

**ELDERLY SERVICES PROGRAM (ESPSM)
INDEPENDENT LIVING ASSISTANCE (ILA)
SERVICE SPECIFICATION**

**EFFECTIVE MARCH 2022
(BCESP) (HCESP) (WCESP)**

INDEPENDENT LIVING ASSISTANCE SERVICE SPECIFICATION

1.0 OBJECTIVE

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

2.0 UNIT OF SERVICE

a) A unit of service is equal to 15 minutes. Notification should be given to care management staff if additional units are needed fulfill the client's care plan.

3.0 ILA SERVICES

a) Completion of Applications and Program Review

- Homestead Exemption
- Home Energy Assistance Program (HEAP)
- Percentage of Income Payment Plan (PIPP)
- Subsidized housing
- Prescription assistance
- Job and Family application
- Food Stamps
- PASSPORT
- Qualified Medicare Beneficiary (QMB)
- Veterans Administration application
- Commodity box yearly application

b) Commodity Box and Food Pantries

- Yearly applications
- Pick up and distribution of food boxes
- Authorized representative to pick up food boxes

c) Housing

- Assist with mortgage refinancing and loan applications
- Work with Cincinnati Metropolitan Housing Authority
- Assistance with finding appropriate housing to meet the needs of the client
- Work with client to ensure rent or house payments are made to maintain housing

d) Assisting with Health Insurance and Benefits

- Assist with completion of paperwork for doctors
- Review of Explanation of benefits (EOB) from insurance companies
- Organizing and coordinating health insurance records including the completion of Medicare and other third-party payer claim forms for reimbursement of health care expenses.
- Assisting the client in selection and applying for a new insurance plan

e) Bill Pay

- Ensuring bills are paid on time

- Making over the phone payments, if applicable
- Setting up auto pay or electronic bill pay, if preferred by the client

f) Banking

- making routine deposits and withdrawals
- purchasing money orders
- writing personal checks
- paying bills in person or by mail
- balancing and reconciling checkbooks
- reconciling monthly checking account statements

g) Assisting with business and personal correspondence

- writing letters
- help maintain benefits
- purchasing stamps
- delivering correspondence to or from the post office

h) Mail

- Organize and sort mail
- Identify bills that need to be paid
- Removal of junk mail

i) Assist with making appointments

- Transportation
- Doctor's appointments
- Schedule appointments to meet the needs of maintaining yearly applications for JFS, Medicaid, etc.
- Assisting the client with phone calls.

j) Patient Assistance Programs and Community Assistance

- Working with clients to assist with pharmacy programs, such as St. Vincent de Paul pharmacy, people working cooperatively, habit for humanity, rent and mortgage assistance programs
- Work with hospitals to complete application to lower client financial responsibility for a hospital stay

k) Follow up necessary if a client was involved in any scam activity.

l) 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 or on client's behalf to assist with tasks of a financial or personal nature.

b) The Provider must have the capacity to address client's concerns and respond during normal operational 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) If the Provider experiences a change in a client's status, the Provider will notify the Care Manager within one business day of becoming aware.
- e) The Provider must deliver services as authorized in the client's care plan.
- f) The Provider must be able to document they have the capacity to deliver services five (5) days per week.
- g) The Provider must have a substitute to utilize in the event the scheduled staff member could not deliver the service as outlined in the client's care plan.
- h) 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

The ILA Provider shall ensure the ILA worker has appropriate skills such as:

- a) Ability to balance and reconcile a checkbook. Can complete a check book register.
- b) Knowledge of health insurance plans including but not limited to Medicare, Medicaid, and MyCare Ohio.
- c) Advanced knowledge of community resources.

- d) Can effectively assist the client with managing finances and budget needs
- e) Computer literate.
- f) Understanding of ethics, boundaries, and legal compliance regarding working with clients.
- g) Understand community agencies that may provide legal assistance to clients, such as Legal aid and ProSeniors

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 (3) years of employment experience in the provision of social services.
- b) Must also meet all the qualifications for an ILA worker.

7.0 ILA SUPERVISION

- 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 home visit or phone call must be completed annually. The phone call or visit will include an evaluation of the ILA personnel performance, compliance with the care plan, and client satisfaction.
- c) The Supervisor must notify the Care Manager within one business day of becoming aware of any significant changes in the client's health and safety or any recommended service modifications.