Utilization Bonus

The Recreational Therapist is responsible for understanding and tracking utilization. As you will read later in the Intake Process, everyone supported has a Service Authorization (SA), formerly known as a Notice of Action (NOA). The Service Authorization (SA) contains the individual's selected Medicaid waiver services. Of course, Recreational Therapy with Assisted Independence must be listed on the Service Authorization (SA) prior to the Recreational Therapist providing Recreational Therapy. The Case Manager is responsible for taking requests for amendments and updating the Service Authorization (SA), which can be done at any time.

The Service Authorization (SA) will contain the available units, or allocation, of Recreational Therapy. One unit of Recreational Therapy is 15 minutes. The Service Authorization (SA) will also contain the time frame for which those units are available. The Service Authorization (SA) is automatically sent to Assisted Independence. Then, the information from the Service Authorization (SA) is inputted to AccelTrax, where the Recreational Therapist can view the utilization, which shows how many units have been used and how many units are still available. The following percentages of unit utilization per individual qualify for a bonus.

100%	-\$50.00
90%	-\$25.00
80%	-\$10.00

The potential bonus applies to each separate individual supported. When an individual's budget is renewed annually, the Director of Recreational Therapy determines the percentage of units that were utilized, providing the bonus accordingly. Bonuses accumulate as utilization percentages are met. Exceeding utilization authorizations is prohibited and will not pay incentive bonuses.

Examples

- Recreational Therapist could have one individual's budget renew and receive one reward up to \$10.00, \$25.00, or \$50.00 depending on utilization. Recreational Therapist could also have four budgets renewed and receive anywhere from \$40 to 4 season passes to parks/facilities.
- If a Recreational Therapist supports ten (10) individuals, and reaches 80% utilization for each individual, over the course of a year, the Recreational Therapist may receive a total incentive bonus of \$100.00.
- If a Recreational Therapist supports ten (10) individuals and reaches 90% utilization for each individual supported, over the course of a year, the Recreational Therapist may receive a total incentive bonus of \$250.00.
- If a Recreational Therapist supports ten (10) individuals, and reaches 100% utilization for each individual supported, over the course of a year, the Recreational Therapist may receive a total incentive bonus of \$500.00.

Social Media Participation Bonus

Initial Steps

- 1) Create your own personal LinkedIn, Twitter, FaceBook, and Instagram account.
- 2) Ensure a professional head shot picture is used on your LinkedIn page. Assisted Independence reimburses all Recreational Therapists for a professional head shot photograph.
- 3) Follow Assisted Independence on LinkedIn, Twitter, FaceBook, and Instagram.
- 4) List Assisted independence as your employer on your LinkedIn and FaceBook social media pages.
- 5) Leave at least one review on either (or both) the Assisted Independence LinkedIn and FaceBook social media pages.
- 6) Ensure individuals supported have completed the

How to Earn the monthly Social Media Participation Bonus

Recreational Therapists can earn a bonus of \$50.00 per month by completing the following each month:

- 1) Leave a Recommendation on at least one coworker's LinkedIn social media page at least once per month.
- 2) Like at least 30 posts from an Assisted Independence social media account. Assisted Independence will be posted daily on each platform. To earn the bonus, the 30 likes do not have to be on one single platform, but rather through all combined, in a one-month span.
- 3) Comment on at least five Assisted Independence posts per month.
- 4) Repost or re-tweet content from Assisted Independence at least twice per month.
- 5) Post from your personal social media account something positive about your job at Assisted Independence at least twice per month. Ensure that the Assisted Independence official social media page is tagged in your posts. Please note, photographs, videos, or stories of individuals supported are not permitted on your personal social media pages or platforms, unless you are re-posting or re-tweeting content from an official Assisted Independence account.
- 6) Post or re-post content from a coworker at least once per month.
- 7) Like at least five posts from coworkers each month.
- 8) Help individuals supported post a review, photograph, video, or story about their services from Assisted Independence twice per month.
- 9) Upload on AccelTrax online at <https://assistedind.accelcon.com/acceltraxv5/ne> under "Employee Information", "Documents Upload", group "Administration", section "Marketing", type "Photographs" at least five (5) photographs per month from Recreational Therapy sessions. Name the photograph the name of the individual supported. Photograph quality and video quality must meet a certain standard. For photographs and videos, please hold your phone horizontally (hot-dog style) when capturing the image.
- 10) Upload on AccelTrax online at <https://assistedind.accelcon.com/acceltraxv5/ne> under "Employee Information", "Documents Upload", group "Administration", section "Marketing", type "Photographs" at least one ten (10) second video per month. Name the photograph the name of the individual supported.

Employee Referral Bonus

Referrals for New Recreational Therapy Employees

- \$500.00 will be given to the Recreational Therapist for each newly hired Recreational Therapist that is referred by the current Recreational Therapist.
- The new Recreational Therapist must work 320 hours with Assisted Independence for the current Recreational Therapist to receive the \$500.00 incentive bonus.

Referrals for New Direct Support Professional (DSP) Employees

- \$100.00 will be given to the Recreational Therapist for each new Direct Support Professional (DSP) that is referred by the Recreational Therapist and hired by Assisted Independence.
- The new Direct Support Professional (DSP) must work 100 hours with Assisted Independence for the Recreational Therapist to receive the \$100.00 incentive.

Encourage those to apply online by visiting:

<https://www.assistedindependence.care/careers/>

Managing Direct Support Professionals (DSP's) Bonus

The Recreational Therapist may receive a \$100.00 bonus per month to manage the Direct Support Professional (DSP). The Direct Support Professional (DSP) provides one of the following services: Participant Assistance and Care (PAC), Residential Habilitation Services (RHS), Day Habilitation (DHI), and/or Respite (RSPO). Managing the Direct Support Professional (DSP) requires attendance of quarterly meetings, scheduling, formulation and training on Risk Plans, and oversight of Direct Support Professional (DSP) compliance requirements. The Direct Support Professional (DSP) must work a minimum of 20 hours per month for the Recreational Therapist to qualify for the bonus. Co-sessions are permitted. Solicitation is prohibited. In the event the Direct Support Professional (DSP) supports multiple individuals who receive Recreational Therapy from different and separate Recreational Therapists, the incentive bonuses are to be split between the Recreational Therapists.

So, you have indicated that an individual supported in is need of a Direct Support Professional (DSP). Now, as a Recreational Therapist, you are hoping to take advantage of the bonus incentive.

Step 1: Recruit and Review Potential Candidates. Reach out to Assisted independence to review applicants if need be.

Step 2: During a Recreational Therapy session, review the applications and resumes with the individual supported. Feel free to search for the potential Direct Support Professional (DSP) online (Facebook, Twitter, etc.). Once the individual supported has narrowed down the potential Direct Support Professional (DSP), call or email the potential Direct Support Professional (DSP) to schedule a Zoom interview during the next Recreational Therapy session.

Step 3: Conduct the Zoom interview during the Recreational Therapy session with the individual supported. Request a list of interview questions from Assisted Independence. Inform the potential applicant of the intention to review the application. At the conclusion of the interview, consult the individual supported for thoughts and feeling about the potential Direct Support Professional (DSP). Allow the individual supported to make a choice.

Step 4: Once a choice has been made, inform Assisted Independence of the intention to hire the potential Direct Support Professional (DSP). Do NOT offer employment to the potential Direct Support Professional (DSP) until Assisted Independence informs the Recreational Therapist of the background check results.

Step 5: Inform the candidate they are officially hired as a Direct Support Professional (DSP). The newly hired Direct Support Professional (DSP) will receive two emails: one from Paylocity to begin onboarding, and one from Assisted Independence with AccelTrax login credentials. Inform the newly hired Direct Support Professional (DSP) they are required to join the next Recreational therapy session.

Step 6: Conduct the next Recreational Therapy session alongside the newly hired Direct Support Professional (DSP). Provide the newly hired Direct Support Professional (DSP) a copy of the individuals Person-Centered Individualized Support Plan (PCISP) and Risk Plans (if applicable). Instruct the newly hired Direct Support Professional (DSP) on how to report work in AccelTrax, as well as how to complete orientation training and upload employment compliance documentations in AccelTrax. Establish a schedule for the Direct Support Professional (DSP). Require that the Direct Support Professional (DSP) complete all orientation training and provide all employment documentations prior to working alone with the individual supported.

Step 7: Conduct at least one more Recreational Therapy session alongside the newly hired Direct Support Professional (DSP).

Step 8: Maintain weekly communication with the newly hired Direct Support Professional (DSP).

Human Resources Documents

- **This Organization Participates in E-Verify:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/This-Organization-Participates-in-E-Verify.pdf>
- **Self-Register as a New User with Paylocity:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Self-Register-as-a-New-User-with-Paylocity.pdf>

SECTION TWO

Orientation and Annual Training



go to
<https://www.assistedindependence.care/>

Orientation Documents

- **American Therapeutic Recreation Association (ATRA) Code of Ethics:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/American-Therapeutic-Recreation-Association-ATRA-Code-of-Ethics.pdf>
- **American Therapeutic Recreation Association (ATRA) Standards of Practice:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/American-Therapeutic-Recreation-Association-ATRA-Standards-of-Practice.pdf>
- **Assisted Independence Policies and Procedures:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Policies-and-Procedures.pdf>

RECREATIONAL THERAPY

SECTIONS THREE, FOUR, FIVE SIX, and SEVEN

The A.P.I.E. Process



SECTION THREE

Intake



Intake Process

The first interaction with the individuals supported will consist of a Meet and Greet. The Meet and Greet is approximately 30 minutes, designed to determine if the Recreational Therapist and individual supported are a good match for one another. During the first Meet and Greet, the Recreational Therapist may be joined by the Director of Recreational Therapy. The Meet and Greet should be claimed in AccelTrax as time under the "consumer" "112 - Admin - Meet and Greet".

After a successful Meet and Greet session, the individual supported should be instructed to contact their Case Manager to request Recreational Therapy. The Case Manager will ask the individual supported to sign the Medicaid Waiver Provider List, sometimes referred to as a "Pick List". This process indicates the individual supported has made the decision to utilize Recreational Therapy support with Assisted Independence.

When the Case Manager receives the signed Medicaid Waiver Provider List from the individual supported, the Case Manager will generate a Service Authorization (SA), formerly known as a Notice of Action (NOA), which provides an official authorization for Recreational Therapy supports to begin. However, prior to generating the Service Authorization, the Case Manager might have a few questions for the Recreational Therapist and individual supported. Common questions may include: "How many hours of Recreational Therapy will be provided weekly? How many hours of Recreational Therapy is the Recreational Therapist able to provide weekly?; and how many hours of Recreational Therapy will the individual supported like to receive weekly?" As a team, the number of hours for each individual supported will be decided prior to a Service Authorization (SA). At any given time, the Service Authorization can be amended by the Case Manager, provided both the individual supported and Recreational Therapist agree. To assist with this process, the Director of Recreational Therapy will provide the new Recreational Therapist with a rough draft schedule. The Director of Recreational Therapy ensures the schedule provides an opportunity to meet the needs of the individuals supported, as well as provide a consistent work schedule for the Recreational Therapist. Once the Service Authorization (SA) is received by Assisted Independence, which will be visible to the Recreational Therapist on the Bureau of Disabilities Services (BDS) Online Portal "Waiver" tab, the Recreational Therapist will conduct an Intake Session.

The Intake Session is intended as a housekeeping session to meet the legal requirements of the Medicaid Waiver system, as well as learn about the individual supported. The Intake Session is a great opportunity for individuals supported and their families to ask questions about Recreational Therapy. The Recreational Therapist will use the Intake Session to establish boundaries, setting expectations for the role of the Recreational Therapist, as well as the role of the individual supported. To facilitate the Intake Session, Assisted Independence provides the Individual Intake Form, which offers guidance as to helpful questions for the Recreational Therapist to ask the individual supported, as well as establish boundaries.

Additionally, during the Intake Session, the HIPAA Notice of Privacy Practices is required to be provided to the individual supported, informing the individual supported of how personal healthcare information is protected. In order to communicate with your interdisciplinary team about the individual supported, the individual supported will need to sign and complete the Authorization for Release of Health Records Pursuant to 45 CFR 164.508 HIPAA. Optionally, the individual can also sign and complete the Authorization for Release of Photo, Video, or Story Pursuant to 45 CFR 164.508 HIPAA, which allows the individual supported to be featured in marketing materials. Lastly, the individual supported should be informed of our Grievance Procedures, indicating a clear understanding of how to file a complaint, anonymously if desired, and to be protected from reprisal. Now, the completed documents from the Intake Session are to be uploaded to the Bureau of Disabilities Services (BDS) Online Portal.

Receiving Referrals

- **All Referrals are to be sent to the Director of Recreational Therapy**
- **Recreational Therapists will not accept or decline referrals prior to sending the referral to the Director of Recreational Therapy**
- **Referrals may be received from individuals, case managers, behavioral consultants, teachers, therapists, etc.**
- **Sending the referral to the Director of Recreational Therapy allows the referral to be placed on an internal waitlist.**
- **A complete referral provides the following information:**
 - **Individuals Name**
 - **Address**
 - **Phone Number**
 - **Gender**
 - **Date of Birth**
 - **Support Requested**
 - **Availability**
 - **Case Manager**
 - **Case Manager Company**
 - **Case Manager Phone**
 - **Case Manager Email**
 - **Date Contacted**
 - **Diagnosis**
 - **Educational Status**
 - **Employment Status**
 - **Guardian name (if applicable)**
 - **Waiver Type**
 - **Waiver Services**



Intake Process Documents

Authorization for Release of Health Records Pursuant to 45 CFR 164.508: <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Form-HIPAA-Release-02-11-2020.pdf>

Authorization for Release of Photo, Video, or Story to 45 CFR 164.508: <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Form-Media-Release-.pdf>

Grievance Procedure: <https://www.assistedindependence.care/grievance-procedure/>

HIPAA Notice of Privacy Practices <https://www.assistedindependence.care/wp-content/uploads/2023/04/HIPAA-Notice-of-Privacy-Practices.pdf>

Individual Intake Form: <https://www.assistedindependence.care/wp-content/uploads/2023/04/Individual-Intake-Form.pdf>

Medicaid Waiver Provider List Example: <https://www.assistedindependence.care/wp-content/uploads/2023/04/Medicaid-Waiver-Provider-List-Example.pdf>

Please obtain a picture of the individual supported to upload to their Bureau of Disabilities Services (BDS) Online Portal profile



SECTION FOUR

Assessment



Initial Assessments

Assessments are vital for establishing measurable, usually numerical, baselines for individuals supported.

Assessments reveal the strengths to build upon, not rest upon. Assessments also reveal the weaknesses of the individual supported, many of which will be the focus when goals and objectives are selected during the treatment planning process.

Up to this point, the Recreational Therapist has participated in the Meet and Greet session, as well as conducted the Intake Session. Rather than boring the individual supported with back-to-back-to-back housekeeping sessions, we recommend delaying the initial assessment, so the following sessions can be designed for leisure. After all, the individual signed up for recreation! Take time to build rapport with the individual supported. Placing demands and questioning from the get-go might not provide a pleasant experience. Therefore, do what Recreational Therapists do best: have fun! For these reasons, Assisted Independence requires the initial assessments to be completed within 30 days of the Intake Session. The time frame provided should provide the Recreational Therapist with enough observation to confidently complete an accurate assessment.

To equip the Recreational Therapist with the necessary supplies for the initial assessment, Assisted Independence provides the Recreational Therapist with an Assessment Bin. The Assessment Bin is a starter kit, consisting of a variety of toys and games referenced in the assessment instructions. For a complete list of the supplies provided, see the Recreational Therapy Assessment Supplies list.

Most Recreational Therapists learn during university coursework the necessity for assessments to be reliable and valid, meaning individuals supported will score the same no matter what Recreational Therapists conduct the assessment, and the performance of the individuals supported will be scored the same no matter who is being assessed. Assisted Independence believes strongly in formalized, initial assessments. In fact, we purchase initial assessments from Idyll Arbor, Inc. Beginning recreational therapy treatment with a formalized, initial assessment helps align our field with clinical processes. In return, the future of our field will have possibilities to gain more recognition, hopefully from private insurance companies, which may provide more people access to recreational therapy.

For individuals over the age of 10 years old, Assisted Independence requires the Functional Assessment of Characteristics for Therapeutic Recreation - Revised (FACTR-R). Complete instructions for the Functional Assessment of Characteristics for Therapeutic Recreation - Revised (FACTR-R), along the scoring sheet, can be found on the following pages. The assessment should be completed initially and once annually. The scores should improve from year to year.

For individuals aged 10 years old and younger, Assisted Independence requires the General Recreation Screening Tool (GRST). Complete instructions for the General Recreation Screening Tool (GRST), along with the scoring sheet, can be found in the following pages. The assessment should be completed initially and once annually. Ideally, the scores should improve from year to year.

Optionally, Assisted Independence provides the Mini Mental State Examination (MMSE). The Mini Mental State Examination (MMSE) can be used for all age groups. The Mini Mental State Examination (MMSE) can be administered typically under 10 minutes. Because of the timeliness, many Recreational Therapists find the Mini Mental State Examination (MMSE) beneficial to gain a quick understanding of the cognitive functioning of the individual supported.

After completion of the initial assessments, the initial assessment instructions and scoring sheet should be uploaded to the profile of the individual supported on the Bureau of Disabilities Services (BDS) Online Portal.

GRST: General Recreation Screening Tool

Name _____ Date of Birth _____ Staff _____

Unit _____ Date of Assessment _____

The purpose of this screening tool is to provide the therapist with a general assessment that helps determine the strengths and weaknesses of the resident. The results also provide a developmental level for each assessed functional skill that relates to the resident's leisure capabilities. Please note that the skills listed within each category may not be in exact developmental order.

Scoring: Read the developmental skills listed in each age group for each functional leisure skill category. If the resident is able to demonstrate between 50% and 75% of the skills listed within the age group, draw a dashed line through that age group. If the resident is able to demonstrate 75% or more of the skills listed within the age group, draw a solid line through that age group.

Example:

	0-6 months	6-12 months	1-3 years	3-6 years	7-10 years
Fine Motor					

DEVELOPMENTAL GROUPS

	0-6 months	6-12 months	1-3 years	3-6 years	7-10 years	10+
Functional Leisure Skills						
Gross Motor						
Fine Motor						
Eye-Hand						
Play Behavior						
Play Structure						
Language Use						
Language Comp.						
Numbers						
Object Use						
Follow-Directions						
Problem Solving						
Attending Behavior						
Possessions						
Emotional Control						
Imitation Play						
People Skills						
Music						
Stories/Drama						

Summary i Recommendations:

FACTR-R

Functional Assessment of Characteristics for Therapeutic Recreation, Revised

Name _____ Birthdate _____ Physical /11
 Staff _____ Date _____ Cognitive /11
 Unit _____ Admit _____ Social/Emotional /11

	Will Influence Program Participation		Can Be Improved thru RT and Needs Improvement	
Functional Skills Related to Leisure	yes	no	yes	no
1.0 Physical				
1.1 Sight/Vision:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Partial or impaired (corrected with lenses) Partial or impaired (not correctable with lenses) Legally blind - no vision				
1.2 Hearing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Hearing impaired (corrected) Hearing impaired (not correctable) Deaf				
1.3 Ambulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Ambulates with difficulty (no aids) Ambulates with aids (crutches, cane, walker) Wheelchair (difficulty in use) Wheelchair (unable to use independently) No ambulation (bedridden)				
1A Bowel and Bladder:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal bowel and bladder for age population Occasional incontinence problems Incontinent Uses bowel and bladder appliances				
1.5 Upper Extremity Manipulation (arms, hands, grasp)			<input type="checkbox"/>	<input type="checkbox"/>
Normal Stiffness Weakness Uses adaptive devices				
1.6 General Coordination (major body parts)			<input type="checkbox"/>	<input type="checkbox"/>
Normal Minor coordination problems Major coordination problems				
1.7 Hand Eye Coordination			<input type="checkbox"/>	<input type="checkbox"/>
Normal Minor hand eye coordination difficulties Major hand eye coordination difficulties				
1.8 Strength			<input type="checkbox"/>	<input type="checkbox"/>
Normal Minor weakness Major weakness				

	Can Be Improved thru RT and Needs Improvement	
Functional Skills Related to Leisure	yes	no
1.0 Physical (continued)		
1.9 Cardio-vascular Functioning (endurance)	<input type="checkbox"/>	<input type="checkbox"/>
Excellent Normal Poor		
1.10 Weight	<input type="checkbox"/>	<input type="checkbox"/>
Normal Overweight Underweight		
1.11 Balance	<input type="checkbox"/>	<input type="checkbox"/>
Normal Minor balance difficulties Major balance difficulties		
* These 4 areas are not amenable to improvement, although knowledge of them is necessary for programming. <div style="text-align: right; margin-right: 50px;">end of physical</div>		
2.0 Cognitive		
2.1 Orientation	<input type="checkbox"/>	<input type="checkbox"/>
Normal Confused & disoriented occasionally Confused & disoriented most of the time Confused & disoriented all of the time		
** Note: If either of these is checked, it may be impossible to accurately assess other cognitive or social/emotional items.		
2.2 Oral Expressive Language	<input type="checkbox"/>	<input type="checkbox"/>
Very articulate Average articulation Poor articulation No oral expressive language		
Note: If manual communication (signing) is the primary communication method; indicate the level of manual communication skill. Excellent Average Poor		
2.3 Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>
Can process and act on directions immediately Needs time to process and act on directions Needs cues, prompts or second set of directions Does not process directions		

Functional Skills Related to Leisure	Can Be Improved thru RT and Needs Improvement	
	yes	no
2.0 Cognitive (continued)		
2.4 Attending and Concentrating Concentrates and focuses well Concentration and focus drifts or is easily distracted Major difficulties attending and concentrating Seems functionally unaware of people and objects in environment	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Long Term Memory ___ Clear recall of past events ___ Vague or occasional recall of past events ___ Unrealistic or distorted recall ___ No recall of past events	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Short Term Memory Clear recall of recent events ___ Vague or occasional recall of recent events No recall of recent events	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Thought Process (logic, problem solving, creativity, abstraction) Excellent Average Poor	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Learning Learns new material quickly and easily Average learning ability Slow learning ability	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Literacy Good reading ability Basic reading ability No functional reading ability	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Math Concepts Above average mathematical computation ability (add, subtract, divide, multiply) Average mathematical computation ability Basic computations (add & subtract) No functional mathematical computation ability	<input type="checkbox"/>	<input type="checkbox"/>
2.11 Decision making ability Surveys alternatives and selects positive approach Somewhat ambivalent and uncertain in decision making Extremely ambivalent and uncertain in decision making	<input type="checkbox"/>	<input type="checkbox"/>
end of cognitive		

3.0 Social/Emotional

3.1 Dyad (2 persons) Initiates and maintains dyad situations/conversations Responds to and maintains dyad situation when initiated by others Responds minimally in dyad situations (does not contribute new content or questions) Does not respond in dyad situations	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Small Group (3-8 persons) Initiates and maintains small group interactions Responds to and maintains small group situations when initiated by others Responds minimally in small group interactions (does not contribute new content or questions) Does not respond in small group situations	<input type="checkbox"/>	<input type="checkbox"/>

Functional Skills Related to Leisure	Can Be Improved thru RT and Needs Improvement	
	yes	no
3.3 Social Interest Seeks social contacts/situations Doesn't initiate, but doesn't avoid social contacts/situations Avoids social contacts/situations Excessive need for social contact	<input type="checkbox"/>	<input type="checkbox"/>
3.4 General Participation ___ Self-Initiating ___ Voluntarily complies with activities initiated by others Responds to direct commands or instructions ___ Non-participative	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Cooperation (compliments, shares voluntarily, comments of emotional support, etc.) Understands & engages in cooperative behavior Cooperation with prompting and reinforcement Does not engage in cooperative behavior	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Competition Understands and engages in competitive behavior appropriately Overly aggressive in competitive behavior Overly passive in competitive behavior	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Conflict/Argument Appropriate communication and behavior in an argument/conflict situation (maintains emotional and physical control and verbally responds appropriately.) Loses emotional and/or physical control in argument/conflict situations Passively submits in argument/conflict situations	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Emotional Expression Appropriate emotional response to situations Excessive emotional response Withholds emotional response Inappropriate emotional expression	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Authority/Leadership Responds appropriately to authority Defies or actively resists authority Overly passive with authority	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Frustration High tolerance for frustration Average frustration tolerance Frequent frustration behavior	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Purposive interaction with environment Interacts purposively with other persons and objects Intermittent purposive interaction with environment Minimal purposive interaction with environment	<input type="checkbox"/>	<input type="checkbox"/>
end of social/emotional		

Total the number of "no" responses for each category and record on page 1



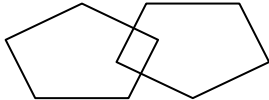
Idyll Arbor, Inc. 39129
264th Ave SE
Enumclaw, WA 98022
360-825-7797

Mini-Mental State Examination (MMSE)

Patient's Name: _____

Date: _____

Instructions: Ask the questions in the order listed. Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

(Adapted from Rovner & Folstein, 1987)

Promoting an Individual's Rights

In September of 2019, Assisted Independence first received accreditation from the Council on Quality and Leadership (CQL). Accreditation involves a long process of submitting to rules and regulations set forth by the State of Indiana, in particular, the Bureau of Developmental Disabilities Services (BDDS). Although the state-controlled direction of our organization as a state-contracted entity presents unnecessary challenges, often distracting our attention from supporting individuals with disabilities, the mandated accreditation process that is required to deliver Direct Support services, surprisingly provided a unique perspective on promoting individual rights, not just for individuals with disabilities, but for all people.

Therefore, Assisted Independence developed a template to assess an individual's understanding of rights, as well as discover infringements upon individual rights. In collaboration with the Council on Quality and Leadership (CQL), the Rights Assessment asks pressing questions about rights.

Because of the seriousness and exquisite nature of the questions, the Rights Assessment is not intended as an initial assessment. Rather, the Rights Assessment is only to be administered after a minimum of six months of Recreational Therapy. The Rights Assessment is designed only for individuals aged 16 years old and older. Minors' rights belong to the family, which is the most important unit of society. Special instructions exist for the administering of the Rights Assessment. Important to note, the Rights Assessment is to be delivered in a private, one-on-one setting, without any time constraints. The Recreational Therapist should have a solid rapport with the individual supported, confident that a trustworthy relationship exists.

Before conducting the Rights Assessment, the Recreational Therapist should recall orientation training. Specifically, the orientation training focused on protecting an individual from abuse, neglect, and exploitation. Although the Rights Assessment is designed not merely to detect abuse, neglect, and exploitation cases, the Rights Assessment may reveal cases about abuse, neglect, and exploitation. Therefore, remember the reporting procedures.

Hopefully, the individual supported is not suffering from any afflictions. But promoting individual rights goes beyond ensuring health and safety. When analyzing the concept of rights, the Recreational Therapist must use a lens that promotes individual choice and freedom. Individual choices and freedom have been stripped from individuals with disabilities historically. But lack of rights for individuals with disabilities is not a past-time. Still today, people with disabilities are lacking many rights and freedoms.

Reviewing the history of people with disabilities provides insight as to how far our society has advanced, as well as the current need for further advancement. In early 20th Century United States, individuals with disabilities were forced to be sterilized, as well as receive lobotomies. At nearly the same time, in Nazi Germany, individuals with disabilities were used as science experiments, receiving forced lethal inoculations, marking the beginning of the Holocaust. Further advancements in the U.S.A. occurred in 1974: individuals with disabilities gained legislation offering public education opportunities for the first time. In 1986, individuals with disabilities gained the legislative rights to vote, as well as board an airplane. More recently, in 2016, individuals with disabilities gained federal legislation that provides extracurricular opportunities in public education, henceforth unified sports.

Although the accomplishments should be celebrated, the current reality is sobering. Individuals with disabilities are still segregated in specialized education classrooms, controlled, rather than educated. Individuals with autism labeled as "nonverbal" are incorrectly understood as incompetent, ruining vast opportunity, perhaps the most atrocious active civil rights infringement in the United States, despite recent university studies indicating neurotypical functioning, implying autism is a neuromuscular proprioceptive disorder resulting in a mind-body disconnect. Furthermore, many adult individuals with disabilities, capable of independence, have guardianship, begging the question: should a man or woman be property of another individual? Millions of circumstances where individuals' rights are lacking exist in our hometowns and worldwide.

Undertaking the tall tasks of changing laws will be process won slowly. As a Recreational Therapist, many rights promotions can take place quickly. For example, does the individual supported know how to send and receive mail? Another example, does the individual supported understand the right to practice religion under the United States Constitution, and if so, does the individual supported have the means to practice religion? Moreover, does the individual supported understand the right to remain silent in the event of an accusation? Using education as an intervention will help increase the functioning of an individual. Individuals supported have the right to life, liberty, and the pursuit of happiness. The Recreational Therapist is to support individual freedom and autonomy.

To assist with the promotion of individual rights, Assisted Independence suggests starting with basic protections under federal law, such as United States Constitution, for which copies are provided. Additionally, Assisted Independence provides a document titled Options for Supporting Choice, explaining alternatives to guardianship, provided by the Indiana Governor's Council for People with Disabilities. Also, provided by the Indiana Governor's Council for People with Disabilities is a handout titled Voting Rights for Hoosiers and a packet of Person First Language. The Recreational Therapist may utilize any resources necessary for the betterment of the individual supported. The Director of Recreational Therapy is available for assistance.

After completion of the Rights Assessment, upload to the individual's profile on the Bureau of Developmental Disabilities Services (BDDS) Online Portal. The Rights Assessment should be conducted once annually. Improvement should be visible from year to year. Use the Rights Assessment to establish goals and objectives in the treatment plan.

Assessment Documents

- **Assessment Supplements:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assessment-Supplements.pdf>
- **Assisted Independence Rights Assessment:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Assisted-Independence-Rights-Assessment.pdf>
- **The Constitution of the United States:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/The-Constitution-of-the-United-States.pdf>
- **Disable Disrespect:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Disable-Disrespect.pdf>
- **Options for Supporting Choice:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Options-for-Supporting-Choice.pdf>
- **It's My Life:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Its-My-Life.pdf>
- **Indiana Supported Decision Making SB0380:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Indiana-Supported-Decision-Making-SB0380.pdf>

SECTION FIVE

Planning



Treatment Planning Process

Treatment planning requires communication, assessment review, goals and objectives formulation, research, intervention selection, and programming. Assisted Independence provides a Treatment Plan template. However, the template does not have to be followed precisely. Rather, the instructional guidance and templates serve as resources for Recreational Therapists.

When creating a treatment plan, the Recreational Therapist should communicate with the individual and, with permission, the individual's family, and any other professionals of the Individualized Support Team (IST). Together, the individual supported, family of the individual supported, and the Individualized Support Team (IST) may help the Recreational Therapist accurately and holistically assess and plan Recreational Therapy sessions. Collaboration between inter-professional scopes may help stress certain important goals and objectives for the individual supported to improve upon or develop. Potential members of the Individualized Support Team (IST) may include physical therapists, occupational therapists, music therapists, behavioral therapists, nurses, Direct Support Professional (DSP's), case managers, and more. Attempting communication with all members of the Individualized Support Team (IST) will provide beneficial insight into the needs of the individual supported.

Analyzing the results of assessments serves as indicators for the needs of the individual supported. The formal assessment, as well as the Individual Intake Form, will allow the Recreational Therapists to identify strengths and weaknesses. The weaknesses revealed should be the start to choosing goals and objectives. For example, within the Individual Intake Form is a Safety Assessment. Responses to the Safety Assessment may reveal an individual does not know how to evacuate their home safely. Or responses may reveal an individual does not know how to repair or maintain their adaptive equipment. Or responses may reveal an individual does not know how to call a first responder in the event of an emergency. If safety is the highest priority, then Recreational Therapy goals and objectives need to be focused on independence skills related to safety. The Recreational Therapist should focus first on safety and health, prior to focusing on larger life goals, such as obtaining a driver's license or securing employment. The General Recreation Screening Tool (GRST) is a functional, step-by-step assessment, that may reveal certain weaknesses in developmental milestones, such as body coordination, recognizing object permanence, understanding the concept of time, and more. The Recreational Therapist must assist in meeting developmental milestones before pursuing larger goals, such as making the competitive sports travel team or graduating from high school. The Functional Assessment on Characteristics of Therapeutic Recreation – Revised (FACTR-R) is an observational assessment, which could reveal an individual has weaknesses with vision, hypotonia (low muscle tone), balance, attentiveness, abstract thought, emotional regulation, and more. Goals and objectives should be designed to improve the low score(s) initially received on the Functional Assessment on Characteristics of Therapeutic Recreation – Revised (FACTR-R). Furthermore, the optional Mini-Mental State Examination (MMSE), may reveal weaknesses in short-term memory, fine motor skills, and more. Once again, goals and objectives should be chosen based on the failed assessment criteria. In summary, goals and objectives should be determined based on a hierarchy of needs for which individuals supported should accomplish before setting advanced goals: 1.) safety and security, 2.) basic life needs, including independence in activities of daily living, 3.) healthy living, including exercising, eating healthy, and maintaining a healthy environment, 4.) learning and practicing rights promotion and self-advocacy, and 5.) other areas of life importance. In short, start simple, progressively working beyond independence to fulfillment.

The Recreational Therapist needs to ensure the Treatment Plans include a minimum of two goals, with three objectives for each goal. When creating goals, the Recreational Therapist must include content, condition, and criterion. The content will be the goal. For the condition, the goal must include a measurable time frame (which can be re-written and extended if the goal is not met within the given time frame). For the criterion, the Recreational Therapist must outline how exactly success will be defined. In what measurable or clearly identifiable way will the Recreational Therapist be able to determine that the goal has been accomplished successfully? Is there a current baseline for which the future status of the goal progression can be compared? The marker for the achieved outcome must be stated in the goals and objectives. Furthermore, arbitrary or subjective language, such as "appropriate" or "just", is forbidden when writing goals and objectives.

Leisure education is a goal that should be reserved only for individuals who: 1.) have recently acquired some type of disability, 2.) have a deteriorating condition without a recovery prognosis, or 3.) have a substance abuse disorder.

Treatment Planning Process

...continued...

In the home and community-based setting because most of the supported population has congenital, lifelong disability(ies), Recreational Therapists indefinitely (ongoingly) provide Recreational Therapy to the individual supported. In other words, there is not an expected discharge or discontinuation of service. Therefore, knowing that the Recreational Therapist may have a life course to assist the individual, together, the Recreational Therapist and individual supported may choose intensive goals, and then track the progress over a long period of time. The Recreational Therapist may create a goal with one objective that can be reached in three months, while another objective may take an entire year. As individuals supported successfully reach goals, the Recreational Therapist can update and change the goals, which is possible at any given time. When considering goals, the Recreational Therapist should strongly consider the individuals' interests, as well as activities readily available in the community.

When planning activities for individuals supported, the Recreational Therapist must choose activities that not only interest the individual supported, but activities that will also help contribute towards successfully reaching goals and objectives. Activities might be planned for a single day, or, continuously, week after week as designed programming. Generally, ongoing treatments are best. For example, if an athlete has a knee injury, he or she might receive physical therapy three times per week until the injury is healed. Recreational Therapy should be similar, as repetitive treatments provide lasting results. The Recreational Therapist will design and implement programs for each individual supported. When planning programming, the Recreational Therapist should consider the individual's skills and the ideal environment(s) for the individual.

Assisted Independence provides the following group therapeutic recreation programs: adaptive kayaking, adaptive cycling, primitive camping, and field tripping. Additional programs are under construction and consideration. Program planning is an exciting time to be creative and to improve access to recreational activities for individuals supported to grow in independence and enhance personal quality of life. Programming options currently offered in communities may include 4-H, YMCA, local government parks and recreation department, volunteer programs such as humane societies sites, fitness gyms, summer camps, and any other recreational opportunities offered through public or private vendors. Refer to the Assisted Independence Resource Guide for more information.

To summarize by example, the Recreational Therapist may accompany the individual supported with ongoing visits to the public swimming pool for water exercise or Water Tai Chi. Or, the Recreational Therapist may accompany the individual supported an ongoing water exercise class or Water Tai Chi class, created in-house or offered by a third-party, that might occur weekly for a set number of days, weeks, months, or years. Typically, structured and scheduled, ongoing programming in Recreational Therapy delivery results in better outcomes.

In the conclusion of the assessment write-up, the Recreational Therapist is to include the score from the assessment conducted (FACTR-R, GRST and/or Mini-Mental State Examination). For example, "CTRS administered the MMSE (Mini-Mental State Exam) and scored 26/30 (No Cognitive Impairment). CTRS administered the FACTR-R (4/11 Physical, 8/11 Cognitive, & 3/11 Social/Emotional), identifying that all three functional domains can be improved through RT."

Assisted Independence requires that all treatment plans cite a minimum of two evidence-based practices and/or peer-reviewed journals to support the recommended interventions selected for the individual. When looking for evidence-based practices and peer-reviewed journals, Recreational Therapists have access to a Gmail Google Drive account containing hundreds of peer-reviewed literatures. The username is assistedindependenceintern@gmail.com and the password is "internship". When logging in, a two-factor authentication will occur, for which the Director of Recreational Therapy will provide an access code. As the Recreational Therapist is reading journals, the Recreational Therapist should be guided by evidence in choosing the correct recreational treatment. Make sure to cite the sources of the journal in American Psychological Association (APA) format at the bottom of the treatment plan.

The finalized Treatment Plan must be updated a minimum once per year and uploaded to Bureau of Developmental Disabilities Services (BDDS) online portal, where each member of the Individualized Support Team (IST) may review any and all documentation pertaining to the individual supported.

Instruction for Completing Treatment Plan

- 1) The Treatment Plan template below does NOT have to be followed precisely. Rather, the Treatment Plan template is a resource to help guide our Recreational Therapists in formulating a plan. Recreational Therapists may add any pertinent information to the Treatment Plan that is necessary for the planning of Recreational Therapy for the individual supported.
- 2) The Treatment Plan must be completed within fourteen (14) days of the assessment completion.
- 3) The Treatment Plan must be completed within the time frame billable hours earned while providing Recreational Therapy supports. Recall, that the Recreational Therapist receives 15 minutes of documentation time for every 45 minutes of direct, one-on-one Recreational Therapy support provided. For example, if the Recreational Therapist has provided 3 hours of support, the Recreational Therapist is permitted 60 minutes to complete their documentation, including the Treatment Plan.
- 4) An assessment write-up, including scores and priority needs must be provided within the Treatment Plan
- 5) Include measurable goals and objectives containing content, condition, and criterion.
- 6) Recommend treatment modalities and activities.
- 7) Include a minimum of two evidence-based peer reviewed journals or meta-analysis citing why the course of treatment is proven to be effective should be included. Peer-reviewed journals and meta-analysis studies are available through online search engines. Additional sources are available by contacting researchers in academia. Clinical expertise should also be taken into consideration when assessing the accuracy of the evidence-based practice findings. In the event the course of treatment desired is not backed by evidence-based practice, the Recreational Therapist has discretion to keep or eliminate the course of treatment.
- 8) Signature and credentials must be added to the conclusion of the Assessment Write-Up
- 9) The Treatment Plan must be saved as both a Microsoft Word and PDF document with the file name "First4ofLastNameFirst 3ofFirstName Tx. Plan DD/MM/YEAR" (Example: John Smith = SmitJoh Tx. Plan 01/01/2020)
- 10) Upon completion of the Treatment Plan, the treatment plan must be converted from Microsoft Word to PDF format.
- 11) The PDF version of the Treatment Plan must be uploaded to the Bureau of Disabilities Services (BDS) Online portal, along with the previously submitted assessment.
- 12) The Treatment Plan must be revised at least once annually.



RECREATIONAL THERAPY TREATMENT PLAN

CLIENT NAME: LAST, FIRST **LAST REVISION:** MONTH/DAY/YEAR
DATE OF BIRTH: MONTH/DAY/YEAR **REVIEW DATE:** MONTH/DAY/YEAR

Assessment Write-Up: [Individual’s Name] [Consumer RID #] is a [Marital Status, Ethnicity, Gender] c DOB of [MM/DD/YEAR]. [Individual’s Name]’s PCISP lists dx. of [Diagnosis], c secondary dx. of [Secondary Diagnosis]. [Individual’s Name] is [alert and oriented to person, time, and place?]. [Individual’s Name] lives at home c his [Household Members] at [Street Address, City, State, ZIP Code]. (If individual lives at multiple locations – such as visitation between divorced parents– list additional addresses. [Representative Name] is the legal [guardian, Power of Attorney, rep-payee] for [Individual’s Name]. [Individual’s Name] has the following family pets: [insert type of pets here]. [Individual’s Name] currently attends [Place of Employment or Place of Schooling]. [Individual’s Name] receives case management services from [Name of Case Manager] of [Company Providing Case Management]. [Individual’s Name] also receives [List Names of Services Provider’s and Company Providing Service]. [Individual’s Name]’s NOA assigns [Unit Amount] between the months of [Service Dates]. [Individual’s Name]’s interests include [Insert Interests / Hobbies]. [Individual’s Name] participates in [extracurricular activities]. [Individual’s Name] has [access / membership] to [name of organization]. [Individual’s Name] desires to improve [list areas of weakness and/or desired goals stated by the individual]. [Individual’s Name] communicates [Insert Communication Methods]. [Individual’s Name] ambulates [Insert Method of Ambulation]. [Individual’s Name] uses [method of transportation] for transportation. [Individual’s Name]’s risk plans include [Insert Risk Plans identified in PCISP]. [Individual’s Name] has a history of [behavior]. CTRS administered the [FACTR-R, GRST, MMSE, Rights Assessment] assessment. [Individual’s Name] scored [Insert Score] PN: 1.) [Insert Priority Need 1]; 2.) [Insert Priority Need 2]. -----

----- *Therapist Signature*, C.T.R.S. MONTH/DAY/YEAR

Goals & Objectives

Goal 1.0:

- Objective 1.1:
- Objective 1.2:
- Objective 1.3:

Goal 2.0:

- Objective 2.1:
- Objective 2.2:
- Objective 2.3:



Recommended Activities and Tx Modalities:

Based on the assessment, **[Insert Individuals Name]** interests, and the goals and objectives, the following activities are recommended for treatment:

EXAMPLE:

Exercise (anaerobic and/or aerobic) is the most effective way of keeping the body healthy. Exercise should be utilized to address this. Exercise will open more leisure and recreation options for _____.

_____ will learn skills and behaviors that could either help or interfere with socialization with other in Social Skills Training. It will also help him learn how to positively adapt to various settings and change in an appropriate manner. Studies have shown the improvement in social skills will also help improve anxiety management, attention, and flexibility / transitions.

Activity and Modality References:

EXAMPLE:

Cummins, R.A. and Lau, A.L.D. (2003), Community Integration or Community Exposure? A Review and Discussion in Relation to People with an Intellectual Disability. *Journal of Applied Research in Intellectual Disabilities*, 16:145-157. Doi:10.1046/j.1468-3148.2003.00157.x

Access Evidence-Based Practices (EBP's)



Google Drive

Browse over 500+ peer-reviewed journals on therapy treatment for individuals with disabilities

Username: assistedindependenceintern@gmail.com
Password: internship



Treatment Planning Documents

- **Access Pass Program Application Form:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Access-Pass-Program-Application-Form.pdf>
- **Resource Guide:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Resource-Guide.pdf>
- **Proof of Medicaid Eligibility Example:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Proof-of-Medicaid-Eligibility-Example.pdf>
- **Camping Program Plan:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Camping-Program.pdf>
- **Cycling Program Plan:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Cycling-Program.pdf>
- **Kayaking Program Plan:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Kayaking-Program.pdf>

SECTION SIX

Implementation



Implementation... Wait, you already know this part!

SECTION SEVEN

Evaluation



Evaluation

Evaluation is performed in a variety of ways. Recreational Therapists know and understand evaluation as a review of the individual's function during or post-treatment. Additionally, evaluation is a common Quality Assurance practice performed by the Director of Recreational Therapy, as well as the entire administrative team at Assisted Independence.

The primary way that the Recreational Therapist will be evaluating the function of individuals supported is by conducting the same initial assessments once annually. Comparing current assessment results to past years' assessment results is a good practice in determining if the individual is improving. These improvements, or lack thereof, should be noted in the Treatment Plan when updated annually.

Additional assessments, including the Rights Assessment and Safety Assessment, serve as a great tool for evaluation. The Rights Assessment is to be conducted annually after the initial Rights Assessment. The Safety Assessment, found first within the Individual Intake Form, is also to be completed once annually.

Additionally, Recreational Therapists are required to attend all Quarterly Meetings, where the Individualized Support Team (IST) will meet to evaluate the individual's progress and services. It is good practice to front load with the individual supported during the Recreational Therapy session prior to the Quarterly Meeting. The Recreational Therapy session following the Quarterly Meeting should include debriefing from the Quarterly Meeting.

Another form of evaluation involves Incident Reporting. Incident Reports are to be completed (but not limited to) anytime alleged, suspected, or actual abuse, neglect, or exploitation occurs; anytime injury occurs, anytime death occurs, anytime structural or environmental problems threaten the health and safety of an individual, anytime a fire occurs at the site of service delivery, anytime elopement occurs, anytime alleged, suspected, or actual criminal activity by an employee of Assisted Independence, anytime a medication error occurs, anytime a physical or mechanical restraint is used, anytime an individual has a fall, or any unusual incident that may affect the health, wellness, and functioning of an individual. This includes when you, the Recreational Therapist, are not present with the individual at the time of the incident. So, regardless of your presence, if you are made aware of an incident, you must report the incident. The Recreational Therapist must submit the Incident Report through AccelTrax within 24 hours of discovery of the incident. The Director of Recreational Therapy will submit the final Incident Report to the Division of Disability and Rehabilitative Services (DDRS). Assisted Independence conducts quality assurance checks by aggregating and reviewing Incident Reports to determine actions steps to prevent future incidents.

The Annual Survey of Individual Satisfaction is another evaluation tool used to track service delivery. One time per year, each and every individual supported, as well as their parent/ guardian, are asked to complete the Annual Survey of Individual Satisfaction, provided from and collected directly by the Director of Recreational Therapy. The results and feedback are reviewed to evaluate the individual's satisfaction, as well as the Recreational Therapist performance.

Furthermore, our accreditation body, the Council on Quality and Leadership (CQL), provides us Basic Assurances (BA) and Personal Outcome Measures (POM) interviews. These interviews are conducted by the Director of Recreational Therapy and other administrators from Assisted Independence, as well as personnel from the Council on Quality and Leadership (CQL). Basic Assurances (BA) and Personal Outcome Measures (POM) interviews involve a series of questions to evaluate an individual's functioning.

Assisted Independence evaluates service delivery in a variety of other means, including, but not limited to, focus groups, phone call inquiries, on-site observations, surveys, complaint submissions, and numerous forms of analysis of aggregated data.

In conclusion, both the Recreational Therapist and the provider agency, Assisted Independence, collaborate to evaluate, to the best of our abilities, the progress of individuals supported. Evaluating individual outcomes and evaluating our entire population supported allows both the Recreational Therapist and our company to improve.

Documentation

The Recreational Therapist will be documenting support through our online software management platform, called AccelTrax. The Recreational Therapist will receive a username for AccelTrax. The login password will be the last four (4) digits of the Recreational Therapist's social security number. The Recreational Therapist will submit all work records through AccelTrax within 72 hours of the Recreational Therapy session concluding. The work record will contain the date, time started, time ended, narrative note, commentary on goals, and mileage reimbursement requests (if necessary).

Indiana regulation (law) on Recreational Therapy delivery is written within the document *Division of Disability and Rehabilitative Services (DDRS) Home and Community-Based Services Waivers 12-08-2020*, sometimes called the "Waiver Manual". On Page 120, under "Recreational Therapy", "Limitations", "One hour of billed therapy service must include a minimum of 45 minutes of direct individual care with the balance of the hour spent in related individual services." Therefore, the Recreational Therapist is allotted planning and documentation time, which is to be used.

Time "related to individual services" also includes the transportation, or drive-time, driving to the individual for Recreational Therapy. The Director of Recreational Therapy works to ensure drive-time between individuals supported is not greater than fifteen (15) minutes. This time is to be claimed when submitting work records in AccelTrax.

For in-person Recreational Therapy ninety (90) minutes and beyond, more than one unit (15 minutes) is to be dedicated toward planning and documentation. In this event, an additional unit (15 minutes) is to be claimed on the in-person work record to reflect the drive time, while the remaining planning and documentation time is to be claimed at a later time that does not overlap with any in-person times. These additional times are to be taken seriously, as the duty of a Recreational Therapist calls for attentive and meticulous planning and documentation outside of the in-person session.

Assisted Independence provides the Recreational Therapist the entire maximum planning and documentation time, as opposed to our administration collecting and billing that additional time.

Time documented for Recreational Therapy support must reflect the times that the Recreational Therapist was with the individual in-person. The start time of the documented work records must reflect the actual start time of the in-person session. The Recreational Therapist must ensure the times reported calculate within the service standards and the documentation of those reported times are related to individual services. Group trips must be divided evenly. The following is a chart for maximum available driving, planning, and documentation times:

In-Person Time	Maxmium Available "Indirect" Time	Bank
15 Minutes	0 Minutes	15 Minutes
30 Minutes	0 Minutes	30 Minutes
45 Minutes	15 Minutes	
1 Hour	15 Minutes	15 Minutes
1 Hour 15 Minutes	15 Minutes	30 Minutes
1 Hour 30 Minutes	30 Minutes	
1 Hour 45 Minutes	30 Minutes	15 Minutes
2 Hours	30 Minutes	30 Minutes
2 Hours 15 Minutes	45 Minutes	
2 Hours 30 minutes	45 Minutes	15 Minutes
2 Hours 45 minutes	45 Minutes	30 Minutes
3 Hours	1 Hour	
3 Hours 15 minutes	1 Hour	15 Minutes
3 Hours 30 minutes	1 Hour	30 Minutes
3 Hours 45 minutes	1 Hour 15 Minutes	
... continued	... continued	↑ can add 15 minutes indirect time for every 45 minutes "banked"

Documentation



BEHAVIORS TO REFERENCE IN PROGRESS NOTES

Performance

- Level of
- Quality of
- Hindering factors
- Ability to make decisions
- Quality of judgment
- Ability to express self adequately
- Ability to express self appropriately
- Physical movement (slow, rigid)
- Use of devices/adaptive equipment
- Attitude expressed toward own performance
- Ability to follow rules and directions
- Special Incidents
- Summary of change and performance

Participation

- Interest in activities
- Extent and nature of involvement
- Attention shown/span
- Appropriateness of energy output
- Initiative in choosing activities
- Attitude
- Expressed towards own participation
- Toward rules, winning, competition

Interpersonal relationships

- Relationships with RT and others
- Acceptance of limits
- Manipulative
- Passive, aloof, withdrawn
- Reserved, insecure, timid, shy
- Outgoing, confident, extroverted
- Ability to make friends
- Acceptance by others
- Agreeable, cooperative, helpful
- Resistive/Stubborn
- Verbalizes appropriately

Personal Habits or Appearance

- Appropriate dress
- Grooming
- Cleanliness and neatness
- Concern with appearance
- Walk/Gait
- Tics, rituals, habitual movements

State of Consciousness/Mental Activity

- Orientation
- Time
- Place
- Person/Objects
- Preoccupied/responsiveness
- Slow in answering
- Distracted by others or events
- Ability to remember (retention)
- Hallucinations/Delusions
- Intellectual Functioning
- Stability of mood

GOOD DOCUMENTATION

- avoid bias language
- accurate, brief
- note unusual behavior
- quotes are powerful
- include incident reports
- include date, time, signature
- explain why the Recreational Therapist is needed
- include both positive and negative aspects of the individual's progress
- focuses on the major, substantial functional limitations that define disability: receptive language, expressive language, mobility, economic self-sufficiency, ability to perform activities of daily living, self-direction, ability to learn, and socialization
- note the ongoing goals
- use the individuals' first name or alias - do not use "patient", "client", etc.
- abbreviations are not required
- medical terminology is not required
- no need to refer to yourself as "CTRS"

WHAT ARE NOTES USED FOR?

- Referencing treatment progress
- Review by the entire Individualized Support Team (IST), including individual supported and parents/ guardians
- Administrative quality assurance checks by Assisted Independence
- Generation of Quarterly Reports: Assisted Independence completes all Quarterly Reports for Recreational Therapists
- Disability Determination Reviews from the Disability Determination Bureau (DDB), a division of Social Security, to determine for how much income the individual should qualify
- Application for the Community Integration and Habilitation Waiver (CIHW) when the individual currently has only the Family Support Waiver (FSW) in order to boost funding for home and community based supports
- Billing

Documentation

Examples of Good Narrative Note Documentation

"I arrived at Sally's home at 10:30AM to pick her up, as planned. Sally was A+Ox3. She was ready for the session, evident by sporting attire for hiking trails in warm weather. Sally packed a water bottle, granola bar, and sunscreen. We drove to Morgan-Monroe State Forest to embark on our 3.7-mile hike, much needed to fulfill exercise goals. Sally's attitude was positive, as she smiled and appeared engaged for our task ahead. Sally and I reviewed detailed maps, as Sally aspires to one day work for the Indiana Department of Natural Resources (DNR), which requires provision of map reading. Sally stated, "I still do not understand what these squiggly lines on the map are for". After attempting to verbally explain contour lines, my words were met with further confusion. So, Sally and I sought to resolve our dilemma with a physical demonstration while on the hiking trails. Upon our first large hill, Sally stuck the course of the trail, while I descended 10 meters below to walk parallel to Sally, explaining that my hiking path represents a contour line of lesser elevation on the map, while Sally's path represented a contour line of greater elevation. Sally joyfully stated, "Ah! So, the contour lines tell us how high the land is." Mission accomplished. Sally and I completed our hike in 45 total minutes, replenishing our thirst thereafter. We proceeded home at 12:00PM noon. Sally should continue working towards her goals of exercising and gaining wilderness skills for potential employment. "

"I arrived at Johnny's house at 12:15PM. Johnny was alert and oriented to person and place, but not time, as typical for Johnny. After practicing our greeting, Johnny and I sat down at the table to play the game Balderdash. Our goal of recognizing exploitation is of prime concern for Johnny, as previous incidents threaten his safety and security. Through the game of Balderdash, in which players make up word definitions, Johnny is learning that not all people are truthful. Johnny has been especially attentive, remaining focused for a half hour. Johnny signed, "I never thought about how someone could purposefully mislead me". Johnny and I debriefed on how our game relates to spending and what actions steps should be taken when confronted by salesmen. Johnny suggested that he first take time to consider if an item needs to be purchased, and if so, do online comparative shopping before agreeing to any purchases. Our session concluded at 1:00PM after Johnny and I practiced our greeting departure. Johnny should continue learning how to recognize abuse, neglect, and exploitation, as well as learning, and practicing, use of the resources available to him. Johnny should continue Recreational Therapy on a weekly basis."

"I arrived at George's home at 1:15PM. As I parked in the driveway, George burst out the door, exclaiming, "My Recreational Therapist is here! My Recreational Therapist is here!". George was A+Ox3. George's energy output matches that of a Super Bowl champion. However, it is not the Super Bowl. So, George and I set out for the public library, where we are reviewing the history of Disney animated films. During our review, George and I evaluated the appropriateness of energy output from the characters within the movie. George is learning to recognize the importance of stability of mood, as we identify the consequences incurred by the movie characters from their mood stability or instability. George and I debriefed during which he stated, "Sometimes I can be a lot like Anger from the movie Inside Out. I don't want to be like that." We discussed techniques for keeping our mood stable, and George arrived at a conclusion independently: "I am going to keep a picture of Anger in my wallet to remind myself to stay calm". I supported George in his plan. George returned home at 2:45PM. George is to continue Recreational Therapy twice per week, including a co-session with the Behavioral Consultant once per month."

- **Annual Survey of Individual Satisfaction:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Annual-Survey-of-Individual-Satisfaction.pdf>
- **Bureau of Developmental Disabilities Services (BDDS) Portal User Guide for Providers:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Bureau-of-Developmental-Disabilities-Services-BDDS-Portal-User-Guide-for-Providers.pdf>
- **Rights Assessment Aggregation:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Rights-Assessment-Aggregation.pdf>
- **Safety Assessment Aggregation:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Safety-Assessment-Aggregation.pdf>

SECTION EIGHT

Recreational Therapy Internships



Internship Documents

- **Study Guide for National Council on Therapeutic Recreation Certification (NCTRC) Entrance Exam:** <https://www.assistedindependence.care/wp-content/uploads/2023/04/Study-Guide-for-National-Council-on-Therapeutic-Recreation-Certification-NCTRC-Entrance-Exam.pdf>
- **Recreational Therapy Internship Manual:** <https://www.assistedindependence.care/wp-content/uploads/2022/03/Assisted-Independence-Recreational-Therapy-Internship-Manual-2.pdf>





Assisted Independence, LLC.

Home and community-based services

