

RCEB Procedures – Case Management Coordination Independent Living Services

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Prepared by: S. Robinson, Director of Community Services

INDEPENDENT LIVING SERVICES PROCEDURE

PURPOSE

Independent Living Services (ILS) are designed to assist adults with developmental disabilities with increasing skills in areas of daily living. Adults with developmental disabilities will have the opportunity to maximize their independence and obtain greater control over their lives, regardless of their disability.

AUTHORITY

Welfare and Institution Code 4688.5

PROCESS

ILS provides training and assists with skill development in targeted areas so that each individual who receives services is able to live as independently as possible in the community. This training includes, but is not limited to, teaching individuals household management, health management, accessing the community, social skills and building meaningful relationships, connecting with local resources, money management, safety awareness skills, cooking and meal preparation, and problem solving skills.

ILS differs from Supported Living Services (SLS) in that ILS is a training program for individuals who require training in some limited, targeted areas with the expectation that training will eventually end or be maintained at a minimal level, rather than a substantial amount of ongoing support in many life domains with the probability the support will need to continue long term. ILS training will vary from one individual to another depending on the needs and abilities of the individual, but in most cases the individual should need less ILS support as they gain independence in the targeted areas identified.

To be eligible for ILS, the Planning Team needs to assess and determine specific areas where ILS could assist the individual with increasing independence. Consideration must be given to the individual's ability, motivation, and willingness to work with an ILS program on the identified areas. ILS cannot supplant generic resources, such as In Home Support Services or Education Programs available through the school District, and is generally limited to 40 hours per month or less (unless exceptional circumstances exist). ILS cannot be a duplication of any services the individual receives, including supports and services contractually obligated to be provided by another RCEB funded vendor. Any requests for ILS while an individual is living in a licensed board and care facility shall be reviewed by the Exceptions Committee to ensure no duplication of services exist. Once the Planning Team agrees ILS should be pursued, the following shall occur:

Case Manager Responsibility

1. The Case Manager (CM) will assist the individual with understanding what ILS is, providing information on how it compares with other services (ensuring there are no other generic resources available to meet the identified need), and to assess the appropriateness of ILS for the individual.
2. The CM will identify potential ILS providers, from the list of ILS vendors that could provide training to the individual in the areas identified by the Planning Team. Once the CM confirms that a provider is able to serve the individual, a referral packet is sent to the program.
3. After the ILS program representative meets the individual, and there is a mutual agreement between the individual and ILS provider to proceed with services with that program, the CM submits a purchase request for an ILS assessment and an IPP Addendum (if purchase is not already covered under the current IPP). ILS assessments may be authorized between 2-10 hours, depending on the number of hours needed to conduct the assessment, and should be issued as a one-time purchase.
4. The Planning Team should receive the assessment report within two months, but can determine an appropriate timeline on a case by case basis if more or less time is needed. Once received, the Planning Team will review the assessment to ensure that goals are identified and appropriate, a teaching strategy for each goal is identified, and the number of monthly hours recommended by the provider is appropriate.
5. Once the Planning Team is in agreement with the plan developed by the ILS program, CM will submit a purchase request for ongoing ILS services and an IPP Addendum that outlines the specific areas the ILS provider will work with the individual on.
6. CM will monitor services according to the individual's monitoring level (quarterly or annually) or more often if needed. If concerns about progress toward goals or

services provided arise, the Planning Team should meet to discuss concerns and modify the plan or reassess whether ILS continues to be appropriate.

7. Purchases may only be authorized for a one year period. Upon reauthorization, the CM must obtain annual progress report from the ILS Program, meet with the Planning Team to discuss progress, and confirm progress is being made toward meeting the goals.

8. CM may periodically request and review client service logs to ensure that services billed for are supported by the service logs and appropriate for ILS. Concerns or questions about billing and service logs should be discussed with the CM Supervisor, who will determine any course of action needed. Providers are only authorized to bill for direct services provided and only for services identified in the IPP and ISP.

ILS Provider Responsibility

1. Once a referral is received and the ILS provider determines the program has the capacity to serve the individual based on the initial information, the provider will meet the individual and introduce the program's services. The purpose of the initial meeting is so the provider and the individual have the opportunity to assess whether both parties want to proceed with the assessment.

2. If the provider and the individual both want to proceed with the assessment component, the provider will notify the CM to confirm this and to request an ILS assessment purchase. The assessment should take the ILS provider between 2-10 hours to complete and should usually be completed within a 30-60 day period. It is expected that the ILS provider submit to the CM an assessment report that includes information about the individual's needs, identifies specific areas where independence can be increased, teaching strategies the provider will use to teach the skills, and number of hours each month needed to teach the skills.

3. Upon provision of services, the provider will be responsible for completing and maintaining client service logs that support any hours of services billed for the individual. Service logs must include dates and times of services (start and end times), location of where services were provided, names of the staff members who provided the services, and specific services provided. Billing for ILS is only authorized for services that are identified in the IPP and ISP, and only for hours of direct services provided to the individual. Providers are responsible for submitting service logs to the Regional Center upon request.

4. Within 30 days of providing services, the provider must complete an Individual Service Plan (ISP) that contains goals geared toward increasing independence and agreed on by the Planning Team, as well as a plan in how the provider will teach and assist the individual with meeting each goal.

5. The primary goal of ILS is to teach the individual needed skills in order to increase independence in identified areas. The provider is responsible for tracking progress made toward meeting each goal and submitting progress reports to the Regional Center annually.

6. It is expected that an individual receiving training will increase their independence in the areas of training and that, over time and as they gain independence, the provider will fade away assistance and training in those areas. Should a reduction in ILS over time not be possible due to safety issues, and inability to master skills, lack of participation by the individual, or there is a need for long term support, the ILS provider will communicate issues to the Planning Team so the plan can be reassessed.