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:** | |  | | | | |
| Date of Service: | |  | | | | | | Units: | 0.00 | | | | | |
| Beginning time service was provided: | | | | | | | 00:00 | Ending time service was provided: | | | | | | 00:00 |
| Service Type: |  | | | | | | | How services were provided: | | | | |  | |
| Service Provided: | | |  | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | |
| Date of Service: | |  | | | | | | Units: | | | | 0.00 | | |
| Beginning time service was provided: | | | | | | | 00:00 | Ending time service was provided: | | | | | | 00:00 |
| Service Type: |  | | | | | | | How services were provided: | | | | |  | |
| Service Provided: | | |  | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | |
| Date of Service: | |  | | | | | | Units: | | | | 0.00 | | |
| Beginning time service was provided: | | | | | | | 00:00 | Ending time service was provided: | | | | | | 00:00 |
| Service Type: |  | | | | | | | How services were provided: | | | | |  | |
| Service Provided: | | |  | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | |
| Date of Service: | |  | | | | | | Units: | | | | 0.00 | | |
| Beginning time service was provided: | | | | | | | 00:00 | Ending time service was provided: | | | | | | 00:00 |
| Service Type: |  | | | | | | | How services were provided: | | | | |  | |
| Service Provided: | | |  | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | |
| Date of Service: | |  | | | | | | Units: | | | | 0.00 | | |
| Beginning time service was provided: | | | | | | | 00:00 | Ending time service was provided: | | | | | | 00:00 |
| Service Type: |  | | | | | | | How services were provided: | | | | |  | |
| Service Provided: | | |  | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | |
| Date of Service: | |  | | | | | | Units: | | | | 0.00 | | |
| Beginning time service was provided: | | | | | | | 00:00 | Ending time service was provided: | | | | | | 00:00 |
| Service Type: |  | | | | | | | How services were provided: | | | | |  | |
| Service Provided: | | |  | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | |
| **ILC Signature:** | |  | | | | | | | | | | | | |
| **Print ILC Name:** | | | |  | | | | | | | **Date:** | | |  |

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

1. Assisting Member to Navigate WORK Program Policies

* Conveying *WORK* program policies to members and ensuring that they understand them including member’s rights and responsibilities related to the *WORK* program.
* Assist members to send *Working Healthy* premiums to the correct address. (ILCs should not handle or mail premium payments without the member present).
* 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.

1. Assisting Member to Develop, Complete, and Submit Forms

* Assisting members to complete and submit WORK documents, e.g., Individualized Budget, other budget forms if applicable, WORK Member Agreement form, Emergency Backup Plan, Fiscal Management Forms, etc.
* 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.
* Assisting members to complete and submit annual eligibility and six-month review paperwork.
* Assisting members to document the need for assistive services and locate providers of assistive services.

1. Manage providers

* Assisting members to locate and/or terminate providers of personal assistance services, providers of alternative services such as PERS and meal support, and emergency back-up care and emergency assistance.
* Assisting members to interview, hire, supervise, and terminate personal assistants.
* 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.
* 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).
* Assisting members to document and submit requests for reimbursements to the FMS provider in a timely manner.
* Assisting members to coordinate non-emergency medical transportation (NEMT).
* Monitoring to ensure that members are receiving the services that they are paying for.
* Assisting members to dis-enroll from WORK service.

1. Attend WORK Assessments

* Attending *WORK* assessment to assure knowledge of needed supports and services when developing *WORK* budget.

1. Connecting Member with Trainings and Services

* Assisting members to connect to other services, such as Vocational Rehabilitation or affordable housing.
* Connecting the member to a Benefits Specialist for any information related to state or federal benefits counseling (DDS referrals, completing WORK activity reports, expedited reinstatements, application for Federal benefits, etc.) that require SSA contact and information.
* 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.

1. Reporting Changes

* Communicating any changes in status, needs, problems, etc., to the member’s MCO Service Coordinator.
* 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).
* 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.
* 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.
* Reporting to the *WORK* Program Manager when individuals/representatives or personal assistants are not following *WORK* program policies and procedures.