

ELDERLY SERVICES PROGRAM (ESPSM)

INDEPENDENT LIVING ASSISTANCE SERVICE

SERVICE SPECIFICATION

2017

EFFECTIVE JUNE 2017 (BCESP, HCESP, WCESP)

INDEPENDENT LIVING ASSISTANCE SERVICE SPECIFICATION

1.0 OBJECTIVE

To advocate for the client and assist them to remain independent in the community.

2.0 UNIT OF SERVICE

2.1 UNIT RATES

- a) A full unit of service is equal to one hour of service to the client. The smallest unit of service is equal to one-quarter hour of service to the client.
- b) The number of authorized units of service may vary. Additional units of service will require prior authorization by the Care Manager. Any service not authorized prior to delivery of service may or may not be paid.

3.0 ILA SERVICES

3.1 TIER ONE- INTENSIVE IN PERSON

- a) Applying for programs such as Homestead Exemption, Home Energy Assistance Program, subsidized housing and prescription assistance
- b) Completion of applications i.e. JFS and PASSPORT applications
- c) Mortgage refinancing and loan applications
- d) Organizing and coordinating health insurance records including the completion of Medicare and other third party payer claim forms for reimbursement of health care expenses
- e) Assisting or acting as the client's authorized representative for maintaining or applying for public benefits. i.e. food stamps, etc.
- f) Assistance with finding appropriate housing to meet the needs of the client
- g) Assisting the client in selection and applying for a new insurance plan
- h) Banking which may include making routine deposits and withdrawals, purchasing money orders, writing personal checks, paying bills in person or by mail, balancing checkbooks and reconciling monthly checking account statements
- i) Assisting with business and personal correspondence including writing letters, purchasing stamps and delivering correspondence to the post office

- j) Monitoring of mail received for bills that are due
- k) Arranging appointments
- l) Assisting the client with phone calls
- m) Follow up necessary if a client was involved in any SCAM activity

3.2 TIER TWO- COMMODITY BOX

- a) Picking up commodity boxes and completing yearly application

3.3 TIER THREE-TELEPHONIC

- a) Calling clients at times that no other in-home services are being provided to confirm that clients are functioning safely in the home environment

4.0 PROVIDER REQUIREMENTS

- a) The provider must become the client's authorized representative or have documentation of written permission from the client to bank on client's behalf.
- b) The provider must have the capacity to answer the telephone and respond during normal operational hours within 24 business hours
- c) The provider must maintain individual records for each episode of service. Documentation must include:
 - i. Date of service
 - ii. A description of the service performed
 - iii. The name of the individual performing the service
 - iv. The arrival and departure times or telephone start and end time of the individual performing the service
 - v. The written or electronic signature of the person performing the service
 - vi. The client's or client's caregiver's signature for each episode of in home service delivery, unless an electronic verification system is used by the provider
 - vii. A client signature is not required when ILA activities are telephonic
- d) The provider must generate and review a current credit report with any individual performing a Tier One ILA service. This review must be completed prior to the delivery of ILA service. The provider must have a process in place to evaluate each individual's credit report and authorize the individuals to perform the ILA service

- e) The provider must provide a written quarterly status update to the Care Manager for each monthly ILA service delivered. If the provider experiences a change in a client's status, the provider will notify the Care Manager within 1 business day
- f) The provider must deliver services as authorized in the client's care plan
- g) The provider must be able to document they have the capacity to deliver services five days per week
- h) The provider must have a substitute staff member to utilize in the event the scheduled staff member could not deliver the service as outlined in the client's care plan.
- i) The provider must ensure all ILA workers and supervisors providing an ILA service maintain a minimum of 8 hours of continuing education every 12 months
- j) The provider must review personnel time sheets, at a minimum of every 30 days, to ensure tasks performed coincide with the tasks on the assignment sheets

5.0 QUALIFICATIONS OF ILA WORKER

5.1 TIER ONE

- a) Ability to balance a checkbook
- b) Knowledge of health insurance plans including but not limited to Medicare, Medicaid and MyCare Ohio
- c) Advanced knowledge of community resources
- d) Ability to do simple math
- e) Computer literate
- f) Understanding of ethics and boundaries in regards to working with clients

5.2 TIER TWO

- a) Drivers must have a valid driver's license
- b) Drivers must have auto insurance
- c) Workers must be oriented on how to complete a commodity box application during the orientation process

5.3 TIER THREE

- a) Workers must possess the ability to speak clearly and slowly during a telephone conversation
- b) Must be able to document information gathered during a telephone call accurately

6.0 QUALIFICATIONS FOR ILA SUPERVISOR

- a) The ILA Supervisor must possess a Bachelor's or Associate Degree in Gerontology, Health Care, Business, Family and Client Services, Human Services, Social Work degree as a Licensed Social Worker licensed in the State of Ohio or related degree or a minimum of three years of employment experience in the provision of social services
- b) Must also meet all of the qualifications for an ILA worker
- c) OSHIIP Certified-Ohio Senior Health Insurance Information Program

7.0 ILA SUPERVISION

7.1 SUPERVISORY VISITS

- a) The Supervisor must complete and document an initial home visit to develop the client's task sheet to meet the needs of the client, assuring consistency with the Care Manager's authorized care plan
- b) A supervisory visit must be completed every 6 months for a Tier One service. The visit must be signed by the client or caregiver, to evaluate the ILA personnel's performance, compliance with the care plan, and client satisfaction
- c) The Supervisor must notify the Care Manager with any significant changes in the client's health and safety or any recommended service modifications discovered during the supervisory visit within 1 business day