



## PURCHASE OF SERVICE GUIDELINE

10/25/2011	SUPPORTED LIVING SERVICES	FINAL
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### I. DEFINITION

Supported Living Services are those services and supports provided as often as, and as long as, needed to a consumer, regardless of degree of disability, which would enable him or her to reside in and have control of their home (or apartments) that they own, rent or lease [WIC 4689].

### II. CRITERIA

ELARC shall provide information and education to consumers and their families about supported living principles and services [WIC 4689 subd. (d)].

Supported Living Services shall be provided when:

- A. 18 years or older and eligible for regional center services. *[The assessment of a consumer's needs may begin before 18 years of age (17 years and 9 months) to enable the consumer to move to his or her own home when he or she reaches 18 years of age [WIC 4689 subd. (c)].*
- B. Preferred living arrangement of consumer.
- C. Choice has been identified through the IPP process [Title 17 § 58613].
- D. Risks of endangerment to health, safety and well being are minimized [Title 17 § 58632].

### III. AMOUNT OF SERVICE

The amount, frequency and duration of services are based upon the assessment, and implementation process outlined in Title

17, subchapter 19. Location of services shall be in their communities and his or her own rented, leased or owned home but not in the home of the parents or SLS vendor.

Rent, mortgage and lease payments of a supported living home and household expenses shall be the responsibility of the consumer and any roommate who resides with the consumer WIC 4689 subd (h).

ELARC shall not make rent, mortgage of lease payments on a supported living home or pay for household expenses of consumers receiving supported living services, except under the following circumstances;

- ELARC Executive Director or assigned designee verifies in writing that making the rent, mortgage or lease payments or paying the household expenses is required to meet the specific care needs unique to the individual consumer as set forth in an addendum to the consumer's individual program plan, and is required when a consumer's demonstrated medical, behavioral, or psychiatric condition presents a health and safety risk to himself or herself, or another [WIC 4689 subd. (i)(1)(A)].
- During the time period that ELARC is making rent, mortgage, or lease payments, or paying for household expenses, the supported living services vendor shall assist the consumer in accessing all sources of generic and natural supports consistent with the needs of the consumer [WIC 4689 subd. (i)(1)(B)].
- ELARC shall not make rent, mortgage, or lease payments on a supported living home or pay for household expenses for more than six months, unless ELARC finds that it is necessary to meet the individual consumer's particular needs pursuant to the consumer's individual program plan. ELARC shall review a finding of necessity on a quarterly basis and ELARC's Executive Director or assigned designee shall annually verify in an addendum to the consumer's individual program plan that the requirements set forth in subparagraph (A) continue to be met [WIC 4689 subd. (i)(1)(C)].
- If ELARC has been contributing to rent, mortgage, or lease payments or paying for household expenses and at the

time of the IPP, the planning team determines that these contributions are no longer appropriate, a reasonable time for transition, not to exceed six months shall be permitted. All paid roommates and live-in support staff are responsible for their share of the rent, mortgage, or lease payments and household expenses. "Household expenses" are defined as general living expenses and includes, but is not limited to, utilities paid and food consumed within the home (WIC 4689 subd. (j)).

- ELARC shall utilize the same supported living provider for consumers who reside in the same domicile, provided that each individual consumer's particular needs can still be met pursuant to his or her individual program plans WIC 4689 subd. (g).

#### **IV. ALTERNATIVE FUNDING RESOURCES**

While the resources listed below may not in all cases serve as alternative funding resources, they must be explored as supplemental funding resources in the development of a supported living arrangement.

- SSI, SSA, VA
- HUD
- IHSS
- Family, consumer and other private resources
- Other state and local generic resources

Effective July 1, 2009, WIC 4659 subd. (c) was amended to include that regional centers shall not purchase any service that would otherwise be provided through generic resources. ELARC shall first explore these resources including but not limited to: private insurance, private trusts, Medi-Cal, Medicare, California Children's Services, EPSDT, CHAMPUS, private health plans, HMOs, Veteran's Benefits, Department of Rehabilitation, Ability to Pay programs at county medical facilities, the Convalescent Aid Society and clinics, etc.

Effective July 28, 2009, WIC 4689 subd. (f), was amended to require that the planning team of a consumer receiving SLS confirm that all appropriate and available sources of natural and generic support have been utilized to the fullest extent possible.

ELARC is required to ensure SLS vendor administrative costs (as defined in section 57434 of Title 17) are necessary and reasonable, and that the most cost-effective of the rate methodologies is utilized to determine the negotiated rate for SLS vendors WIC 4689 subd. (k)(1).

## V. PROCESS FOR PURCHASE OF SERVICE

- A. Prior to the IPP meeting, the service coordinator, acting as an informed resource, will provide to the adult consumer or his personal advocate, information regarding SLS and the availability of SLS as a living option for the consumer.
- B. If the consumer or his personal advocate selects SLS at the IPP meeting, the service coordinator will provide information regarding SLS providers so that the consumer may have a choice of providers. Welfare and Institutions Code section 4648 subd. (a)(6)(D) was amended to require the IPP planning team to review the cost of providing services or supports of comparable quality by different providers and to choose the least costly available provider, including transportation, who is able to accomplish all or part of the consumer's IPP consistent with the particular needs of the consumer and family as identified in the IPP. In determining the least costly vendor, the availability of federal financial participation shall be considered. The consumer is not required to use the least costly provider if it will result in the consumer moving from an existing provider of services or support to more restrictive or less integrated services and supports.
- C. An outcome based objective and corresponding plan will be made a part of the IPP. The plan will include referral for a comprehensive assessment [Title 17 § 58612] by a qualified SLS provider.
- D. The SLS provider will be responsible to develop a comprehensive SLS plan (component) which would be subject to review and approval by the planning team (at minimum composed of the service coordinator and the consumer and/or his personal advocate). The planning team may approve up to three months of transition programming with a guideline of 20 hours per month or a flat rate of approximately \$500 per month for three months as specified in the service contract.

- E. The SLS provider will be responsible to document activities and efforts to access all relevant natural and generic resources. The SLS provider shall provide assistance to a consumer who is a Medi-Cal beneficiary in applying for in-home supportive services, as set forth in Section 12300, within five days of the consumer moving into a supported living services arrangement WIC 4689 subd (n). Failure by the SLS provider to apply for generic resources in a timely manner may be cause for termination of the service contract.
- F. The SLS vendor will also be expected to follow implementation of all applicable SLS regulations including Title 17 sections 58614, 58615, 58620, Article 4 (Service Design), Article 5 (Standards for Vendors), Article 6 Sections 58651, 58652, 58653, Article 8 (SLS Contract Standards), and any other applicable sections of Title 17 Chapter 3 Subchapter 19 not otherwise cited.
- G. The monthly cost of services and supports, exclusive of the consumer's SSI/SSA contributions, etc., should not exceed the cost effective formula established in Title 17 section 58617.
- H. Authorizations of vendored SLS will be provided in compliance with Title 17, section 54349 (d) and (e).
- I. Upon its receipt, the SLS assessment will be shared with the consumer and his or her personal advocate.
- J. The service coordinator shall review the assessment for the following elements:
- A description of the consumer's needs, strengths and preferences.
  - A description of the services that the SLS provider will provide to meet those needs and preferences.
  - A review of the consumer's natural supports and a description of how to meet the consumer's needs and preferences.
  - A sample weekly schedule of services including how natural supports; e.g., IHSS, family, friends, fits into the schedule.
  - A proposed budget

- A description of the consumer's cash resources and a sample consumer budget demonstrating how the consumer will meet his/her financial obligations.
  - How generic resources will be accessed; e.g., special utility services, food banks etc.
- K. If the assessment is lacking in any of the above areas, the service coordinator will request a revised assessment to include the lacking information.
- L. The Service Coordinator (SC) will then route the chart, along with the assessment to the designated Community Services Specialist for consultation.
- M. The Community Services Division (CMSD) Specialist shall review the chart and assessment report and reply to the SC in writing on the form providing any information that the report is lacking.
- N. When the service provider revises the assessment report to include the missing information, a rate determination meeting will be held with participation by the SC, the Consumer Services Supervisor, the assigned CMSD Specialist and the CMSD Supervisor to discuss the costs related to providing the services and supports and to determine a rate to offer to the service provider. The SC will discuss with the service provider the rate the regional center is offering.
- O. In the interim, a core staffing will then be scheduled by the service coordinator which will include all parties considered necessary for reviewing the SLS arrangement and the Individualized Service Plan/Assessment. During the meeting the group will discuss, review, identify and provide recommendations for any possible health and safety issues and supports for the individual. Necessary parties would include, at least, regional center staff and the consumer and his personal advocate.
- P. When the regional center and the service provider mutually agree upon a rate, the SC completes an authorization (1-11) and submits a copy of it, along with the rate determination sheet and a Request for Vendorization to CMSD. The assigned CMSD Specialist completes and routes a UFS data entry form with the 1-11

copy and Request for Vendorization to Rates and Vendorization to be added to the database (SANDIS).

Q. ELARC's fiscal administration processes the 1-11.

## **VI. EVALUATION OF SERVICE EFFECTIVENESS**

Consumer/family feedback will serve as the primary mode of evaluation of service effectiveness. Such feedback will be formally obtained through the quarterly review and report on progress towards the IPP objectives developed through the person centered planning meeting. The annual review of this plan will also provide the opportunity to evaluate the effectiveness of the service.

ELARC shall monitor and ensure the quality of services and supports provided to individuals living in homes they own or lease WIC 4689 subd. (e)(1-5).

SLS providers will also be evaluated per Article 9 (Performance Evaluations) of the SLS regulations and be subject to necessary and appropriate sanctions as defined by regulation due to failure to provide SLS in the manner prescribed by regulation and WIC section 4689.