ICLS Learning Objectives

I. Describe ICLS
   a. Who can provide?
   b. Where is ICLS provided?
II. Describe the six service categories of ICLS
III. Planning for ICLS
   a. Purpose of ICLS planning form
IV. Non-covered services, and provider requirements
## Describe ICLS

- Available for eligible alternative care (AC) and elderly waiver (EW) participants
- Access a wide range of services and supports by a single provider
- Provided in a single-family home or apartment that is owned or rented as demonstrated by a lease agreement by the person or family
- Providers of ICLS may not be the landlord or have any interest in the participant’s housing.

## Service Categories of ICLS

Six service categories of ICLS

I. Support with activities of daily living (ADLs)
II. Household management
III. Health, safety and wellness oversight
IV. Community living engagement
V. Adaptive support service, and
VI. Active cognitive support
ICLS Service Categories

I. ADLs support

• Provide reminders or cuing systems to complete ADLs

• Cue and/or provide intermittent physical assistance with dressing, grooming, eating, toileting, mobility, transferring, and positioning

• Cue and/or provide continual supervision and physical assistance with bathing, as needed

II. Household Management Assistance

• Assist with cleaning, meal planning and preparation and shopping for household or personal needs

• Assist with budgeting and money management

• Assist with communications, e.g. sorting mail, accessing email, dialing telephone and making appointments

• Provide transportation when integral to ICLS household management goals and when community resources and/or informal supports are not available.
ICLS Service Categories

III. Health, Safety and Wellness Oversight

- Identify changes in health needs, with referrals to case manager and/or notification of informal caregivers
- Implement or assist with remediating environmental risks at home
- Provide reminders and assistance with exercises and other wellness and/or health maintenance or improvement activities
- Provide medication assistance, e.g., medication refills, medication reminders, medication administration, medication setups
- Monitor health conditions according to written instructions from a licensed health professional
- Use medical equipment devices, or adaptive aids or technology according to written instructions from a licensed health professional

IV. Community Living Engagement

- Help participant access activities, services and resources that facilitate community integration and meaningful participation in the community.
- Assist participant to develop and/or maintain the participant’s informal support system
- Facilitate socially valued roles through engagement in relevant activities leading to desired outcomes
- Provide transportation when integral to ICLS community engagement goals and when community resources and/or informal supports are not available
## V. Adaptive Support

- Verbal, visual and/or touch guidance to help a person complete a task
- Development and demonstration of cuing or reminder tools such as calendars and lists
- Show participants how to use assistive technology following written directions of health professionals or manufacturer’s instructions to enable participants to function with greater independence.
- Use practice strategies, and similar support methods in the delivery of ICLS services that promote continued self-sufficiency.

## VI. Active cognitive support – This service component may be offered both in-person and remotely.

- Provide cognitive support using accepted practices and/or strategies
- Provide in-person and/or remote check-ins to identify problems and resolve concerns
- Problem-solve concerns related to daily living
- Observe and redirect to address behavioral, orientation or other cognitive concerns
- Provide assurance
Service Planning

• Each participant must be provided a written support plan

• When a person chooses ICLS as a service, the case manager will identify ICLS in the coordinated services and support plan (CSSP) or in the collaborative care plan for EW managed care participants

Service Planning – ICLS Planning Form

• Each case manager or care coordinator will develop an ICLS plan

• The ICLS plan;
  • Describes the frequency and amount of service delivery
  • Provides a description of services to be delivered, specific to the person’s needs and preferences, as well as the person’s goals

• After the ICLS planning form is completed and signed by the participant and case manager, the case manager must provide a copy to the participant and the ICLS provider.
Non-covered services in ICLS

• Specialized equipment and/or adaptive equipment for remote support; equipment is authorized separately

• Transportation
  • An ICLS provider may enroll as a waiver transportation provider and simultaneously provide ICLS to participants

Non-covered services in ICLS

For ICLS recipients, the following EW and AC services may not be authorized:

• Customized living
• Foster care
• Residential care and
• Consumer directed community support (CDCS).
Provider Requirements

Providers of ICLS must have the capability to provide all 6 service categories. An ICLS provider must be a;
• 245D basic service provider or
• Comprehensive home care providers licensed by the Minnesota Department of Health with a 245D Home and Community-Based Services designation

Questions

Thank you

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