

## WORK Independent Living Counseling (ILC) Services Form

Independent Living Counselors are available to assist consumers to self and/or agency-direct their services, and request assistive services funds. Independent Living Counseling has an annual cap of 480 units (one unit = 15 minutes), or 120 hours; however exceptions may be made on a case-by-case basis for consumers who require additional hours. Consumers are not required to use the maximum number of Independent Living Counseling hours that are available each year. Service Type is listed at the end of this form.

**Name of Member:**

**ILC Agency:**

**ILC Name:**

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|   |  |
|---|--|
| <b>Date of Service:</b>                     | <b>Units:</b>                            |
| <b>Beginning time service was provided:</b> | <b>Ending time service was provided:</b> |
| <b>Service Type:</b>                        |  |
| <b>Service Provided:</b>                    |  |

**How service was provided:** [Select](#)

**If Other Please Explain:**

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|   |  |
|---|--|
| <b>Date of Service:</b>                     | <b>Units:</b>                            |
| <b>Beginning time service was provided:</b> | <b>Ending time service was provided:</b> |
| <b>Service Type:</b>                        |  |
| <b>Service Provided:</b>                    |  |

**How service was provided:** [Select](#)

**If Other Please Explain:**

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|   |  |
|---|--|
| <b>Date of Service:</b>                     | <b>Units:</b>                            |
| <b>Beginning time service was provided:</b> | <b>Ending time service was provided:</b> |
| <b>Service Type:</b>                        |  |
| <b>Service Provided:</b>                    |  |

**How service was provided:** [Select](#)

**If Other Please Explain:**

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|   |  |
|---|--|
| <b>Date of Service:</b>                     | <b>Units:</b>                            |
| <b>Beginning time service was provided:</b> | <b>Ending time service was provided:</b> |
| <b>Service Type:</b>                        |  |
| <b>Service Provided:</b>                    |  |

**How service was provided:** [Select](#)

**If Other Please Explain:**

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|   |  |
|---|--|
| <b>Date of Service:</b>                     | <b>Units:</b>                            |
| <b>Beginning time service was provided:</b> | <b>Ending time service was provided:</b> |
| <b>Service Type:</b>                        |  |
| <b>Service Provided:</b>                    |  |

**How service was provided:** [Select](#)

**If Other Please Explain:**

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**Consumer Signature**

**Date**

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**ILC Signature**

**Date**

## WORK Independent Living Counseling (ILC) Services Form

**Service Type:** Select the corresponding number from the below list, e.i. 5A, and input as your Service Type in the above form.

- 1) Conveying *WORK* program policies to members, and ensuring that they understand them
- 2) Discussing the options listed on the *WORK Member Agreement Form* and assisting members to complete the *WORK Member Agreement Form*.
- 3) Conveying the member's rights and responsibilities related to the *WORK* program and assisting them to complete the *WORK Member Rights and Responsibilities* form.
- 4) Assisting members to locate emergency back-up care and emergency assistance, develop viable emergency back-up, natural disaster, and pet care plans, and complete the *Emergency Back-Up Form*. ILCs must verify that anyone listed on the emergency back-up can and will provide assistance.
- 5) Attending *WORK* assessment to assure knowledge of needed supports and services when developing *WORK* budget.
- 6) Assisting members to develop the skills necessary to self-direct services by helping them access one of the two on-line training programs provided on the *Working Healthy* website, or any other available tool.
- 7) Assisting members to develop Individualized Budget, including
  - a. assisting members/representatives to determine hourly wages for their service providers, taking into account payroll deductions, and that the total amount is within the parameters of their monthly allocation
  - b. confirming that background checks have been conducted on agency employed staff providing personal assistance for *WORK* members
  - c. confirming that providers of supported employment services have the appropriate training and certification
  - d. assisting members to locate alternate, cost-effective methods for purchasing services, and determine a reimbursement amount that is within the parameters of their monthly allocation
  - e. assuring that member's Individualized Budget reflects the services determined necessary during the *WORK* assessment.
  - f. assisting in planning for, and documenting the use of, any excess (carryover) funds remaining from the monthly allocation
  - g. assuring that members/representatives remain within the parameters of their monthly allocation
  - h. assisting to revise the Individualized Budget, if necessary
  - i. assuring members/representatives do not include on their Individualized Budget services of goods that are prohibited by program policy
  - j. assuring that representatives, conservators, guardians, and/or those with any type of Power of Attorney are not providing personal assistance or other services
  - k. assisting members/representatives to obtain approval of Individualized Budgets and Emergency Back-Up, natural disaster, and pet care plans, from their MCO Service Coordinator
  - l. entering Individualized Budgets into web-portals if directed to do so by the MCO Service Coordinator
- 8) Assisting members to locate providers of personal assistance services and providers of alternative services such as PERS and meal support. Assisting member to terminate alternative services such as PERS and meal support.
- 9) Assisting members to interview, hire, supervise, and terminate personal assistants.
- 10) Assisting members to locate agency-directed services, negotiating hourly payments, ensuring that agency-directed services are consistent with the assessment and are reflected in the budget, and that these costs are commensurate with the monthly allocation payment methodology.
- 11) Ensuring that agencies are doing background checks on PAs providing *WORK* services for members.
- 12) Assisting members to accurately and thoroughly complete and submit required paperwork to fiscal management service (FMS) providers. To assist member to complete and submit paperwork (such as budgets) to providers of services such as Home Health agencies and alternative support providers.
- 13) Assuring that the member understands the importance of verifying time worked by the PA, and the significance of the member's/representative's signature on the time sheet(s).
- 14) Assisting members to document and submit requests for reimbursements to the FMS provider in a timely manner.
- 15) Assisting members to coordinate non-emergency medical transportation (NEMT).
- 16) Assisting members to document the need for assistive services and locate providers of assistive services.
- 17) Assisting members to complete and submit annual eligibility and six-month review paperwork.
- 18) Assist members to send *Working Healthy* premiums to the correct address. (ILCs should not handle or mail premium payments without the member present).
- 19) Assisting members to connect to other services, such as Vocational Rehabilitation or affordable housing.
- 20) Communicating any changes in status, needs, problems, etc., to the member's MCO Service Coordinator.
- 21) Submitting all required MCO paperwork in a timely fashion.
- 22) Reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect to the MCO Service Coordinator and the DCF Adult Protective Services (see K.S.A. 39-1430 and K.S.A. 39-1431).
- 23) Monitoring to ensure that members are receiving the services that they are paying for.
- 24) Notifying the *WORK* Program Manager and/or the MCO Service Coordinator when it appears that a member is not capable of self-directing services and requires a representative or agency directed services.
- 25) Reporting health and safety concerns to the *WORK* Program Manager and/ or the MCO Service Coordinator when it appears that a member's health and/or safety are in jeopardy.
- 26) Reporting to the *WORK* Program Manager when individuals/representatives or personal assistants are not following *WORK* program policies and procedures.
- 27) Assuring that the member's/representative's budget, back-up plans, choice of providers, choice of alternative services, use of the monthly allocation, and documentation of Independent Living Counseling services adheres to *WORK* program policies as well as any state and federal rules, regulations and requirements that apply.
- 28) Assisting members to dis-enroll and access either HCBS waivers or waiver waiting lists.
- 29) Participate in a minimum of 12 hours of training relevant to the provision of independent living counseling services. Training is based on a calendar year. Verification of training received must be sent to the *WORK* Program Manager, who will communicate the completed training to the MCOs.