

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

**EFFECTIVE MAY 1, 2019  
(BCESP) (HCEP) (WCEP)**

## **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**

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

### **3.0 ILA SERVICES**

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.

n) Complete yearly applications for commodity boxes, pick-up and delivery.

o) 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 legally 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) 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 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, boundaries, and legal compliance in regard to working with clients.

## **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 of 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.