

Iowa Vocational Rehabilitation Services

Independent Living Manual

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IVRS IL Program

The mission of the Independent Living Services (ILS) Program is to work with individuals with significant disabilities to achieve increased independence through the provision of individually planned rehabilitation services in a partnership with Iowa Department for the Blind, the Governor's Statewide Independent Living Council (SILC), the centers for independent living (CILs), and all other stakeholders.

The Scope/ Purpose of the Programs Authorized by Chapter 1 of Title VII (Authority: 29 U.S.C. 711© and 796-796F-5)

The Independent Living Services Program under Title VII, Chapter 1, Part B of the Rehabilitation Act of 1973, as amended, authorizes States to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual advocacy, in order to maximize the leadership, empowerment, independence and productivity of individuals with disabilities. The program is designed to facilitate the integration and full inclusion of individuals with significant disabilities into the mainstream of American society. Federal and State funds are used to: provide the resources to support the Statewide Independent Living Council; provide independent living services to individuals with severe disabilities as described in the approved State Plan for Independent Living (SPIL); demonstrate ways to expand and improve independent living services; support the operation of centers for independent living; support activities to increase the capacities of public and non-profit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services; conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policy makers in order to enhance independent living services for individuals with significant disabilities, including minority groups and rural and urban populations, that are unserved and underserved by programs under Title VII, of the Rehabilitation Act of 1973, as amended.

Definitions

- **Application:** a declaration that the applicant: believes himself/herself to be disabled, desires to maintain or increase their level of independent functioning within their family or home or community, and requests the assistance of the IL services to achieve an independent living goal. A minor or someone who has had an appointed guardian must have the guardian's signature on the application.
- **Center for Independent Living (CIL):** a consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agency that is designed and operated within a local community by individuals with disabilities; and provides an array of IL services.
- **Consumer Control:** with respect to a center or eligible agency, that the center or eligible agency vests power and authority in individuals with disabilities, including individuals who are or have been recipients of IL services.
- **Cross-Disability:** with respect to a center, that a center provides IL services to individuals representing a range of significant disabilities and does not require the presence of one or more specific significant disabilities before determining that an individual is eligible for IL services.
- **Designated State Agency or State Agency:** the sole State agency designated to administer (or supervise local administration of) the State plan for VR services. The term includes the State agency for individuals who are blind, if that agency has been designated as the sole State agency

with respect to that part of the State VR plan relating to the vocational rehabilitation of individuals who are blind. (Authority: 29 U.S.C. 796a(1))

- **Designated State Unit (DSU):** either the State agency or the bureau, division, or other organizational unit within a State agency that is primarily concerned with the vocational rehabilitation, or vocational and other rehabilitation, of individuals with disabilities and that is responsible for the administration of the VR program of the State agency; or the independent State commission, board, or other agency that has the vocational rehabilitation, or vocational and other rehabilitation, of individuals with disabilities as its primary function (Authority: 29 U.S.C.. 706(3) and 721(a)(1)(A)) .
- **Independent Living Core Services:** for purposes of services that are supported under the State Independent Living Services (SILS) program or CIL programs Information & Referral; IL skills training; Peer counseling, including cross-disability peer counseling; and individual and systems advocacy.
- **Individual with a Disability:** an individual who has a physical, mental, cognitive, or sensory impairment that substantially limits one or more of the individual's major life activities; has a record of such an impairment; or is regarded as having such impairment.
- **Individual with a Significant Disability:** an individual with a severe physical, mental, cognitive, or sensory impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of IL services will improve the ability to function, continue functioning, or move toward functioning independently in the family or community or to continue in employment.
- **Legally Authorized Advocate or Representative:** an individual who is authorized under State law to act or advocate on behalf of another individual. Under certain circumstances, State law permits only an attorney, legal guardian, or individual with a power of attorney to act or advocate on behalf of another individual. In other circumstances, State law may permit other individuals to act or advocate on behalf of another individual.
- **Peer Relationships:** relationships involving mutual support and assistance among individuals with significant disabilities who are actively pursuing IL goals.
- Peer role models mean individuals with significant disabilities whose achievements can serve as a positive example for other individuals with significant disabilities.
- **Significantly Disabled Individual:** an individual whose ability to function independently in family or community, or whose ability to engage or continue in employment is so limited by the severity of his or her disability, that it has been determined that the individual can benefit from independent living rehabilitation services to achieve a greater level of independence in functioning.
- **State Plan:** the State IL plan required under section 704 of Title VII of the Act (SPIL).
- **Unserved and Underserved:** groups or populations, with respect to groups or populations of individuals with significant disabilities in a State, include, but are not limited to, groups or populations of individuals with significant disabilities who have cognitive and sensory impairments; are members of racial and ethnic minority groups; live in rural areas; or have been identified by the eligible agency as unserved or underserved within a center's project area.

The Vision of the IL Program

Iowa's Independent Living program is value driven and outcome oriented:

- We value the empowerment of persons with disabilities to take control of their own lives.
- We value the full inclusion of persons with disabilities within existing programs, society structures, regular employment market, etc.
- We value community integration; i.e. Participation in day-to-day life in the community.
- We value equal access to programs and services to all Iowans.
- We value minimization of physical and/or psychological dependence on others.
- We value service outcomes, which increase independence for individuals at home, in communities, and in employment.
- We value good decision making by both staff and consumers.
- We value informed choice and consumer-centered planning.
- We value fast, efficient and effective service.
- We value quality service.
- We value creativity and flexibility.

Independent Living Philosophy

The History of the Independent Living Movement

The history of the Independent Living movement is closely tied to the civil rights struggles of the 1950s and 1960s. The tactics of discrimination in housing, education, transportation and employment based on fear and stereotyping are similar. The history of the disability rights movement and its driving philosophy also has much in common with other political and social movements that emerged during the late 1960s and early 1970s. The first social movement was deinstitutionalization, an attempt to move people, primarily those with developmental disabilities, out of institutions and back into their home communities. This was spearheaded by providers of services and parents and was based on the principle of "normalization" developed by Wolf Wolfenberger, a sociologist from Canada. His theory was that people with developmental disabilities should live in the most "normal" setting possible if they were expected to behave "normally." (Wolfenberger, 1972). The "self-help" movement, which really began in the 1930s with the founding of Alcoholics Anonymous, came into its own in the 1970s. Many self-help books were published and support groups flourished. Self-help and peer support are recognized as key points in Independent Living philosophy.

Demedicalization was a movement that began to look at more holistic approaches to health care. There was a move towards "demystification" of the medical community. Thus, another cornerstone of the Independent Living philosophy became the shift away from the authoritarian medical model to one of individual empowerment and responsibility for defining and meeting one's own needs. Ralph Nader was the most outspoken advocate for consumerism, when consumers began to question product reliability and price. The most fundamental notion in Independent Living philosophy is the idea of control by consumers of goods and services as well as control over the choices and options available to them. Historically, persons with disabilities have been identified by the disability first or by medical diagnosis alone. The person with a disability is seen as a medical condition to be treated, and their extended needs are viewed as limitations of their capabilities. The medical model views them as people who are ill and in need of a lifetime of medical care to maintain their survival.

The Independent Living paradigm, developed by Gerben DeJong in the late 1970s proposed a shift away from the medical model to the independent living model. This theory located problems or “deficiencies” in the society, not the individual. Persons with disabilities no longer saw themselves as broken or sick, certainly not in need of repair. Issues such as social and attitudinal barriers were the real problems facing people with disabilities. The answers were to be found in changing and fixing society, not people with disabilities. Using these principles, people began to view themselves as powerful and self-directed as opposed to passive victims, objects of charity, or not whole. Disability began to be seen as a natural, not uncommon, experience in life, not a tragedy (DeJong 1979).

The major goal of the movement is to move persons who are disabled into the mainstream of society as autonomous individuals regardless of the nature of the disability (Bartels, 1985; DeJong, 1979). An individual may be capable of making decisions and giving direction in carrying out the decisions, even when physically carrying out the tasks generated by the decisions is impossible. Autonomy can be achieved and maintained by exercising control over people or equipment to carry out decisions (Cohen, 1992). The amount of physical tasks a person can perform is of considerably less importance than the amount of control they have over their everyday routine. The degree of disability does not determine the amount of independence achieved (Brisenden, 1986). The three cornerstones of the Independent Living philosophy are:

1. Consumer control
 2. Self-reliance, and
 3. Political and economic rights
- Inherent in the philosophy of Independent Living is that everyone has an equal right to participate fully in society. The philosophy includes people with disabilities helping others with disabilities (Mathews, et al., 1990).

Independent Living advocates believe that persons with disabilities know what is best for themselves. The IL movement encourages them to take control over their own lives, to take risks, examine options, make choices, and at times make mistakes. In addition, a goal of the movement is to reshape the thinking of disability professionals (DeJong, 1979). It is critical that IVRS staff recognize that within the IL movement in Rehabilitation counselors and other professionals are not viewed as the decision makers.

Federal Civil Rights Legislation Affecting Persons with Disabilities

1964 – Civil Rights Act: prohibits discrimination on the basis of race, religion, ethnicity, national origin, and creed – later, gender was added as a protected class.

1968 – Architectural Barriers Act: prohibits architectural barriers in all federally owned or leased buildings.

1970 – Urban Mass Transit Act: requires all new mass transit vehicles be equipped with wheelchair lifts. (it was 20 years before the part of the law requiring wheelchair lifts was implemented).

1973 – Rehabilitation Act: particularly Title V, Sections 501, 503 and 504, prohibits discrimination in federal programs and services and all other programs or services receiving federal funding.

1975 – Developmental Disabilities Assistance and Bill of Rights Act (DD Act): establishes the nationwide protection and advocacy system to serve people with developmental disabilities, mental illnesses, and other disabilities. In Iowa, the organization is called Disability Rights Iowa

1975 – Education of all Handicapped Children Act (PL94-142): requires free, appropriate public education in the least restrictive environment possible for children with disabilities. This law is now called the Individuals with Disabilities Education Act (IDEA).

1978 – Amendments to the Rehabilitation Act set up Title VII: provides for state agencies to operate independent living programs, addresses IL needs of older blind adults and provides for the establishment of consumer controlled centers for independent living.

1983 – Amendments to the Rehabilitation Act: provides for the Client Assistance Program (CAP), an advocacy program for consumers of rehabilitation and independent living services.

1985 – Mental Illness Bill of Rights Act: requires protection and advocacy services for people with mental illness.

1988 – Civil Rights Restoration Act: counteracts bad case law by clarifying Congress' original intention that under the Rehabilitation Act, discrimination in ANY program or services that is a part of an entity receiving federal funding, not just the part which actually and directly receives funding, is illegal.

1988 – Air Carrier Access Act: prohibits discrimination on the basis of disability in air travel and provides for equal access to air transportation services.

1988 – Fair Housing Amendments Act: prohibits discrimination in housing against people with disabilities and families with children. Also provides for architectural accessibility of certain new housing units, renovation of existing units, and accessibility modifications at owner's expense.

1990 – Americans with Disabilities Act: provides comprehensive civil rights protection for people with disabilities; closely modeled after the Civil Rights Act and Section 504 of Title V of the Rehabilitation Act and its regulations.

1992 – Amendments to the Rehabilitation Act creates Statewide Independent Living Councils and strengthens notion of consumer informed choice of services and providers of services.

2008 – The Americans with Disabilities Amendments Act: In enacting the ADAAA, Congress made it easier for an individual seeking protection under the ADA to establish that he or she has a disability within the meaning of the statute. Congress overturned several Supreme Court decisions that Congress believed had interpreted the definition of "disability" too narrowly, resulting in a denial of protection for many individuals with impairments such as cancer, diabetes, and epilepsy. The ADAAA states that the definition of disability should be interpreted in favor of broad coverage of individuals.

Intake/ Eligibility

Outreach and Referral

Outreach

The purpose of Outreach activities is to disseminate information in the community about the purpose, scope, and eligibility requirements for the Independent Living program and recruit potential clients. Emphasis should be placed on recruitment of individuals with significant disabilities who are interested in achieving a greater level of independent functioning in family or community.

IL Referral Policies

A **referral** is any individual seeking services who presents himself/herself, or who is referred by others, by letter, e-mail, phone or in person. Referrals may be made on forms made available by IVRS or on forms used by the referral agency, whichever is the most appropriate or facilitates casework.

- i. Actions must be taken on referrals as expeditiously as possible. If an individual may have the potential to achieve employment with the assistance of vocational rehabilitation services, referral to the VR program for an evaluation of rehabilitation potential should be made.
- ii. All referrals with the necessary minimal information (name, reported disability, social security number, address, date of birth, and sex) will be entered immediately into IL database. This provides IVRS with a record of all referrals, who was assigned responsibility for the referral, and what were the results.
- iii. Eligibility for IL services is based on an individual's physical or mental disability and is not dependent upon an individual's level of education, financial need, legal or social issues, minority status, or criminal history. Although these factors may impact the provision and receipt of services, they shall not be taken into consideration when making an eligibility determination.
- iv. The IL Specialist should verify that the referral is appropriate in light of IL program objectives, eligibility criteria, and service capabilities.
- v. The Referral Source is to be informed of the results of the referral.

Application

Definition

An individual is considered to have submitted an application when the individual or the individual's representative, as appropriate,

- a. has completed and signed an agency application form or has otherwise requested IL services;
and
- b. Is available for services.

Access to Applications

Application forms must be readily available throughout the State. Individuals' requests to apply must be honored. Staff may not place barriers to an individual's right to apply. Application forms (IL Application Form, Client Rights and Responsibilities, and IL Health Survey Form) can be obtained by: calling Robert Hendrickson at (563) 880-1350 or email at robert.hendrickson@iowa.gov or Julie Sexton at (712) 262-9585, ext. 3 (V/TTY) or e-mail at julie.sexton@iowa.gov.

Right to Apply

- **Individuals who are blind:** IVRS does not provide services to individuals whose primary disability is blindness. Such individuals shall be served by Iowa Department for the Blind (IDB). Individuals with multiple disabilities may receive technical assistance and consultation from IVRS as a client of IDB. Approval to open a case record on an individual who is blind must be obtained from the Rehabilitation Services Bureau Chief.
- No individual who claims to be disabled may be denied the right to file an initial application for services. It is the responsibility of the applicant to keep appointments and make commitments to participate.

- A former IVRS IL client who was certified ineligible has a right to have that decision reviewed within twelve months, and may request subsequent reviews. However, if the individual's case was closed for reasons other than an ineligibility decision (intervening reasons) or if the individual presents information about a totally new disability, a new application will be accepted.
- If the case was closed for reasons not related to eligibility, a new application will be accepted.
- If/when the client's goal is vocational, he or she will be referred to the VR program.

Client Informed Choice

For the client to be an active participant and to make informed choices, initial contacts with (potential) applicants, and/or referral sources, should include:

- Information about the mission, goal, and values of the IL program
- A discussion of the specific independent living goal(s) the participants in the IVRS IL program may work towards.
- Provision of required resource information: IL Brochure; Client Assistance Program (CAP) brochure
- Information about need to use comparable benefits and economic need policies.
- Information about IVRS confidentiality policies.

Initial Interview

The initial contact (or contacts) by IVRS IL specialist with an individual in which he/she is formally introduced to the program, its purposes and services objectives, during which basic information about the applicant is obtained, and during which preliminary decisions are made (such as whether to make a formal application for services, information to be gathered, arrangements to be made, etc.). The initial interview may take place in the client's home, a rehabilitation facility, nursing home, or, IVRS office or any other location which is mutually convenient for the applicant and the IL specialist. The initial interview may also take place by telephone. The initial interview should cover the following areas:

- Confidentiality - The counselor should inform the client of the rules of confidentiality and its limits.
- Commitments - The interview should result in commitments by the applicant and the agency and agreement on specific action plans.
- Comparable Benefits - The applicant should be advised of the role of comparable benefits and asked to explore, identify and apply for any available resources, (e.g. Medicare; Medicaid; SSA Work Incentives, etc.)

Eligibility

Eligibility Requirements

The basis for IL eligibility are:

1. The presence of a significant physical, mental or cognitive or sensory disability (by client report);
2. That which limits an individual's ability to function independently in family or community or to engage or continue in employment; and
3. There is a reasonable expectation that independent living services will significantly assist the individual to improve his/her ability to function independently in family or community.

4. No applicant or group of applicants is excluded or found ineligible solely on the basis of the type of disability.
5. The eligibility requirements are applied without regard to the age, gender, race, creed, or national origin of the applicant.
6. The eligibility requirements are applied without regard to the particular service needs or anticipated cost of services required by the applicant. (Please see Expenditure Guideline for further details)

Policy for Determining Ineligibility

If staff determines that an applicant is ineligible for Independent Living Services or determines that an individual receiving services under an Independent Living Plan is no longer eligible for services, staff shall: Make the determination only after providing an opportunity for full consultation with the individual or, as appropriate, with the individual's representative. Consultations are not possible if the individual refuses to participate or cannot be located.

An ineligibility consultation with the applicant may not be appropriate if the individual's medical condition is rapidly deteriorating or terminal.

1. Inform the individual in writing, supplemented as necessary by appropriate modes of communication, consistent with the informed choice of the individual, of the intent to make an ineligibility determination.
2. Provide information on the client's appeal rights and the means by which the individual may express and seek remedy for any dissatisfaction, including the procedures related to the review of counselor determinations. Minimum requirements relating to such notification includes the following:
 - a. The Agency's decision;
 - b. The basis for the decision;
 - c. The effective date of the decision;
 - d. The means for appealing the decision, including the names and addresses of individuals with whom appeals may be filed;
 - e. The right to an annual review of the decision;
 - f. A detailed explanation of the availability of the resources of the Client Assistance Program (a copy of CAP brochure is provided to the client); and
 - g. Referral information, as appropriate, to other agencies, programs, or the IVRS VR program. Notify the client at least 15 working days prior to completing the actual ineligibility certification of intent to make the decision and offer an opportunity to review/discuss the decision.

Eligibility/ Ineligibility Documentation

Once eligibility/ineligibility has been determined, the necessary explanation of eligibility is recorded in the client case file narrative section (R-413).

Closure Without Eligibility Determination

Staff may not close an applicant's case prior to making an eligibility determination except for the following reasons.

- Client cannot be located, contacted or has moved; This code is used if the individual has moved without leaving a forwarding address or has otherwise disappeared and IL staff have attempted to find the individual using client address/telephone and attempting to find the individual through contacts provided by the client. This code is also used when the individual leaves the State and gives little or no evidence of returning in the foreseeable future.
- Client refuses further services; This code is used when the individual declines to accept, participate in, or use IL services. The IL specialist needs to document and support such a determination.
- Client dies;
- Client is institutionalized; This code is used when an individual has entered an institution and will be unavailable to receive IL services for an indefinite or considerable period of time, and continuance of an open case would not be beneficial to the person. Institution, for this purpose, includes: hospitals, nursing homes, prisons, jails, treatment centers, etc.
- Client moves out of state;
- Failure to Cooperate; This code is used when the individual's actions (or non-actions) convince the IL specialist that it is not possible to begin or continue appropriate IL services. Non-cooperation would include: repeated failures to keep appointments for assessment, counseling, or other services in the absence of legitimate reasons. Prior to closure, staff will have made, if appropriate, a reasonable number of attempts to contact the applicant or the applicant's representative to encourage the applicant's participation. At least two written notifications of intent to close the case are sent prior to the closure. The final notification should be sent 15 working days prior to closure unless: address is unknown, the client is leaving or has left the state, the client has died, or the client has personally requested the closure. The final closure mailing includes ILP closure form and the closure letter indicating client's rights.
- The closure is recorded in R-413 with a dated progress note explaining the circumstances of the closure. The statement should refer to whatever supporting documentation exists in the client file.
- When sending the client, the form letter generated by IRSS or the 15 Day Notification is inappropriate (e.g. the individual has told the counselor in person that he/she is leaving the state, is no longer interested in pursuing eligibility, etc.), a letter to the client to advise him/her that the case has been closed based on a prior conversation/communication should still be sent.

Waiting List

Due to the limited financial resources allocated to the IVRS IL Program, services may not be provided immediately to all individuals found eligible for the program. The following waiting list criteria will be followed in the provision of independent living services.

Order of the Waiting List

Once an applicant is determined eligible for IVRS IL services, his/her name will be placed on IL waiting list based on the date of application. When the client's name is taken off the IL waiting list, he/she will develop the ILP with the IVRS IL specialist. The client has an option to waive an ILP.

- Eligible clients, who require services needs relating to safety or emergency, can be served before clients, who do not have safety needs, even if their application date precedes theirs. The IVRS IL specialist will submit a request for exception to the waiting list policy to his/her

supervisor. When approved, the client will be placed in front of the waiting list, and the equipment or service will be provided as long as funds are available. It should be noted that such safety or emergency needs have to be directly related to the client's disabilities. An emergency situation is defined as a medical emergency, a consumer in imminent danger of being placed in an institution, or being removed from their residence. The assistive technology proposed for the consumer must significantly alleviate the above conditions.

- Clients who need services to make their home accessible will be served next. The IL program does not build or construct permanent structures but will provide the necessary accommodation so the client is able to access the home independently. Examples of such home modifications include: accessible bathroom fixtures; and ramps for entering and leaving the home owner's structure
- Clients who request other services will be served when others with above noted needs are served, and as long as funds are available.

Service Guidelines

- If the client can remain in his/her own home or move out of an institution with services IVRS IL program services can be provided. IVRS IL services are not available for individuals whose goal is to remain institutionalized.
- IVRS IL program is responsible and can pay only for services contained in an ILP (either an original or amended ILP) approved both by client and IVRS IL specialist.

Independent Living Plan (ILP) Goal Planning

When a client's name comes off the IVRS IL waiting list, the ILP is mutually written between the client and the IL specialist. The client has an option to waive an ILP.

IL Services are provided under the ILP.

"Home" includes individuals' own home or parent's home. The IVRS IL program will not provide permanent modifications to rental properties. (i.e., ramps, bathroom modifications, etc.)

Considerations When Choosing an ILP Goal

- The potential for maintaining or achieving increased independence must be the primary consideration when choosing an independent living goal. Actual documented achievement of the goal is a requirement for determining a successful outcome of services.
- The client's input and experiences are major factors in:
 - Determining the significance of their disability
 - The nature and extent of the functional limitations imposed by the disability
 - The type of services that may be necessary.

The IL Program Goal Categories

Each of the goal categories listed below are further defined in policy, to enable both the IL specialist and the consumer to make appropriate decisions for program planning. IL specialist should begin discussing the IL goal(s) at the time of application.

"Goals related to increase independence in a significant life area"

- Self-advocacy/self-empowerment
- Communication
- Mobility/transportation
- Community-based living
- Educational
- Vocational
- Self-care
- Information Access/Technology
- Personal resource management
- Relocation from a nursing home or institution to community-based living
- Community/social participation
- Other (Federal 704 Report Requirements Subpart III, Section B effective FY 2006)

Selecting an IL Goal

1. “Self-Advocacy/Self-Empowerment” – Goals involving improvement in a consumer’s ability to represent himself/herself with public and/or private entities, the ability to make key decisions involving himself/herself, or the ability to organize and manage his/her own activities to achieve desired objectives.
2. “Communication” – Goals involving either improvement in a consumer’s ability to understand communication by others (receptive skills), and/or improvement in a consumer’s ability to share communication with others (expressive skills)
3. “Mobility/Transportation” – Goals to improve a consumer’s access to her/his life space, environment, and community. This may occur by improving the consumer’s ability to move, travel, transport himself/herself, or use public transportation. “Community-Based Living” – Goals that provide for a change in living situations with increased autonomy for the consumer. This may involve a consumer’s goals related to obtaining/modifying an apartment or house. Community-based living arrangements may include apartments, privately owned housing, self-directed assisted living, or self-directed living with family/friends.
4. “Educational” – Academic or training goals that are expected to improve the consumer’s knowledge or ability to perform certain skills that would expand his/her independence, productivity or income-generating potential.
5. “Vocational” – Goals related to obtaining, maintaining, or advancing in employment. If/when a consumer’s goal is vocational, he/she will be referred to the VR program.
6. “Self-Care” – Goals to improve/maintain a consumer’s autonomy with respect to activities of daily living such as personal grooming and hygiene, meal preparation and nutrition, shopping, eating, and other aspects of personal health and safety.
7. “Information Access/Technology” – Goals related to consumer obtaining and/or using information necessary for the consumer’s independence and community integration. These may include use of computer or other assistive technology, devices, or equipment, as well as developing information technology skills, such as using computer screen-reading software.
8. “Personal Resource Management” – Goals related to consumer learning to establish and maintain a personal/family budget, managing a checkbook, and/or obtaining knowledge of available direct and indirect resources related to income, housing, food, medical, and/or other benefits.

9. "Relocation from a Nursing Home" – Goals related to relocation from nursing homes or other institutions to community-based living arrangements. This significant life area specifically pertains to consumers who live in a nursing home or institution, unlike the Community-Based Living life area above, which includes any consumer regardless of his/her living situation prior to receiving IL services.
10. "Community/Social Participation" – Goals related to full participation in the mainstream of American society, including the ability to participate in community events such as community fairs and government functions, attend worship services, and access recreational activities and facilities. This pertains only to individuals with disabilities living independently excluding people who live in institutional setting (e.g. nursing homes, mental hospitals, etc.).
11. "Other "– IL goals not included in the above categories. (Goal definitions – Federal 704 Report Part I Instructions – Expiration Date: June 30, 2014, page 19)

Client Participation in the ILP Planning Process

1. Active Participation - Because the entire independent living process involves the participation of the client, the IL specialist must take extra care to elicit the client's participation in all decisions pertinent to his/her ILP and document such participation in the R-413. The eligible individual and/or representative must be an active participant throughout the ILP planning process. A consumer's appropriate representative may be a parent, family member, guardian, advocate, or an authorized representative of the individual.
2. Informed Choice Requirements - The individualized Independent Living Plan (ILP) is designed to ensure that the client understands:
 - a. His/her rights
 - b. His/her obligations
 - c. The independent living goal that has been established
 - d. The service plan
 - e. Amendments and changes

To enable the individual to be an active participant, staff must advise each individual or, as appropriate, the individual's representative, of all State unit procedures and requirements affecting the development and review of an ILP, including:

- a. Purpose and goals of the IL program
 - b. Informed Choice
 - c. Policies in relation to the selection of an independent living goal;
 - d. Selection and availability of ILP services and service providers;
 - e. Policies relating to economic need and use of available comparable benefits;
 - f. Availability of accommodations throughout the program, including appropriate modes of communication; and
 - g. Options for development of an ILP (see following section).
3. Options for Development of an ILP The client will be provided, in writing and in appropriate mode of communication, information on the individual's options for developing an ILP including:
 - a. Information that the individual who is about to be provided IL services has the right to sign a waiver, stating that an IL plan is unnecessary;

- b. A description of the full range of components that shall be included in an ILP; as appropriate.
 - i. An explanation of agency Expenditure Guidelines (Page 22, Section V, B)
 - ii. Additional information the eligible individual requests or the IL specialist determines to be necessary; and
 - iii. Information on the availability of assistance in completing IL forms required for an ILP.
- c. Descriptions of rights and remedies available to the individual, including availability of Client Assistance Program.

To the maximum extent possible, information should be provided in the native language or mode of communication of the individual. The IL staff is encouraged to utilize the AT&T Language Line for communications when necessary.

ILP Services Planning

IL Services Policies

1. ILPs must be completed in a timely manner according to the needs of the individual.
2. The eligible individual and/or representative must be an active participant throughout the ILP process. The IL specialist must take extra care to elicit the client's participation in all decisions related to the selection of services and vendors to achieve the goals stated in the ILP and document such participation in the R- 413.
3. A consumer's appropriate representative may be a parent, family member, guardian, advocate, or an authorized representative of the individual.
4. To the maximum extent possible, information should be provided in the native language or mode of communication of the individual.
5. Independent Living Services policies must be applied consistently for all individuals, regardless of type of disability.
6. The State Plan for Independent Living (SPIL) requires that service policies apply statewide and are equitably applied throughout the State.
7. Due to significantly limited IVRS IL funding, there is a waiting list. Services are provided based on the following priorities:
 - a. Once an applicant is determined eligible for IVRS IL services, his or her name will be placed on the IL waiting list based on the date of application.
 - b. Eligible clients, who require services needs relating to safety or emergency, can be served before clients, who do not have safety needs, even if their application date precedes theirs. The IVRS IL Specialist will submit a request for exception to the waiting list policy to his/her supervisor. When approved, the client will be placed in front of the waiting list, and the equipment or service will be provided as long as funds are available.
8. Services to be provided must be needed and directly related to the achievement of Independent Living Plan goal.
9. The ILP must include the provision of rehabilitation technology services to the extent that such are necessary for the successful completion of the ILP.

10. Staff will promptly provide each individual or, as appropriate, the individual's representative, a copy of the ILP. For minor adjustments not requiring a prior signature, but which have the potential for contention or misunderstanding, the client should be sent a copy.
11. Providers selected must be willing to work within fee schedules or rate structures which have been set by IVRS. If the client chooses a provider who will not accept payment per the fee schedule, the provider must be willing to accept partial payment from IVRS (per the fee schedule) and the remaining payment from the client.
12. Clients may not be asked by a vendor to contribute to the costs of goods or services from his/her own resources unless this was negotiated with the client and the vendor by the IL specialist.
13. IVRS IL services must be accessible to clients.
14. The IL specialist must review and monitor progress and provide necessary support with respect to all of the services which are listed in the ILP and which are necessary for the successful outcome of the IL program.

Expenditure Guidelines

Due to the limited financial resources allocated for IVRS IL program, the following guideline will help IVRS staff make their decisions in service provisions.

- Total expenditure for each client shall not exceed \$5,000.00. If there is a disability related reason(s) that would require expenditures beyond \$5,000.00, the IVRS IL specialist must submit a request for exception to policy to his/her supervisor, with background information and the rationale. The description must include the comparable services and benefits utilized, community resources available, and client resources to support the maintenance and on-going costs of living independently.
- IVRS will not purchase exercise equipment.
- IVRS will not purchase appliances.
- IVRS will purchase personal computers when it is the only mode of communication the client has due to disability-related reasons.
- The IL program will not reimburse clients for any retroactive expenses. The IL program will not reimburse clients for any expenses incurred without an approved IL Plan in place and IL Program Specialist authorized purchase approval.

Costs as an ILP Consideration

The IL specialist must be cognizant of the finite resources of the IL program and be careful not to create expectations on the client's part that the agency cannot fulfill.

1. Costs cannot be the only consideration in the selection of goods or services. The unique independent living needs of each individual and the requirement to give client options must be respected.
2. Comparative pricing must be done. Purchases are made based on the best value. Determining the best value includes not only the cost of the item itself but also the specific needs and choices of the client, service agreements, availability, costs of repair, warranties, etc.
3. Cost factors may not be used to justify incremental planning (i.e., planning only portions of an entire ILP at one time) or to eliminate service elements which are necessary or essential for the

successful achievement of the independent living goal which was decided on and is contained in the ILP.

4. When services or providers are selected which cost more than other services/providers and the choice of services/providers are based on factors other than the disability related needs of the client and IVRS policy, the additional costs will be determined and identified as the responsibility of the client within the ILP.

Comparable Benefits

1. Definition: Comparable services and benefits are benefits or services provided or paid for, in whole or in part, by other Federal, State or local public agencies, private agencies, private health insurance, or by employee benefits that are available to the individual, and are comparable to the services that the individual would otherwise receive from the IL program.
2. Policies:
 - a. Prior to providing any independent living services to an eligible individual, or to members of the individual's family, staff shall determine whether comparable services and benefits exist under any other program and whether those services and benefits are available to the individual;
 - b. If comparable services or benefits exist under any other program and are available to the eligible individual, staff must use those comparable services or benefits to meet, in whole or in part, the cost of the independent living services;
 - c. If comparable services or benefits exist under any other program, but are not available to the individual, staff may provide services. **A written letter of denial of benefits must be received and be filed in the case file.**
 - d. Cost factors dictate the selection of service provider and the methods of service provision necessary to accomplish the goal. The availability of comparable benefits is a legitimate cost factor.
3. Planning for Comparable Benefits
 - a. The counselor and client should begin the process of applying for other benefits, services or programs as soon as the need, or potential need, for them has been identified.
 - b. Prior to the development of a program of services, the IL specialist must conduct, and document a thorough review of all potential comparable benefit resources and determine whether comparable services and benefits are available to meet, in whole or in part, the cost of such services.
 - c. The use of pre-existing information and of other resources to assist in the assessment process is encouraged.
 - d. Any available comparable services and benefits must be utilized prior to the expenditure of IL program funds, with the following exceptions and conditions:
 - i. Information and Referral;
 - ii. Advocacy
 - iii. Rehabilitation Engineering Services;
 - iv. Independent Living Skills Training services including personal and social adjustment and rehabilitation counseling;
 - v. If the determination of the availability of comparable services and benefits would delay the provision of independent living services to any individual with

disabilities, who is at extreme medical risk. (i.e. risk of substantially increasing functional impairment or of death if medical services are not provided expeditiously). A determination of extreme medical risk shall be based upon medical evidence provided by an appropriate, licensed medical professional.

4. Documentation of Comparable Services and Benefits. The R-413 case notes or ILPs should include a statement attesting that maximum efforts were made to secure comparable benefits.

ILP Services Documentation

1. ILP Process
 - a. Completed ILP form must be signed by the client and the IL Specialist. If the client is a minor, or someone who has had a guardian appointed, there must be a co-signature of the parent or guardian on the ILP.
 - b. The "official" ILP is the one that the client has seen and has agreed to. It will always include the "paper" ILP. The clients are encouraged to provide comments and sign the ILP Understandings page after review of the entire completed ILP.
 - c. If the ILP was planned using pre-printed ILP forms (and is therefore the official ILP), the ILP print-out from IRSS will be attached and become part of the ILP which is filed in the case file.
2. R-413 case notes
 - a. How the IL plan will maintain or increase the level of independent functioning within the home or the community;
 - b. The specific independent living services to be provided to achieve the established goal, including, if appropriate, rehabilitation technology services;
 - c. An explanation and justification of any Support Services to be provided explaining why each service (e.g., reader and interpreter services), is necessary and a rationale for the dollar amounts to be expended.
 - d. The extent to which comparable services and benefits are available to the individual under any other program; and the entity or entities that will provide the services and the process used to provide or procure the services; NOTE: All vital or necessary services to reach the goal must be listed. This means that the IL specialist must also include those services for which IVRS IL program is not paying, or which IVRS IL program may not have arranged or otherwise provided, if they are directly related to the outcome.
 - e. How the individual was informed about and involved in choosing among alternative goals, objectives, services, providers, and methods used to procure or provide services; in the words of the individual or, as appropriate, in the words of the individual's representative,
 - f. The extent of the individual's participation in the cost of services, if applicable;
3. NOTE: IVRS IL program is responsible and can pay only for services contained in an approved ILP (either an original or amended ILP).
 - a. The extent to which goods and services will be provided consistent with the mutually developed ILP, respecting client's informed choice, should be documented.
 - b. The rights of the individual under this part and the means by which the individual may express and seek remedy for any dissatisfaction, including the opportunity for a review of IL specialist or coordinator determinations;
 - c. The availability of a client assistance program; and

- d. The basis on which the individual has been determined to have achieved an independent living outcome.
- 4. Changes/Additions/Revisions to the ILP The Plan can be amended, or goals revised at any stage of the independent living service process in response to such factors as:
 - a. Identification of additional functional limitations
 - b. Changes in the goal
 - c. Identification of additional and/or different services necessary to address an identified functional limitation that is a barrier to achieving the IL goal
 - d. The IL specialist must honor commitments made in an existing ILP until it is properly and appropriately amended
 - e. If ILP is out of compliance with policies, the IL specialist will document this fact in case file and indicate how and when the plan will be amended to bring it into conformance with current policies
 - f. Amendments to an ILP must be made with adequate notification and adequate time for the client to make necessary adjustments
 - g. The amendment is not valid unless it is signed by the client and the IL Specialist h. Requests for exceptions to the requirement to amend Independent Living Plans to bring them into conformance with the current policies (because doing so will jeopardize the client's ability to successfully complete the ILP) must be submitted for review and approval to the supervisor By adding the appropriate information to the existing ILP form, it is not necessary to begin a new ILP in response to any of these changes.

Policies Related to Specific Services

The Core Services (Authority: 29 U.S.C. 796F-5)

There are specific services, identified as Core Services that are required to be provided by all State Independent Living Services (SILS) programs and Centers for Independent Living (CILs). These include:

1. Information and referral services;
2. IL skills training;
3. Peer counseling, including cross-disability peer counseling; and
4. Individual and systems advocacy.
 - a. Information And Referral Information and referral services are provided to inform a person with a significant disability of the services and benefits available from other programs and to assist with referral to other community programs. It includes face-to-face contact or telephone calls that result in providing information verbally, disseminating printed materials and/or referral to another source for service or further information. IVRS IL staff is responsible for maintaining an ongoing dialogue with IL programs/centers regarding the types of information and referral needed by their IL consumers, as well as keeping current on the services available from the ILP/CILs and other service providers in their areas.
 - b. Independent living skills training IL Skills Training in various areas of daily living is provided to individuals who have either not had the experience in living independently, or who need to learn how to live independently after having acquired a disability. These services provide training in community living, and activities directed toward personal

and social adjustment. This service category includes a wide array of instructional services to help individuals achieve their independent living goals

- c. Peer counseling This service reflects Independent Living philosophy in practice. Persons with disabilities encouraging other people with disabilities is a prominent part of this service delivery process. Individuals who have "been there" either in terms of having a similar disabling condition, or those who have found methods and/or contacts for moving through daily life routines can provide credible information to others. Additionally, counseling around adjustment to a new disability, or to the progression of a chronic disability can positively impact the successful maintenance of persons' independent lifestyles. IVRS IL staff is encouraged to facilitate these relationships either individually or through cross disability support groups.
- d. Individual and systems advocacy Individual and systems advocacy services are provided to assist an individual with a significant disability to obtain access to or secure needed independent living services from other programs providing them. It also involves informing persons with disabilities of their rights and responsibilities as citizens of their communities and providing them with the tools and supports for them to make decisions about where and how they want to live, what services they wish to receive and from whom, and how they wish to be treated.

Other Services

1. Home Modifications

a. Eligibility for Home Modifications

- i. Eligible individual, whose ILP has a specific independent living goal in the residential or mobility areas, whose level of functioning is stable, and for whom home modification needs can be accurately assessed.
- ii. Home modification is a service which may be provided only once, unless there is a new IVRS IL case and the IL specialist can demonstrate there is a distinctly different IL goal. i.e. the individual was residing in a nursing home and the family home was modified to assist the individual to be deinstitutionalized. This individual was then able to increase their level of independent functioning, as a result of other IVRS IL services. At a later date a new IL case may be opened with the goal of establishing an independent residency.
- iii. IVRS IL involvement in home modifications will be to remove barriers to an existing home that are impediments to the achievement of the IL goal. IVRS does not pay for purchase or construction of **real estate property** (EDGAR Part 76, Section 76.533) **or for home repairs**.
- iv. The IVRS IL program requires proof of ownership (i.e. notarized statement or copy of deed of trust) before services to modify a client's residence is begun. This should be filed in the case file.
- v. The IVRS IL program will not purchase or pay for permanent structures, add-ons, garages, enclosed carports, or other major reconstructions including removal of load bearing walls.
- vi. Examples of home modifications include widening doorways, lowering light switches, installing ramps, railings, roll in baths/showers, automatic door openers, ceiling fans (for clients with medical problems relating to regulation of

body temperature), covering outside ramps and reconstructing a kitchen area to accommodate independent homemaker activities.

- b. Policies/procedures for providing Home Modifications
 - i. The IVRS is the payer of last resort. All comparable benefits have to be utilized before IVRS IL funding may be utilized.
 - ii. If a lien exists on the client's home then the IL Program will not proceed with home modifications.
 - iii. Payment is made when adequacy and satisfaction with the modification has been obtained from the client, and verified by the IL specialist.

2. Vehicle Adaptations

- a. General policies regarding Vehicle Adaptations The IVRS IL program will not purchase vehicles requiring a license, including vehicles designed or modified for use by individuals with special needs. The IL program reserves the rights to ask a client to obtain a certification from a mechanic stating that the vehicle in consideration is mechanically sound, prior to writing ILP. In the IVRS IL program vehicle modifications are limited to adaptations. Only aids or devices which make a vehicle accessible to an eligible client to permit more independence in the community and which do not involve significant modifications to:
 - i. The frame or shell of the vehicle, (no raising a roof, lowering floor, cutting new doors, etc.), or
 - ii. To major vehicle systems (i.e. no modifications or replacements to the drive train, steering or electrical systems) will be supported. Vehicle adaptation is a service, which may be provided only once, unless there is a new IL case and the counselor can demonstrate there is a distinctly different IL goal.

IVRS IL will adapt vehicles under the following conditions:

- 1. for items which are disability related only, such as carriers and other adaptations to accommodate wheelchairs or scooters;
- 2. to accommodate for ROM/Strength issues (e.g. hand controls, positioning of mirrors/knobs, etc.).
 - a. The cost of adaptations to client vehicles will be supported only under the following situations:
 - i. The client (or family member, as defined under Services to Family members) owns the vehicle (has title to the vehicle). **The IVRS Independent Living Program will not provide adaptations to leased vehicles.**
 - ii. A determination of the availability of comparable benefits (and plans for its use has been made)
 - iii. Whoever is going to be the driver must:
 - 1. have the ability to drive and use the adaptations,
 - 2. have the legal right to drive as documented by visual verification of the driver's license (a copy must be made for the file).
 - 3. If the client is going to be the driver, a driving evaluation has demonstrated that the client is safe to drive.

- iv. All other transportation alternatives have been considered and the need for the client or family member to use his/her own vehicle is documented.
- v. If IVRS is going to be involved in paying the portion of the purchase price of a new or used vehicle which is associated with the cost of adapting it to the needs of the disabled individual (e.g. hand controls or carrier):
 - 1. The current value of the adaptations must be determined. In the case of a new car, the value is the difference between the price of the same or similar car, without the options which we would otherwise not be able to buy;
 - 2. If the vehicle is a used vehicle, the IL specialist must consider: the safety of the vehicle and the adaptations and the value of adaptations related to the overall value of the vehicle;
 - 3. Payment is made to the seller.
- b. Procedures for purchasing Vehicle Adaptations in all cases which a vehicle adaptation is being considered as part of the ILP, the IL specialist must communicate with the client to explain agency policy concerning the provision of this service; and
 - i. When communicating with the vendor and client the IL specialist must provide the following in writing:
 - 1. The client's need for driver training;
 - 2. The detailed specifications for the adaptations needed;
 - 3. The vehicle's suitability for adaptation,
 - 4. An estimate of the cost;
- 3. Rehabilitation Technology Services - Exceptions to Policy:

The following require an exception signed by the supervisor:

- 1. IVRS paying more than \$5,000.00.
- 2. IVRS paying to modify a second living unit.
- 3. Purchase of a computer (see "Section III. C-d for restrictions and purpose of computer purchase).
- 4. Purchase services to repair a home modification or vehicle.
- 5. Replace equipment previously purchased by IVRS.
- 6. IVRS paying more than the Medicaid or applicable Medicare rates.

http://www.wpsmedicare.com/j5macpartb/fees/physician_fee_schedule/2011-fee-schedule.shtml

Medicaid Rates: <https://secureapp.dhs.state.ia.us/MedicaidFeeSched/>

Review and Approval Policies

Approval for High Cost and Difficult Cases

- 1. All ILPs with costs beyond \$5,000.00 must be reviewed and approved by the IVRS supervisor of the IL specialist.
- 2. All plans to provide services to current or former IVRS staff and members of their families, will be submitted for prior review and approval of both the IVRS Program Manager and the IVRS Administrator to maintain program transparency.
- 3. All client plans are subject to reviews by personnel authorized by the IVRS Administrator.

Case Closures

Scope of this Section

Closures which are the result of ineligibility decisions, prior to or after the initiation of a plan of services, or of intervening reasons (i.e., closures before the eligibility process could be completed) are discussed under Eligibility Determinations. This section deals only with case closures of individuals who have been determined eligible for IL services.

Termination can be traumatic for the client if handled improperly. For this reason counselors should prepare clients well before a case is actually terminated.

Successful Closures

1. Successful achievement of an Independent Living outcome: An individual is determined to have successfully achieved an independent living outcome for the purpose of closing the ILRS case as a successful rehabilitation only if the following requirements are met:
 - a. The individual has maintained or increased his/her current level of independent living functioning within the home or family, meeting the criteria for an independent living outcome.
 - b. All IL services have been completed.
 - c. The individual and the IL specialist agree that the individual has demonstrated maintenance of his/her independent status.
 - d. The individual's functional limitations, which prevented the achievement of the independent functioning in major life activities and for which services were provided, have been corrected, ameliorated or circumvented to the extent practicable or possible
 - e. Through observation, follow up contact, or other means, the IL specialist has determined that the client possesses IL skills to maintain his/her planned-for independent living status and has met at least one of the IL goals identified in the ILP .
 - f. The client's disability will not be aggravated by the new situation.
 - g. The IVRS has significantly contributed to the successful outcome.
Consultation/Notification Requirement for Successful IL Closures A contact with the client must be attempted at the time of closure to discuss plans to close the case. A copy of the ILP closure amendment must be provided to the client or, as appropriate, the client and a parent, family member, guardian, advocate, or an authorized representative of the individual. At least two 15-working-day notification letter of intent to close must be sent to the client prior to closure.
2. Documentation of Successful Closure on the ILP The ILP must include the basis on which the closure was determined to be successful after a suitable IL goal has been achieved.
3. Documentation of Successful Closure in IRSS and case file
 - a. The IL specialist must describe in the R-413 and the reason for closing a case, the client's status, how the individual's current independent living situation meets the criteria for successful closure, and how IVRS substantially aided the individual to achieve that goal. A progress note in the R-413 should reference this entry.
 - b. The ILP Closure form should be filed in the case file.

Unsuccessful Closures (Closure for Reasons Not Related to Eligibility)

All efforts should be made to assist clients in achieving a successful outcome to their IL program. However, services must be terminated and the case closed if the client has made a decision to discontinue his/her program. The decision can be communicated directly or indirectly by the client's actions. Decisions to terminate services and close a case unsuccessfully should not be delayed (Federal 704 Report, Subpart II, Section B).

1. Some of the Reasons for closure not related to eligibility include:
 - a. Moved – The consumer has moved out of the service provider's service area and/or has moved and left no forwarding address (e.g. unable to locate consumer).
 - b. Withdrawn – The consumer has stated he or she is no longer interested in receiving services at this time.
 - c. Died.
 - d. Completed all goals set – The consumer has completed all goals and objectives. Whether or not listed in the ILP, and does not need/is not interested in receiving additional services at this time.
 - e. Other – The CSR has been closed for any other reason than those listed above.
2. Requirement for Closures “not” Related to Eligibility. Every reasonable effort should be made to contact and encourage the applicant/client to complete their IL program. If the client refuses to participate, is no longer in the State, cannot be located, or if the client's medical condition is rapidly progressive or terminal, the client's participation in the closure decision is not required.
3. Notification Requirements
 - a. At least two (2) notifications of intent to close the case, including Client Assistance Program (CAP) contact information and rights to appeal procedure, are sent 15 working days prior to closure unless: address is unknown, the client is leaving or has left the state, the client has died, or when the client has personally requested the closure.
 - b. The closure is recorded in R-413 with a dated Progress Note explaining the circumstances of the closure. The statement should refer to whatever supporting documentation exists in the case file.
 - c. When sending the client the form letter warning 15 Day notification is inappropriate (e.g. the individual has told the counselor in person that he/she is leaving the state, is no longer interested in pursuing eligibility, etc.), a letter to the client to advise him/her that the case has been closed based on an prior conversation/ communication should still be sent. When no notification of intent to close is required/appropriate, a letter to inform the client that the case has been closed must be sent when possible. The R-413 must contain an explanation of a decision not to do so.
4. Documentation Requirements for Closures Not Related to Eligibility

A closure for reasons not related to eligibility does not constitute an ineligibility determination. The closure progress note must explain the reason for closure.

Casework Standards

Case management is a systematic process of assisting clients to achieve mutually agreed upon goals. Effective case management includes timely decisions, well documented casework that meets federal regulations, realistic independent living goals and well thought out plans for services that are cost

effective and will lead to increased independent living functioning by the consumer in his/her home or community.

Client Service Records

A record of services maintained for each referral/applicant or eligible individual that includes, to the extent pertinent, the following documentation:

1. A written request for services (IL application form and Health Survey);
2. Date when the client's name was taken off the IL waiting list.
3. If an applicant has been determined to be ineligible, documentation supporting that determination;
4. Documentation supporting the determination that an individual has a significant disability (self-report on IL application, Health Survey and during intake interview).
5. The ILP, and any amendments to the ILP;
6. Documentation supporting the development of the independent living goal, nature and scope of services included in the individual's ILP.
7. Documentation of the reason for terminating services to an individual and, if an individual has achieved an independent living outcome, the basis on which the requirements were determined to be met.
8. Documentation concerning client request regarding action/decision made by the IL specialist. In addition, the case file includes all other information related to the case that affect and are related to the client's IL program: i.e. information/data on IRSS, medical records, vendor or reports of progress, procurement documentation such as price quotations, bids, ILP and other completed forms, correspondence, progress notes, etc.

Case Recording/ Progress Notes

Progress Notes/R-413s provide a written record, in chronological order: important points in the case, including:

1. **Case Presentation:** Early in the rehabilitation process a case narrative entry is entered into the case record (R-413), which provides a summary description of the applicant (the case presentation has in the past been referred to as the "initial interview"). The case presentation generally includes narrative summary descriptions in the following areas:
 - a. General Descriptive Information about the applicant;
 - b. Reported Disabilities and Functional Limitations/Capacities
 - c. Barriers to Performing Activities of Daily Living
 - d. Client's reasons for applying and his/her expectations;
 - e. IL specialist's provision of information to the client during the intake/application process to help the individual to decide whether to pursue Independent Living Program services and to clarify expectations.
2. Significant actions taken on behalf of clients
3. Record of client contacts
4. Counseling notes
5. Case monitoring

6. A record of on-going monitoring regarding client's participation and progress toward his/her independent living goal. The narrative should explain the rationale for any decisions made resulting from this monitoring.
7. Recording of client progress is done by vendors on their monthly progress reports. Progress notes are used for describing progress in the absence of progress reports, or to add or subtract information contained in these reports.
8. The rationale and justification for key decisions during the rehabilitation process.

Confidentiality

Refer to the following link for policy and procedure on confidentiality and release of information.

- www.ivrs.iowa.gov
- IVRS Reference Manual section I-E-1
- "CONFIDENTIALITY/RELEASE OF INFORMATION"

Data Collection and Coding

The following data is gathered based on Title VII 704 Annual Report requirements.

Subpart II

Section A

Case Service Record (CSR) 1) CSR carried over from previous fiscal year (FY) 2) New CSR since October 1st of FY 3) Total (1+2)

Section B

Reason for Closure: # of CSRs closed by September 30 of reporting year

1. Moved
2. Withdrawn
3. Died
4. Completed all goals set
5. Other
6. Total

Section C

Number of Active CSRs on September 30 of reporting year #3 of Section A + #6 of Section B

Section D

IL plans and Waivers 1) # of consumers who signed a waiver 2) # of consumers who wrote IL Plan

Section E: Age Group

1. Younger than 5
2. 5 – 19
3. 20 – 24
4. 25 – 59
5. 60+
6. Age not available

Section F: Sex

1. Female
2. Male

Section G: Race and Ethnicity

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Hispanic/Latino of any race or Hispanic/Latino only
7. Two or more races
8. Race and ethnicity unknown

Section H: Disability

1. Cognitive
2. Mental/emotional
3. Physical
4. Hearing
5. Vision
6. Multiple
7. Other

Subpart III

Section A

Individual Services and Achievements Services IVRS consumers requesting services IVRS consumers receiving services

1. Advocacy/Legal Services
2. Assistive Technology
3. Children's Services
4. Communication Services
5. Counseling and Related Services
6. Family Services
7. Housing, Home Modifications, and Shelter Services
8. IL Skills Training and Life Skills Training
9. Information and Referral Services
10. Mental Restoration Services
11. Mobility Training
12. Peer Counseling Services
13. Personal Assistance Services
14. Physical Restoration Services
15. Preventive Services
16. Prostheses, Orthotics, and Other Appliances
17. Recreational Services

18. Rehabilitation Technology Services
19. Therapeutic Treatment
20. Transportation Services
21. Youth/Transition Services
22. Vocational Services
23. Other Services

Section B

Item 1

Goals related to increased independence in a significant life area Significant Life Area IVRS goals set IVRS goals achieved IVRS in progress

1. Self Advocacy/Self-Empowerment
2. Communication
3. Mobility/Transportation
4. Community Based Living
5. Educational
6. Vocational
7. Self-care
8. Information Access/Technology
9. Personal Resource Management
10. Relocation from a Nursing Home or Institution to Community Based Living (k) Community/Social Participation
11. Other

Item 2

Improved access to transportation, Health Care and Assistive Technology Areas IVRS # of consumers requiring access IVRS # of consumers achieving access IVRS # of consumers whose access is in progress

1. Transportation
2. Health Care Services
3. Assistive Technology (End of IL Manual)

Independent Living Program Forms

- Independent Living Program Consumer Request for Services
- Rights and Responsibilities and Consumer Plan Waiver
- Health Assessment Questionnaire
- Independent Living Program Priority of Services Checklist
- Individualized Written Independent Living Plan
- Independent Living Plan Statement of Understandings
- Individualized Written Independent Living Plan (Closure Amendment)