

GUIDELINES FOR CONSUMER SERVICE COORDINATOR (CSC)  
FOR SUPPORTIVE LIVING SERVICES (SLS)  
NEW REQUEST

The following is an outline for Consumer Service Coordinators to use with Consumers as they are making the decision for Supported Living Services.

1. Complete a preliminary review of the Consumer's readiness to live independently by discussing and recording the answers to the attached "PRE-PLANNING QUESTIONS" with the Consumer and his/her invitees.
2. Complete the financial questionnaire at the time of the meeting with the Consumer and invitees.
3. Meet with the Program Manager to review information and discuss readiness, based on the information collected, to live independently or to prepare to live independently.
4. When/if the CSC and Program Manager agree that the Consumer is prepared to live independently, the CSC will be given three (3) SLS vendor referrals from Program Liaison for Living Options (QA).
5. Send out three (3) referral packets to the SLS vendor. SLS vendors must meet with the Consumer to allow the Consumer to discuss their needs. CSC and Consumer will discuss their meeting and determine/select the vendor to provide their SLS services.
6. Schedule the intake assessment with the selected vendor to begin development of the Individual Service Plan (ISP) and to determine hours needed to assist the Consumer to live independently. CSC MUST be present at this meeting with the vendor selected by the Consumer.
7. The initial ISP will be authorized for up to 6 months and services will be reviewed at second level Compliance Review. For the next service period, the IPP and ISP will be developed at the same time, and reviewed, renewed and approved by the Program Manager. This is not a rollover service as the service period will be aligned with the consumer's IPP.
8. Within 5 days of moving independently, the SLS vendor will apply for IHSS. If IHSS services are denied, SLS vendor will assist consumer to file appeal with IHSS.

EXISTING SLS CONSUMERS

1. The CSC MUST have the SLS IDT meeting with all persons present that the Consumer desires to have at the IDT. No meeting will be held without ALL persons present.
2. All SLS will be reviewed every six months to determine if services should be adjusted and no less than quarterly to determine if progress is being made on the goals. The CSC must get a new ISP from the SLS vendor if needed.
3. NO meetings will be held to review the SLS without the Consumer, SLS decision making vendor representation and the CSC being present.

## EXISTING SLS CONSUMERS

The following are the guidelines for the CSC to use when reviewing the consumer's needs for continued SLS services.

1. Schedule the SLS IDT meeting ensuring that all persons are able to attend that the Consumer desires to have at the IDT. No meeting can be held without ALL persons present. No meeting will be held to review the SLS without the Consumer, SLS decision making vendor representative and the CSC being present.
2. All authorized SLS services will be reviewed annually at the IPP to determine if services should be adjusted and no less than quarterly to determine if progress is being made on the goals. A new ISP must be provided by the SLS vendor every six months.

## SLS Service

### Pre-Planning Questions:

1. Assisting with common daily living activities such as meal preparation, to include planning, shopping, cooking, and storage activities:
  - What are the client's abilities and limitations regarding planning meals, shopping, meal preparation and cooking?
  - Is there IHSS in place to assist with this need?
  
2. Performing routine household activities aimed at maintaining a clean and safe home:
  - What are the client's abilities and limitations regarding cleaning, laundry, yard work etc.?
  - Is there IHSS in place to assist with this need?
  
3. Locating and scheduling appropriate medical services:
  - Do they already have a doctor and dentist?
  - Who makes the appointments and transports them to and from?
  - Is there IHSS in place to assist with this need?
  - How long does it take for each visit?
  
4. Acquiring, using and caring for canine and other animal companions specifically trained to provide assistance:
  - What are the client's abilities and limitations regarding the upkeep and care of the TRAINED animal?
  
5. Selecting and moving into a home:
  - Has a residence already been secured and/or where is the client in the process?
  - How much additional assistance will be needed to secure and move into the residency?
  - Are they eligible or have discounted housing (Section 8)?
  - Has the client saved up enough money for securing the residence of their choice (first and last month's rent, security deposit)?
  - Is the client's credit going to be an issue when they apply for the residence of their choice?
  
6. Locating and choosing a suitable house mate:
  - Is there a financial benefit in place (SSA)?
  - Does the client work and what is the typical monthly wage?
  - Who assists the clients in reporting the wage to SSA?
  - Financially, does the client need a house mate?

7. Acquiring household furniture:

Where is the client in the process of furnishing a residence?

How much additional assistance will be needed to obtain appropriate furnishings?

8. Becoming aware of and effectively using the transportation, police, fire and emergency help available in the community to the general public:

Does the client have the names, addresses and numbers of necessary service agencies available?

Do they need mobility training to access the community?

9. Managing personal financial affairs:

Who is the payee?

What are the monthly bills?

How much time does it take to pay bills every month?

10. Dealing with and responding appropriately to governmental agencies and personnel:

How many public agencies are involved in the client's life and how much help do they need accessing the assistance?

This can be a fluid category. Example – SSI benefit is denied –We may need to increase hours for that month.

11. Asserting civil and statutory rights through self-advocacy:

12. 24 hour emergency assistance:

No questions, as this is already allotted one hour a month per all SLS service plans.

**MONTHLY INCOME AND EXPENSE SUMMARY**

NAME OF CONSUMER: \_\_\_\_\_ UCI#: \_\_\_\_\_  
 CSC: \_\_\_\_\_ EXT#: \_\_\_\_\_  
 SLS WORKER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

MONTHLY INCOME (ALL SOURCES)

TYPE	AMOUNT	NOTES
SSI	\$	
SSA	\$	
WAGES (MONTH)	\$	
SSP RESTORATION	\$	
FAMILY CONTRIBUTION	\$	
OTHER INCOME	\$	
TOTAL INCOME	\$	

MONTHLY EXPENSES

TYPE	AMOUNT	NOTES
RENT	\$	
GROCERIES	\$	
ELECTRIC	\$	
GAS	\$	
WATER	\$	
PHONE	\$	
CABLE TV	\$	
RECREATION COSTS	\$	
CREDIT CARD	\$	
AUTOMOBILE EXPENSE	\$	
OTHER EXPENSE	\$	
TOTAL EXPENSES	\$	

**SUMMARY:**

MONTHLY INCOME: \$ \_\_\_\_\_

Less: MONTHLY EXPENSES: \$ \_\_\_\_\_

NET CASH FLOW = \$ \_\_\_\_\_

**REFERRALS:**

Vendor	Contact Person	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Supported Living Services Standardized Assessment Questionnaire

Per WIC § 4689(p)(1), this questionnaire is designed to ensure that individuals in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person’s choice and needs as determined by the IPP team.

The IPP team is to complete the questionnaire at the time of development, review, or modification of an individual’s IPP. The questionnaire, in conjunction with the service provider’s comprehensive assessment, will assist the team in determining if the services recommended or provided are necessary, that generic resources are utilized to the fullest extent possible, and the most cost effective methods of service provision are utilized. If this process results in a reduction of services, the regional center is to inform the individual of the reason for the reduction and provide the individual a written notice of fair hearing rights pursuant to WIC § 4701.

Name: \_\_\_\_\_

UCI: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Support Questions	Answers	Comments
1. Are medical considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
2. Are considerations/supports for medications or treatments necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
3. Are behavioral considerations/ supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan?	<input type="radio"/> Yes <input type="radio"/> No	
5. Are safety and emergency procedures necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
6. Have all the possible support alternatives been considered (e.g. med. planners, telephone check-in systems, self-checklist programs, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
7. Are IHSS hours maximized?	<input type="radio"/> Yes <input type="radio"/> No	
8. Are generic services/supports maximized?	<input type="radio"/> Yes <input type="radio"/> No	
9. Are natural supports maximized and are there sufficient opportunities to maintain and expand them (e.g. Circle of Support, friends, family, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	

Support Questions	Answers	Comments
10. Is technology maximized (e.g. Lifeline, electric door openers, speaker phones, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
11. Are financial resources adequate to meet the individual's needs (e.g. rent, utilities, food, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
12. Are considerations/supports for financial management necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
13. Has shared housing been considered? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
14. If individual lives with others, are supports shared? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
15. Does the individual assist or supervise in household duties to the fullest extent possible?	<input type="radio"/> Yes <input type="radio"/> No	
16. Does the individual assist or supervise in meal planning, preparation and cleanup to the fullest extent possible?	<input type="radio"/> Yes <input type="radio"/> No	
17. Does the individual have opportunities to increase skills and abilities?	<input type="radio"/> Yes <input type="radio"/> No	
18. Can the individual use public transportation independently? If "yes", do they? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
19. Does the individual spend any time without support staff? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
20. Prior to receiving SLS, did the individual spend time alone in his/her home or community?	<input type="radio"/> Yes <input type="radio"/> No	
21. Have there been any attempts to fade SLS support in the last year?	<input type="radio"/> Yes <input type="radio"/> No	
22. Is there a systematic plan in place to fade SLS support?	<input type="radio"/> Yes <input type="radio"/> No	
23. Does the individual have overnight support? If "yes", is there an expectation for overnight support to fade? If support is not expected to fade, why not?	<input type="radio"/> Yes <input type="radio"/> No	

**Summary of Recommendations (Continue on page 3):**

**Summary of Recommendations cont'd:**