

UCare MSC+ and MSHO

Care Coordination and Long-Term Services and Supports

Title: Individual Community Living Supports (ICLS) Benefit Guidelines

Purpose: To provide guidance and instruction to care coordinators around the appropriate use and authorization of ICLS.

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ICLS OVERVIEW

ICLS is a bundled service available to members with an assessed need who are eligible for the Elderly Waiver (EW). ICLS includes six service components: adaptive support services, activities of daily living (ADL), active cognitive support, household management, health, safety and wellness, and community engagement.

ICLS services offer assistance and support for older adults who need reminders, cues, intermittent and moderate supervision, or physical assistance to remain in their own homes.

Not Covered

A member may **not** receive ICLS if:

- living in adult foster care
- receiving customized Living (including 24-hour customized living)
- receiving comprehensive community support through Moving Home Minnesota
- needing constant supervision (for example, nighttime supervision) or physical assistance with ADLs throughout the task, except for bathing
 - CFSS is the service designed to meet this level of need for ADL assistance

Reference: [CBSM - Individual community living supports \(ICLS\) \(state.mn.us\)](https://www.state.mn.us/cbsm/individual-community-living-supports-icls)

Who Can Provide ICLS to a Member



An ICLS provider must be an enrolled DHS provider and meet DHS licensure requirements. An individual ICLS provider may be a relative (not spouse) or a non-professional legal guardian or conservator to a member if the individual meets certain criteria. Care coordinators can identify DHS-enrolled ICLS providers using [MinnesotaHelp.info](https://www.mnhelp.info).

ICLS Provider Limitations

An ICLS Provider:

- May not be a spouse of the member
- May not be a licensed assisted living provider where the member resides
- May not be a home care provider in an affordable housing setting where the member resides

- May not be a professional legal guardian or conservator to the member
- May not be a landlord to the member
- May not have a financial interest in the member's housing

Reference: [CBSM - Paying relatives and legally responsible individuals \(state.mn.us\)](https://state.mn.us/cbsm/Paying-relatives-and-legally-responsible-individuals)

AUTHORIZING ICLS

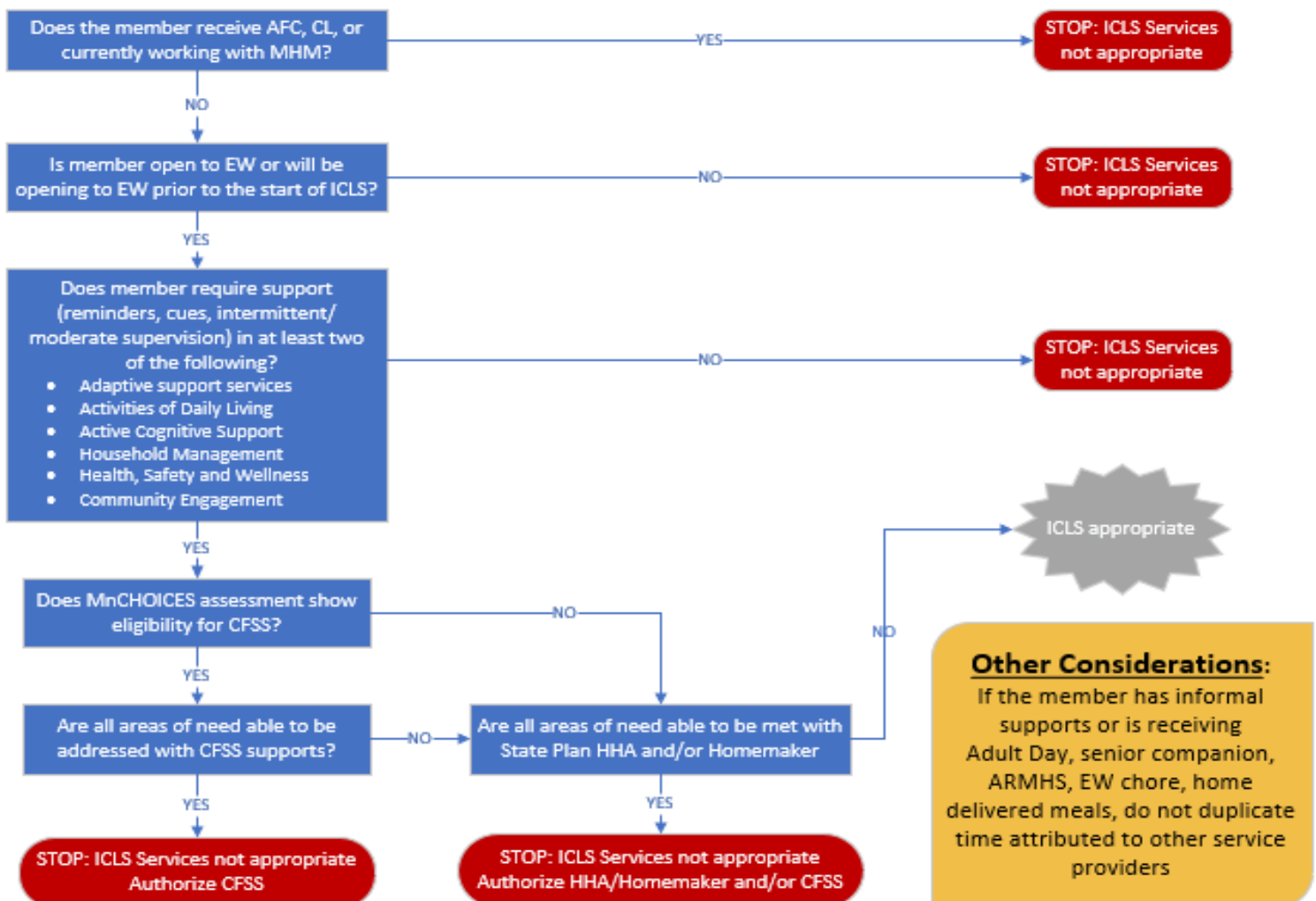
Care coordinators utilize the MnCHOICES Assessment to determine if a member qualifies for the Elderly Waiver and has an assessed need for ICLS. See the [ICLS Decision Tree](#) to determine appropriateness for ICLS. All members receiving EW services must first access Medical Assistance home care services, including CFSS, to the highest extent before considering additional EW services. Care coordinators ensure authorized units of ICLS reflect the minimum amount necessary to safely and effectively meet the member's assessed needs without exceeding what is essential for appropriate care.

Based on the member's assessed needs, a member is open to EW utilizing ICLS:

- May receive up to 12 hours of ICLS services per day (i.e., 48 15-minute units per day) **and**,
- Must have in-person ICLS support scheduled at least weekly **and**,
- Must receive a **minimum of two** ICLS services

Note: If the ICLS authorization is fifteen (15) hours or more per week of ICLS, the care coordinator must first review the ICLS support plan with the agency supervisor and obtain approval before proceeding.

ICLS Decision Tree



ICLS Combined with CFSS and Other Services

ICLS and CFSS

If a member meets the criteria for a dependency in an ADL, indicating eligibility for CFSS, it is not appropriate for the ICLS provider to address that same need. When a member is dependent in an ADL, their level of need exceeds the scope of what ICLS services are designed to provide. For example, if a member needs physical assistance or constant supervision with dressing and is receiving CFSS, the CC would not authorize ICLS for cueing under dressing time as this would be duplicative.

When a member qualifies for CFSS, they cannot elect to receive ICLS in lieu of CFSS. In addition, a member may not use ICLS because it offers greater reimbursement over other cost-effective supports. ICLS may not be used to bridge a gap between services (for example – PCA transition to CFSS). Typically, a member would only transition from PCA/CFSS to ICLS if the member's condition has improved and they have gained independence since the last assessment.

CFSS, ICLS and Homemaker services

If a member qualifies for CFSS and homemaker services, it's not likely the member would also need ICLS. Rarely would a member require both ICLS and homemaker services. If a member's need can be met with homemaker services, the CC should authorize homemaker services. If a member does not qualify for CFSS, has intermittent needs, and uses homemaker services, the CC may discontinue homemaker services and use ICLS for both support needs.

Avoid Duplicating Authorizations

Care coordinators authorizing multiple services should clearly document defined roles and responsibilities for service providers, including what need(s) each service provider is meeting. CCs may **NOT** authorize duplication of state plan home care or other EW services the person already receives.

Reference: [ICLS Planning Form: Service Components Documentation](#)

The care coordinator works with the member to complete the DHS-3751 [ICLS Planning Form](#) to communicate to the ICLS provider the specific service components the person will receive. The ICLS services are included on the member's Support Plan-MCO MnCHOICES Assessment form.

Reference: [Elderly Waiver Service Providers](#) | [Homemaker Service Job Aid](#)

On the DHS-3751 ICLS Planning Form, the care coordinator MUST:

- Identify the person's individual goals the ICLS service is intended to support
- Describe and provide details about the type of support the person will receive with a **minimum of two** ICLS service components
- Calculate the total amount of units and cost of ICLS services the person will receive each week

The member, care coordinator and ICLS provider sign the completed DHS-3751 ICLS Planning form.

- The care coordinator must provide a copy to the person and the ICLS provider.
- **The care coordinator may not submit the [UCare Waiver Service Authorization Form](#) to authorize ICLS until all signatures are obtained.** The care coordinator is responsible for reviewing and updating the DHS-3751 ICLS Planning Form at least annually.

Both the care coordinator and ICLS provider must keep a copy of the completed and signed DHS-3751 ICLS Planning Form. The ICLS Planning Form can be used to meet the provider signature requirements for the support plan, and thus must be uploaded to MnCHOICES. The care coordinator would not have to send out the UCare Provider Signature request for services included in ICLS.

Members with ICLS: Annual Reassessment

If the member is currently receiving ICLS services, the care coordinator must review the need for ICLS services at the next scheduled assessment to ensure the person's needs meet the requirement of **at least two** ICLS components. If the member does not meet the minimum requirement, the care coordinator cannot reauthorize ICLS. Instead, they must authorize the service that meets the person's identified need. An [EW DTR form](#) is required when ICLS is being denied, reduced, or terminated at annual reassessment.

CONSIDERATIONS FOR CALCULATING SERVICE TIME

Services are calculated in 15-minute units. For services lasting less than 5 minutes, consider if the service can be included in an alternative category. Authorized ICLS should reflect time based on the member's assessed needs versus the member's wants. The examples provided below are for training purposes only and not intended to represent the minimum or maximum allowable amounts. All documentation and time must be tailored to the specific needs of each member.

Reference: [DHS Individual Community Living Supports](#)

Service Category	Description/Examples	Considerations
Adaptive support services	<p>Provide verbal, visual and/or touch guidance to help the person complete a task. Example: Giving directions to complete sorting laundry.</p> <p>Develop and demonstrate cues or reminder tools. Example: Calendars, lists, weekly grocery lists.</p> <p>Help the member understand assistive technology directions or instructions to maintain independence. Example: Setting clocks for reminders.</p> <p>Practice strategies and similar support methods that promote continued self-sufficiency. Example: Coaching on how to set up transportation.</p>	<p>Laundry assistance does not include time while the laundry is washing/drying.</p> <p>Estimated Time Example: Laundry:</p> <ul style="list-style-type: none"> 10 min - sort and start 10 min - move from washer to dryer 10 min - fold and put away <p>Total: 30 minutes/week = 2 units, 1x/week</p> <p>Tip: If using verbal reminders in this category for a task, it could be duplicative to also give time in household management to complete the task for the individual. For example, if giving cuing time for laundry, laundry time would not be authorized in household management.</p>

Adaptive Support Service													
Description of service to be delivered													
Theodore requires verbal directions to be provided while completing laundry. Theodore has some memory loss from a stroke which causes him to need help with sorting clothes, starting the washer and dryer, and with folding and putting away clothes once clean.													
# of 15 min units authorized per day													
In-person – H2015 (U3)													
2	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday
Remote – H2015 (U3, U4)													
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday
Total # of units per week												2	

Service Category	Description/Examples	Considerations
Activities of daily living (ADL)	<p>Includes reminders or cueing systems to complete and/or intermittent physical assistance with:</p> <ul style="list-style-type: none"> Dressing Bathing* Grooming Toileting Transferring Eating Positioning 	<p>*Bathing assistance may include continual supervision and physical assistance, as needed. All other ADL's are to address needs for cueing and reminders.</p> <p>Estimated Time Example: Dressing and grooming: <ul style="list-style-type: none"> 15 min – morning prompting 15 min – evening prompting Total: 30 minutes/day = 2 units, 3x/week</p> <p>Reminder: If a member needs daily assistance with reminders throughout the task, this may be more appropriate for CFSS.</p>

Activities of Daily Living

Description of service to be delivered

Theodore requires intermittent prompting with dressing and grooming due to some memory loss from a stroke. Without prompting Theodore may dress inappropriately for the weather or forget to do personal hygiene tasks.

of 15 min units authorized per day

In-person – H2015 (U3)

2 Monday 2 Tuesday 2 Wednesday Thursday Friday Saturday Sunday

Remote – H2015 (U3, U4)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Total # of units per week

6

Service Category	Descriptions/Examples	Considerations
Active Cognitive Support	<p>Includes support to help the member adopt ways to meet their needs. The supports encourage self-sufficiency and reduce reliance on human assistance.</p> <p>Example:</p> <ul style="list-style-type: none"> Provide verbal, visual and/or touch guidance to help the person complete a task. Develop and demonstrate cues or reminder tools (e.g., calendars, lists). Help the member understand assistive technology directions or instructions to maintain independence. Practice strategies and similar support methods that promote continued self-sufficiency 	<p>If a person needs 24-hour supervision, constant care for safety, ICLS is not appropriate.</p> <p>This is the only ICLS service component that may be received remotely.</p> <p>Estimated Time Example: Reminder tools: <ul style="list-style-type: none"> 15 min – update calendar with weekly events Total: 15 minutes/week = 1 unit, 1x/week</p> <p>Safety checks: <ul style="list-style-type: none"> 5 min – per safety check Total: 3x/day = 1 unit, 7x week</p>

Tip: Active cognitive support time is often duplicated in other categories. It can be accomplished at same time as other tasks in some instances. For example, examine if time is being given for Health Safety and Wellness medication assistance and additional time in active cognitive support. This could be duplicative.

Active cognitive support	
Description of service to be delivered	
Gertrude is an 87 year-old woman who lives alone and prioritizes organization as highly important to her. Due to aging, Gertrude has been experiencing some short-term memory loss, forgetting appointments and other scheduled meetings. Gertrude would like assistance with updating her calendar/planner weekly to stay organized and to prevent the missing of appointments. Gertrude needs safety checks throughout the day to ensure safety.	
# of 15 min units authorized per day	
In-person – H2015 (U3)	
2 Monday	1 Tuesday
1 Wednesday	1 Thursday
1 Friday	1 Saturday
1 Sunday	
Remote – H2015 (U3, U4)	
Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	
Total # of units per week	
8	

Service Category	Descriptions/Examples	Considerations
Household Management	<p>Includes support to help the member manage their home.</p> <p>Example:</p> <ul style="list-style-type: none"> Help with cleaning, meal planning/preparation and shopping for household and personal needs. Help with budgeting and money management Help with communications (e.g., sorting mail, accessing email, making phone calls, scheduling appointments) Provide transportation when it is integral to ICLS household management goals and when community resources and/or informal supports are not available 	<p>ICLS providers may also enroll as non-medical transportation providers and simultaneously bill for transportation of participants using the waiver transportation mileage rate.</p> <p>Drive time should not be included in the service unit authorization as it is billed separately under non-medical EW transportation.</p> <p>Estimated Time Example: Help with communication: <ul style="list-style-type: none"> 15 minutes – sorting mail 2x/week 15 minutes – scheduling appts Total: 45 minutes/week = 1 units, 3x/week</p> <p>Tip: Household management should correlate with similar guidelines for homemaker services and consideration given to if member lives alone or with family.</p> <p>Reference: Homemaker Services Job Aid</p>

Household Management

Description of service to be delivered

Gertrude requires assistance with picking up the mail from the mailbox on the other side of her complex. Due to Gertrude's short-term memory loss, she forgets to check for mail, and to sort through and manage it. Gertrude will also benefit from having someone help her schedule appointments to ensure she is staying on top of her health conditions.

of 15 min units authorized per day

In-person – H2015 (U3)

1 Monday 1 Tuesday 1 Wednesday Thursday 1 Friday Saturday Sunday

Remote – H2015 (U3, U4)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Total # of units per week

3

Service Category	Descriptions/Examples	Considerations
Health, Safety and Wellness	<p>Include support to help the member maintain their overall well-being.</p> <p>Example:</p> <ul style="list-style-type: none"> Identify changes in the person's health needs and notify the case manager and/or informal caregivers as needed* Coordinate or implement changes to mitigate environmental risks in the home** Provide reminders about and assistance with exercises and other health maintenance or improvement activities Provide medication assistance (e.g., medication refills, reminders, administration, preparation) Monitor the person's health according to written instructions from a licensed health professional and report any significant changes as instructed Use medical equipment devices or adaptive technology according to written instructions from a licensed health professional 	<p>Estimated Time Example:</p> <p>Medication assistance</p> <ul style="list-style-type: none"> 5 minutes – reminders 2x/day <p>Exercise assistance</p> <ul style="list-style-type: none"> 10 minutes – reminders 2x/day <p>Total: 30 minutes/day = 2 units, 7x week</p> <p>Be mindful not to duplicate. Medication reminders could fall under the Active Cognitive support category. If given time for exercises, does the member also go to ADC, where they do exercises? This could be duplicative.</p> <p>Tip: If family is the ICLS provider consider if the support essential or if it support being provided is part of informal caregiver tasks.</p> <p>Tip: If risk is resolved, be aware of time being given. If risk is not ongoing, time would not long be needed.</p> <p>Review caregiver assessment to examine caregiver needs/burnout etc.</p>

Health, Safety and Wellness

Description of service to be delivered

Harriett has low vision which causes her to require assistance with medication administration, ensuring her medications are taken properly twice per day. Harriett also requires assistance with her exercises and needs the ICLS worker to hand her the resistance bands and ensure she has proper alignment for the exercises to prevent possible injury.

of 15 min units authorized per day

In-person – H2015 (U3)

2 Monday 2 Tuesday 2 Wednesday 2 Thursday 2 Friday 2 Saturday 2 Sunday

Remote – H2015 (U3, U4)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Total # of units per week

14

Service Category	Descriptions/Examples	Considerations
Community Engagement	<p>Includes supports to help the member have meaningful integration and participation in their community.</p> <p>Example:</p> <ul style="list-style-type: none"> Help the member access activities, services and resources that facilitate meaningful community integration and participation. Help the member develop and/or maintain their informal support system. Provide transportation when it is integral to ICLS community engagement goals and community resources and/or when informal supports are not available. 	<p>Care coordinators ensure the most cost-effective service is used to meet the member's needs. Do not duplicate time if the member already has a bus pass or can use public transportation.</p> <p>Estimated Time Example:</p> <p>Develop informal support system:</p> <ul style="list-style-type: none"> 90 minutes – Transportation & support to attend church <p>Help accessing activities:</p> <ul style="list-style-type: none"> 90 minutes – Spend time at parks or indoor malls <p>Total: 3 hours/week = 12 units/week</p>

Community Engagement

Description of service to be delivered

Harriett is isolated and has a goal to have more community engagement. Harriett has transportation needs along with requiring stand by support during activities due to weakness and low vision. Harriett would like to attend church services on Sundays and spend time at nearby parks or indoor malls in the winter one time per week to support her in making connections in the community and getting out from her studio apartment.

of 15 min units authorized per day

In-person – H2015 (U3)

Monday Tuesday 6 Wednesday Thursday Friday Saturday 6 Sunday

Remote – H2015 (U3, U4)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Total # of units per week

12