Benefit Guideline: Independent Living Skills

Service: Independent Living Skills (ILS)

Products: Minnesota Senior Health Options (MSHO), Minnesota Senior Care (MSC+) and Special Needs basic Care (SNBC)

Effective: 1/1/2010
Review Date: 10/14/15

Definition of Service:
Services that develop and maintain the community living skills and community integration of a person. Independent Living Skills (ILS) is provided in the home of a person or in the community. Independent Living Skills include:
- Supervision
- Training
- Assistance to an individual with self-care
- Communication skills
- Socialization
- Sensory/motor development
- Reduction/elimination of maladaptive behavior
- Community living and mobility

Covered:
Independent Living Services (ILS) is not included in the benefit set for MSHO, MSC+ and SNBC. Members on other waiver programs may have access to ILS through the following disability waivers: Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Developmental Disability (DD) and Brain Injury (BI).

Process:
CC should document all efforts to find informal and quasi-formal services to meet member needs in the member record prior to utilizing ILS. This documentation may be requested by Medica. Services cannot be duplicated with other Minnesota State plan covered services or waiver services.

If a member is assessed with a need that cannot be met by a covered benefit, and can be meet through ILS, Care Coordinators can authorized up to 2hrs per month without going through the Benefit Exception Inquiry process. If members are in need of anything above 2hrs per month, the CC needs to submit requests through the Medica Benefit Exception Inquiry process.

When to Submit a Request for Benefit Exception Inquiry (BEI):
- Requested ILS time exceeds 2hrs per month or 24hrs per year.

Considerations:
- Is this service necessary for the health, welfare and safety of the member?
- Does the service enable the member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the member)?
- Is this the most cost effective solution?
- Are there other formal, informal or quasi-formal services which can meet the identified need?
Recommended criteria for Care Coordinators to use in service planning:

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<tr>
<th>ILS should not be used for:</th>
<th>If ILS is requested for a MSHO or MSC+ member and is determined as not appropriate – DTR must be initiated by CC.</th>
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<tbody>
<tr>
<td>Advanced Directive Planning (Family, clinic, non-profit agencies or CC responsibility)</td>
<td>If ILS is requested for a SNBC member – refer member to County Waiver Worker or for waivered screening.</td>
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<td>Errands/Shopping (Family or cost efficient options)</td>
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<td>Transportation (Provide a Ride/Family)</td>
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<td>Monthly Billing and MA Renewal paperwork (Family, Rep Payee, PCA, FW, public housing SW, community/senior centers, senior/disability linkage line)</td>
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<th>ILS may be used for:</th>
<th>Short term skill development to gain independence:</th>
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<td>• Home Management skills training such as the development of money management plan, time management skills and clothing maintenance tasks (how to do laundry/Laundromat.)</td>
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<td>• Health and Safety skills training such as maintaining good personal health, scheduling medication and preparing for medical emergencies</td>
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<td>• Community Services training such as teaching how to shop, use public services and use of transportation.</td>
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<td>• Socialization Skills teaching such as social etiquette, utilizing appropriate manners and relating to others.</td>
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<td>Long term maintenance of skills developed – member has reached goals but requires assistance to maintain.</td>
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Generally, ILS services are meant to achieve a goal.

All ILS services require an authorization in Medica’s system via referral request form process.

ILS should not exceed 2 hours per month or 24 hours per year.

Any amount of ILS authorized beyond 2 hours per month or 24 hours per year requires Medica approval through the BEI process.

Care plan should be reviewed with ILS provider on a quarterly basis to monitor progress towards ILS goals and review ongoing appropriateness of service. CC should update Care Plan with any changes as needed.

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.

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