

## **COMMUNITY LIVING SUPPORT**

Community living supports is a broad term that represents an array of supports or services to individuals with disabilities who are in the community. Participants or applicants reside independently, with family, significant others or in group-living settings. Participants are typically in need of supports, intervention or services that enable their success, full participation in/or advance in skills for community living.

The service range entails programs for children and adults.

### **RECREATION**

**DSD011**

Recreation programming for developmentally disabled children and adults provides integrated or specialized opportunities for social interaction, self-expression and entertainment. Programs should be designed to maintain motor skills, leisure skill development and develop recreational interest of consumers. Consumers are offered opportunities to socialize with peers and others while increasing recreational and social skills experiences. Participants engage in activities of interest and are assisted based on their abilities and need for support. Activities are selected based on personal choice or skill.

The goal of recreational resources is to introduce the consumers to a variety of activities and cultural experiences with the intent of enhancing their awareness and involvement in social programming and to incorporate these experiences in their general living and quality of life.

#### **Recreation Service Requirements:**

Two (2) times yearly, the Provider will host a forum/resource fair for system personnel, community providers and participant/families on recreational opportunities in the Milwaukee area.

One time yearly (mid-year) the advocacy agency will participate in a system discussion session with DSD staff to review consumer concerns, discuss service outcomes/satisfaction, unmet and under-served consumer needs and progress of consumer education sessions, and develop an annual program summary to be submitted with the Year 2017 Purchase of Service application.

#### **Unit of Service**

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses or 1/12 (one-twelfth) of the contract amount, whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Disabilities Services Division and may include program staff, occupancy costs, equipment

**17-05**

costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

**Documentation**

Financial records/CPA audit.

**RESPITE CARE - ADULT & CHILDREN****DSD012**

---

Respite care is designed to provide for a substitute caregiver when an interval of support or rest is needed by the primary caregiver. Respite may be provided in the family's home, temporary caregiver's home or an alternate setting mutually agreed upon by County staff, participant and family.

**The service range entails programs for children and adults.**

**Agency Administrative Requirement-Respite Care**

Families with Special Needs Children/Adults have a greater likelihood of parental stress, caregiver exhaustion, and social isolation and reduced quality of family life. Respite is to be provided primarily in the child's home and is intended to provide a temporary break from the caregiving responsibilities of being a parent of a child with special needs. Respite should occur on a planned basis but may be needed in a crisis circumstance. Respite may be provided in the community for the purposes of socialization and or activities. Respite is consumer (Parent/Guardian) Directed.

Respite cannot be provided under this Purchase of Service Contract when participants are eligible and receiving services through the Public Long Term funding options (i.e. My Choice Family Care, Community Care Family Care, IRIS, etc.), Children's Waiver or Children's Community Options Programs or when Personal Care has been assessed as the primary need. In addition all other sources of respite funding available has been utilized i.e. Medicaid Funded Primary Skilled Nursing and personal care, Foster Care Respite. Parents/Caregivers cannot be respite providers for their children.

**Successful Proposals will:**

- Provide a Logic Model that clearly states outcomes, services and rationale for services
- Clear identification of policies and procedures of respite program for parents and providers. (Written document)
- Discuss the ecological assessment that will be used to determine a child and family's respite needs.
- Identification of a defined curriculum or set of services, how services are provided i.e. Crisis Respite, Ongoing Respite, Respite Coordination (Identification of a Provider), Skilled Respite required, Transitional Respite etc.
- Articulate how potential respite providers are identified
- Discuss the proposed process of Respite Coordination (When a parent needs to find a provider.)

**Annual program evaluation/summary to be submitted with the Purchase of Service Guidelines, which includes the following elements:**

A summary on un-met family/individual needs including feedback on service recommendations and implementation.

Service utilization and program participants' satisfaction.

**Annual Report to include:**

- Analysis of families participating i.e. diagnosis, identified respite needs
- Identification of Training Provided
- Utilization Reports
- Analysis of Pre and Post Surveys Due July 1 of each calendar year
- Progress toward goal and outcomes for families

**Monthly Report Due by the 5<sup>th</sup> day of the following month to include:**

- Number of individuals provided Respite Monthly
- Diagnosis verification of participants
- Identification of defined services Needed
- Hours of respite utilized compared to hours allotted
- Respite Coordination Activities
- Identification of Training Provided
- Identification of Respite Provider: Informal (Relative), Formal (Non Relative)
- Location of respite services

Outcomes may include reduced parent/caregiver stress, increased opportunities for social activities, and increased caregiver knowledge of community trainings, family support, resources and advocacy issues, among others.

**Unit of Service**

**A unit of service is one hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants which includes; face-to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in service training, vacation, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons, other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one-hour units of direct service time. **(Group Respite requires pre-approval under Children's Respite Services).** The total time must be equally divided between each group participant and recorded in the case record of the participant.

### Documentation

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact was with, (d) the content of the contact, and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

Additional Documentation:

- **Document verification that provider is trained to meet the unique needs of the child:**
  - Assess Provider to perform respite services. ( Confidentiality, Disability Awareness, Family Diversity,) Abuse and Neglect Reporting, Emergency Procedures and Cultural Competence.
- **Conduct a background check on all respite providers**
- **Ensure that all written communication regarding the program identifies that the program is a Milwaukee County Respite Program**
- **Complete required Fiscal Documentation maintaining current and accurate data**
  - Transitioning children at 18 to the adult program
  - Ensuring only *active participants are contained* on fiscal documentation
- **Assessment of child's respite needs with specific goals and outcomes for respite**
  - Assessment of individual child characteristics
  - Assessment of child's personal care needs
  - Assessment of child's ADL's and IDL's
- **Goal and Outcome developed for each respite participant**
  - Caregiver Outcomes (Level of stress, health, burden, depression)
  - Care Recipient Outcomes (Behavior, Socialization, Delaying institutionalization or removal.)
  - Referral to other programs and services
- **Conduct a pre and post survey of families participating in respite to include the following specific questions:**
  - Caregiver report of how they learned of the program
  - Caregiver reports of satisfaction with respite services
  - Caregiver report of how respite has met their identified needs
  - Caregiver report of how service has reduced stress
  - Caregiver report of how it has addressed child safety
  - Caregiver description of the greatest benefit of respite
  - Caregiver report of areas for improvement or opportunities