Independent Living Q & A

LCPA & Residential Providers

1. Question: I just wanted to seek clarification regarding the requirements for IL services per the new master contract. I reviewed the IL standards for Residential that were posted on the DCS website and they state that 75% of the instruction is to be individualized. However, the powerpoint that I received said something else. I assume that the residential standards on the website are the correct requirements, but just wanted to clarify.

   Answer: Correct, what is in the Residential IL Service Standards posted online is correct. It is 75% per month to be individualized instruction.

2. Question: At age 17.5 a Chafee IL referral is made. What is the responsibility of the residential provider, once this Chafee IL worker is introduced?

   Answer: The residential/LCPA provider should continue providing IL services and should coordinate with the Chafee provider to ensure that there is not duplication of services. The Chafee provider should be focusing on education, employment, and housing, preparing the youth for transitioning out of foster care.

   Please note that *Transitional IL Services* no longer exist as a separate set of Service Standards. The IL Services Service Standard includes any/all transitional services. Please ensure all staff providing IL services are aware of this change made in 2009.

3. Question: IL services provided by LCPA/residential agency vs. IL services provided by Medicaid.

   Answer: DCS does not require more than 3 hours of IL Services as outlined in the Service Standards. It is ok to bill these services to Medicaid and have these services count towards fulfilling DCS' IL services requirement as long as the services administered by the Medicaid provider meets the DCS requirements detailed in the Service Standards.

4. Question: Is billing Medicaid for IL services double dipping, since providing IL services is also covered in the LCPA/residential per diem.

Answer: If the costs of providing the IL services were included on the cost report submitted to DCS and now that cost is being billed to Medicaid, the agency needs to submit a new cost report.

Example: If an agency is providing an IL related class/group and one DCS child is removed and enrolled in another Medicaid class/group. The agency still has the cost of providing the class/group. This would not be double dipping.

Example: The agency is a Medicaid provider and is billing Medicaid for IL related services that do fit the DCS IL Service Standard. This is double dipping and a new costs report would need to be submitted to DCS indicating the cost shift.