

# APPENDIX B



## **SUPPORTED LIVING SERVICES REVIEW SESSION II**

**SEPTEMBER 11, 2017**



HARBOR  
REGIONAL  
CENTER

**SERVICE REVIEW SESSION II  
SLIDE PRESENTATION**

# Harbor Regional Center



## Supported Living Services Service Review Session II

# HRC Board Review Panel - Roles



- Joe Czarske – HRC Board Vice President, ARCA Representative and Parent
  - Bob Irlen – HRC Board Advisor and Parent
  - Patricia Jordan – HRC Board Chair of Client Services Committee, Client and Parent
  - Mariano Sanz – HRC Board President and Parent
- To ensure that we have a comprehensive review of our policies and practices;
  - To ensure that we gather input from all interested clients, families, staff and service providers;
  - To provide a complete report of the review to the full HRC board and make any recommendations indicated for changes to service policies



# HRC Staff Facilitators - Roles

- Hiram Bond – HRC Client Services Manager – Adults
- Isabel Cueva – HRC Client Services Manager – Early Childhood
- Judy Taimi – HRC Client Services Manager – Children

- Facilitators are taking notes to ensure that key points are captured
- Facilitators will also ensure that all questions and comments are captured so that if we do not have time for full answers at any given session, questions will not be forgotten and can be answered at a future review session
- Facilitators are keeping a record of those participating (so be sure to sign in with them) so that we can follow up where needed and especially with those who indicate they have an individual/personal matter to discuss

# Meeting Guidelines



- **Sign in**
- **Attend all sessions (if possible)**
- **Hold questions to the end**
- **Personal questions should be addressed with staff after the meeting**



# Summary of Session I

- Twenty-one (21) **guests** were present: 14 parents, 5 service providers and 2 other guests
- There was a brief **overview** of HRC supported living services (SLS).
- Pertinent provisions of the **Lanterman Act and regulations** which govern regional center supported living services were shared.
- **HRC materials** about SLS were reviewed.
- HRC's current **policy** on supported living as well as the policies of the other regional centers in Los Angeles County were reviewed.
- **Critical issues** related to SLS including **affordable housing** were discussed



# Session I Questions

- Several parents expressed their need to have **more information about how to make a supported living arrangement happen** for their children. They indicated they **had many questions**, especially about such things housing costs and providing rent subsidies without jeopardizing their family members' benefits.
- A few parents asked questions related to **rates/payment for SLS**. We advised that we would explore rates more fully in a future review session.
- One parent asked whether it was **possible for SLS to be available 24 hour/day** for an adult who needs 24 hour/day care and supervision. We advised that if 24 hour/day care is needed, this could be provided in SLS.







# Session II – Overview

- number and **demographics** of HRC clients who live in supported living arrangements
- **service providers** currently available to provide SLS in the HRC service area
- HRC **Expectations** for SLS
- various **assessment formats and progress reporting guidelines** we expect to receive from SLS service providers
- various **materials** that service providers use to implement their programs and that are available to them from our **HRC Resource Center**.



# Independent Living Skills



- **ILS assessment**
  - **Primarily for clients who are living with family**
  - **Not a pre-requisite but some clients prefer to learn ILS prior to considering SLS**





# DDS Assessment Questionnaire

- **DDS questionnaire** designed to ensure that **individuals** in or entering supported living arrangements **receive the appropriate amount and type of supports** to meet the person's choice and needs as determined by the IPP team

State of California—Health and Human Services Agency

Department of Developmental Services

### Supported Living Services Standardized Assessment Questionnaire

Per WIC § 4689(p)(1), this questionnaire is designed to ensure that individuals in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person's choice and needs as determined by the IPP team.

The IPP team is to complete the questionnaire at the time of development, review, or modification of an individual's IPP. The questionnaire, in conjunction with the service provider's comprehensive assessment, will assist the team in determining if the services recommended or provided are necessary, that generic resources are utilized to the fullest extent possible, and the most cost effective methods of service provision are utilized. If this process results in a reduction of services, the regional center is to inform the individual of the reason for the reduction and provide the individual a written notice of fair hearing rights pursuant to WIC § 4701.

Name: \_\_\_\_\_ UCI: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Support Questions	Answers	Comments
1. Are medical considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
2. Are considerations/supports for medications or treatments necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
3. Are behavioral considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan?	<input type="radio"/> Yes <input type="radio"/> No	
5. Are safety and emergency procedures necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
6. Have all the possible support alternatives been considered (e.g. med. planners, telephone check-in systems, self-checklist programs, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
7. Are IHSS hours maximized?	<input type="radio"/> Yes <input type="radio"/> No	
8. Are generic services/supports maximized?	<input type="radio"/> Yes <input type="radio"/> No	
9. Are natural supports maximized and are there sufficient opportunities to maintain and expand them (e.g. Circle of Support, friends, family, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	

# HRC SLS Assessment



## HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

Client Name: \_\_\_\_\_ UCI: \_\_\_\_\_  
DOB: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
Address: \_\_\_\_\_  
Service Coordinator: \_\_\_\_\_ Report Date: \_\_\_\_\_  
Assessment Date(s): \_\_\_\_\_ Report Completed by: \_\_\_\_\_  
Individuals Interviewed (Name & Relationship): \_\_\_\_\_  
Reports Reviewed: \_\_\_\_\_

### Client Description

Ambulation status:  
 Ambulatory  Non-Ambulatory:  Walker  Wheelchair

Communication skills:  
 Verbal:  Full Sentences  Phrases  Single Words  
 Non-Verbal:  Gestures  Communication Aid/Device: *Indicate type*

Transportation utilized:  
 Drives  Bus  ACCESS  Family  Other: *List*

Children:  
 No  Yes  
If yes, indicate number of children: \_\_\_\_\_  
Do they reside with the client?  No  Yes  
DCFS involvement?  No  Yes: *Describe*

Additional information: *Include any relevant information not previously covered in this section.*  
*Example: Client can ambulate short distances, but utilizes a wheelchair when in the community.*

### Purpose of the Assessment

Initially Entering SLS  Potential Increase in SLS  Other: *Describe*

- This is the template that HRC gives to **independent SLS assessors** for clients entering SLS or potentially in need of increased SLS services.

# Expectations for SLS

- We asked people who are receiving supported living services, their family members, HRC staff and service providers what SLS services should be like
- Here is what they told us:

## HARBOR REGIONAL CENTER

### Expectations for Supported Living Services (SLS)

This document describes Harbor Regional Center's expectations for supported living services (SLS). These expectations reflect what people in supported living, their family members, Regional Center staff, and service providers have told us a supported living service should be like.

Underlying these expectations are the principles of client self-determination and person-centered thinking. People with disabilities make their own choices about where and how they live. These choices are respected. The primary purpose of supported living is to promote clients' self-determination and choice about where and how they live by providing as much support as needed for as long as needed. Client choice guides supported living services as long as these choices do not pose a threat to the client's health or safety or the health or safety of others.

#### Mission

1. The SLS agency's mission statement specifically promotes respect for people with disabilities and their full participation in the community.
2. SLS instructors know the SLS agency's mission statement and can explain how it affects what they do with clients.

#### Client Rights and Responsibilities

3. Clients are entitled to receive SLS irrespective of their abilities and personal characteristics;
4. Clients' training and support schedules are set up to accommodate their needs and preferences;
5. Clients choose their SLS agency and may request a change if they believe the match is not a good one;
6. Clients may continue to reside in their home even if they request a different SLS agency;
7. Clients choose their housemates;
8. Clients direct their own services;
9. Clients give consent before their SLS instructor talks to family members about their lives.

#### Client Training and Support

10. Clients receive assessment, training, and support as necessary, to help them do the following:
  - Live their lives as valued members of the community,
  - Stay safe from harm,
  - Stay healthy,
  - Pay their bills and meet other financial responsibilities,
  - Develop positive housemate, landlord, and neighbor interactions and relationships,
  - Develop and keep friendships and other personal relationships, and
  - Engage in activities of their choice at home and in the community.
11. Clients who are parents have access to positive parenting instruction.
12. Clients are supported to develop skills and activities that they choose as goals.
13. Clients receive assistance from their SLS instructors to screen, interview, hire, and terminate personal attendants.
14. SLS instructors are knowledgeable about the clients' medical needs.

# Roles for SLS

- We asked people who are receiving supported living services, their family members, HRC staff and service providers what each person involved should do to ensure the SLS service is successful
- Here is what they told us:



## Supported Living Client/Staff/Agency Roles To Achieve The Most Effective Results In Supported Living

### The Client Will:

- Choose to receive supported living services;
- Collaborate with all involved service partners (SLS staff, HRC Service Coordinator, IHSS workers, agencies, etc...);
- Be respectful of the roles of others involved;
- Be open to working as a team;
- Be willing to consider advice and intervention concerning important decisions;
- Be willing to meet with SLS staff in the home at scheduled times;
- Be willing to meet with his/her Regional Center Service Coordinator and openly discuss important issues on at least a quarterly basis;
- Actively participate in the supported living process by establishing future goals and reasonable expectations for achievement;
- Take responsibility for making progress and achieving goals;
- Keep his/her HRC Service Coordinator informed regarding any issues concerning his/her supported living service provider, IHSS staff, etc;
- Take as much responsibility as possible for financial planning and budgeting;
- Collaborate with his/her SLS coach for budgeting assistance and support as needed;
- Take as much responsibility as possible for maintaining a safe and clean home environment;
- Be open to accepting housekeeping assistance and support as needed;
- Take as much responsibility as possible for maintaining or improving overall health status.

# HRC Resource Center

**Our HRC Resource Center has SO MANY materials**

- **For Clients**
- **For Families**
- **For Service Providers**
- **For HRC staff**





Break Time





# HRC SLS Progress Report



**Date of this Report:**

**Client Name:** \_\_\_\_\_ **UCI#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**HRC Service Coordinator Name:** \_\_\_\_\_

**SLS Support Staff Name(s):** List support staff name and position. If there has been change(s) in support staff during report period, please indicate names of all staff that provided support for client.

**Level of Support:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ to \_\_\_\_\_

**Type of Report:** \_\_\_\_\_ (Semi-Annual, Other, Exit)

**Quality Monitoring Visit(s) Completed During Report Period:** Specify name and position of supervisor/manager completing quality monitoring visit(s). Indicate whether visits were announced or un-announced face-to-face visits in client home or telephone call(s)? What was reviewed (documentation log) and/or observed during monitoring visit? What was client's feedback about the services he/she receives? If concerns expressed, discuss agency response/follow up?  
\_\_\_\_\_

## HOME

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by service provider. This can be accomplished via direct observation, verbal or written communication.*

Indicate client's current address and phone number. If no phone, how is client contacted (friend, neighbor, family, e-mail)? Briefly describe setting (apartment, shared home, motel, number of bedrooms, second floor, etc.).

If client does not live alone, describe relationship(s) to those who live in the home (husband, children, etc.) and indicate whether client is satisfied or dissatisfied with the current situation.

Discuss household expenses and how divided (if shared living arrangement).

Discuss, in detail, client's ability to:

- 1) safely prepare a variety of foods using microwave/stove, etc. and store food stuffs
- 2) complete personal care tasks (bathing, grooming, toileting) independently
- 3) access and navigate community independently

- This is the **template** that HRC gives to SLS service providers to use for **reporting progress**

# HRC SLS Quarterly Review



HARBOR REGIONAL CENTER

SERVICE COORDINATOR GUIDE  
QUARTERLY ID NOTE FOR SUPPORTED LIVING

Client Name: \_\_\_\_\_ Date of Quarterly Visit: *(Date of meeting should be no more than 3 months from last IFSP or the last quarterly)*

Client was seen face to face at (location): *( Please note: At least 3 quarterlies MUST be held at the client's home)*

Participants Attending Meeting: *(List all participants and relationships to the client who were present as well as the names/relationships of people who provided input i.e. verbal or written report, SLS instructors need to present)*

	Yes	No
<p>Are the health needs of the client being adequately addressed?</p> <ul style="list-style-type: none"> <li>• Explore clients current physical and mental health status and document any health concerns and any follow up needed</li> <li>• List any hospitalizations, the reason for the hospitalization and dates of admittance and discharge, what follow up if any is needed.</li> <li>• List any medication changes</li> <li>• State progress and or barriers</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are the safety needs of the client being adequately addressed?</p> <ul style="list-style-type: none"> <li>• Explore status of community, home, financial, and personal relationships for any potential harmful or dangerous interactions.</li> <li>• Follow up on any prior concerns from last meeting; identify any barriers prohibiting progress</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the supported living service provider addressing the client's desired outcomes?</p> <ul style="list-style-type: none"> <li>• Indicate supports provided to assist client with accomplishing desired outcomes; indicate the specific task being worked on.</li> <li>• Indicate client progress/ or barriers</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>

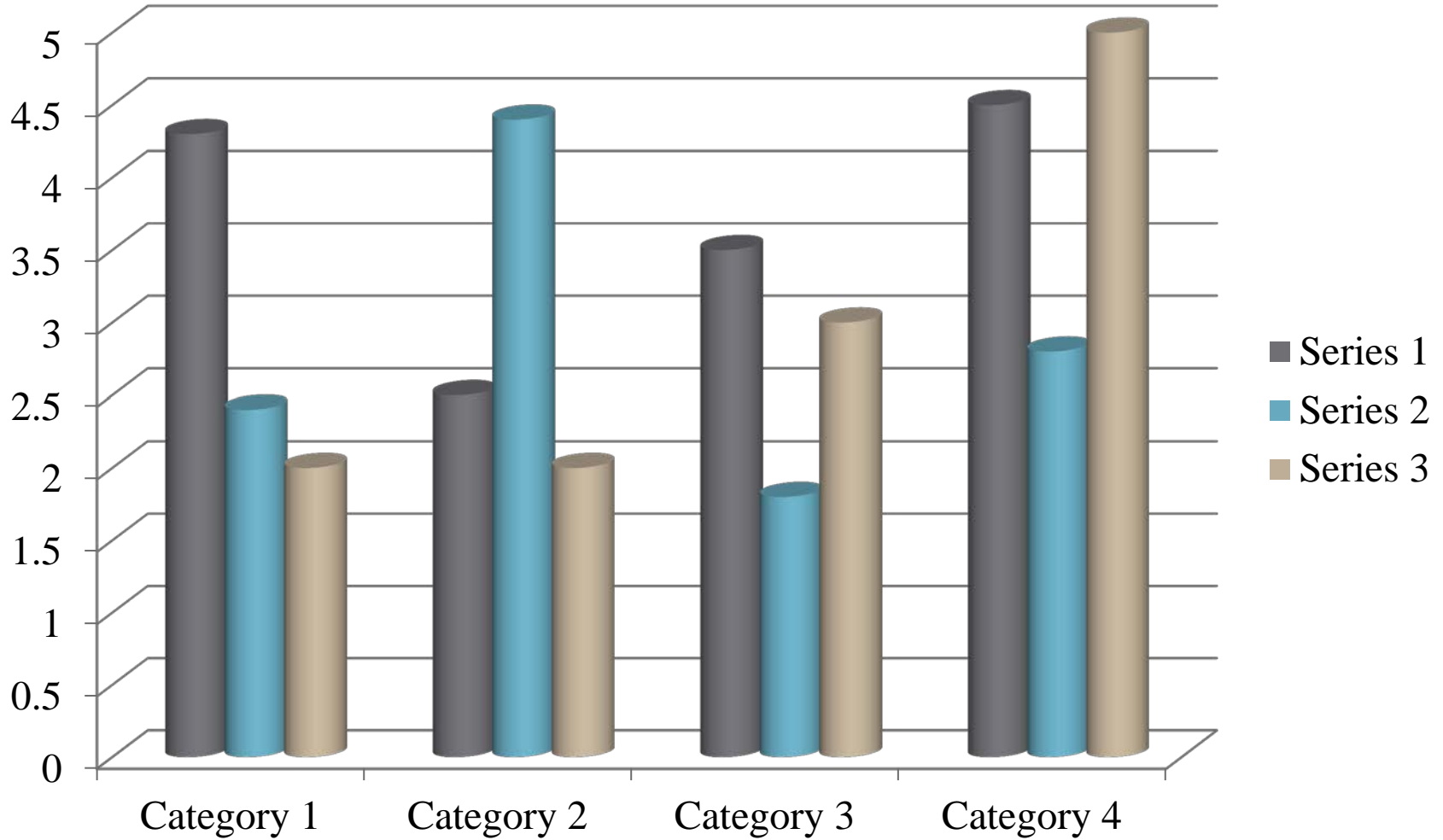
G000047

6/30/2015

- This is the **template** that HRC requires service coordinators to complete following each SLS **quarterly review meeting**



# Data

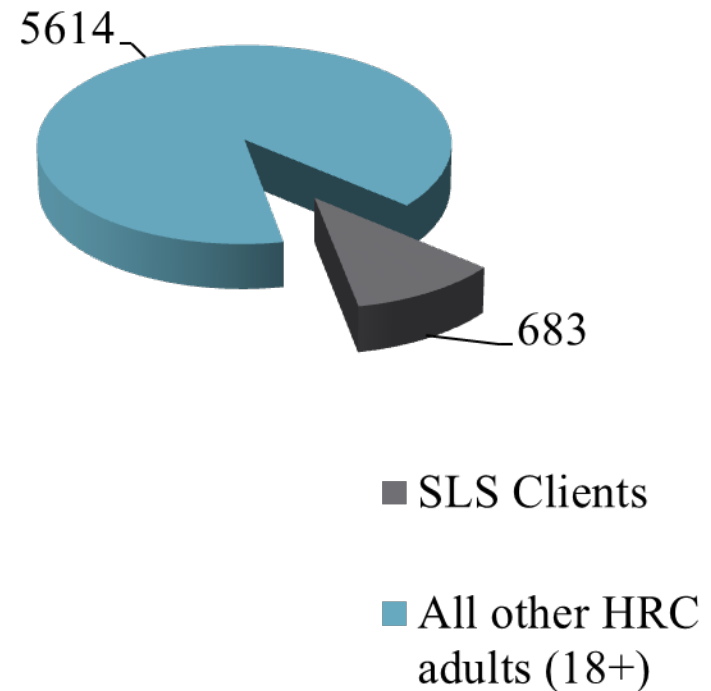


# HRC SLS Data



On the next few slides we will share information about HRC clients receiving SLS (as of May, 2017)

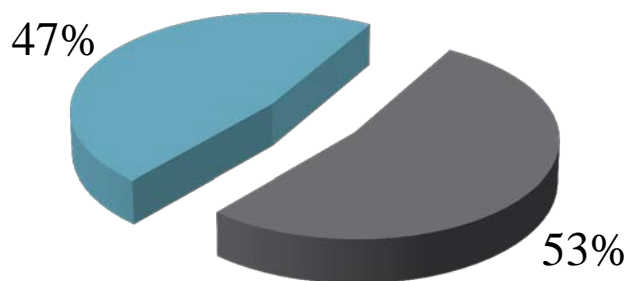
- Here you can see that HRC has a total of 6,297 adult clients (age 18+) and **683 (11%) are receiving SLS services**



# Gender

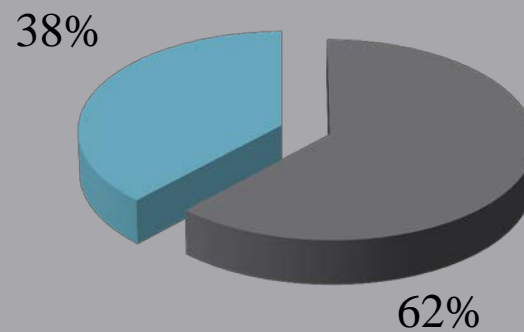


## SLS



■ male  
■ female

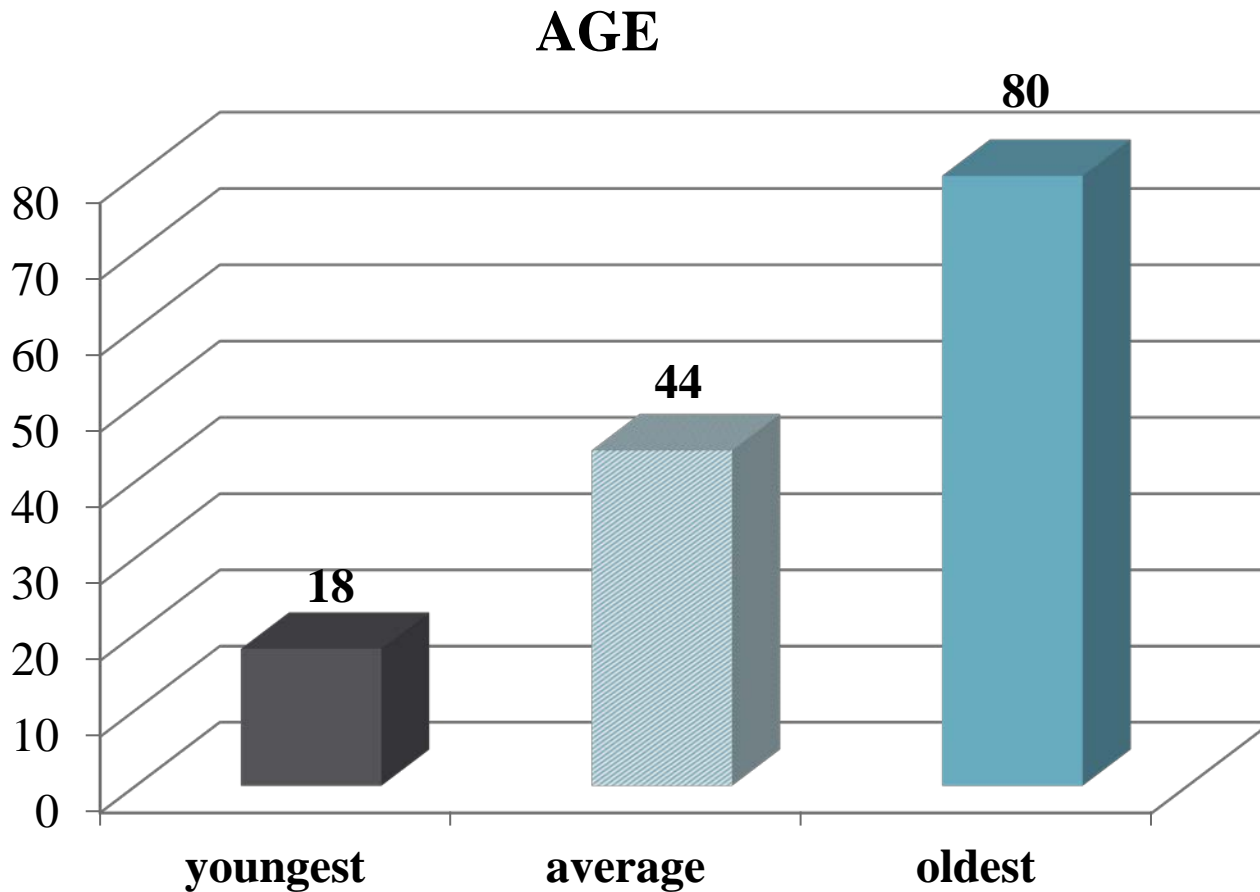
## All Adults



■ male  
■ female



# How Old Are SLS Clients?

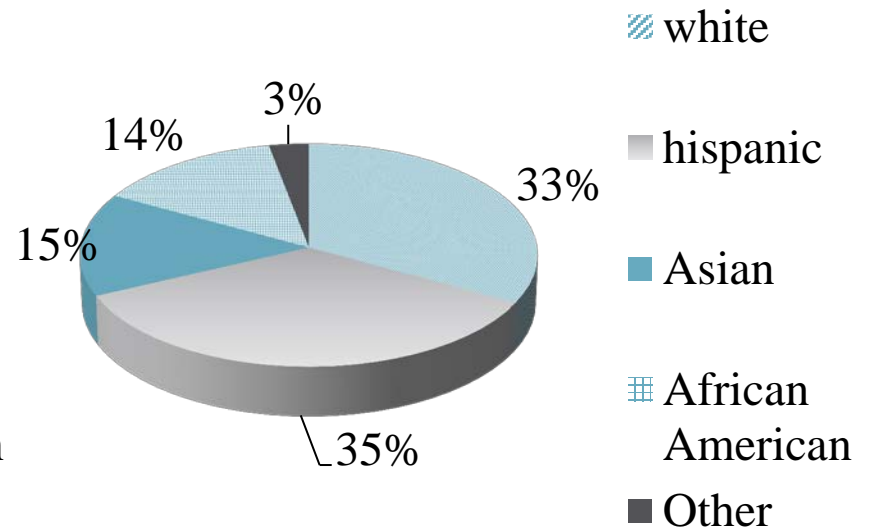
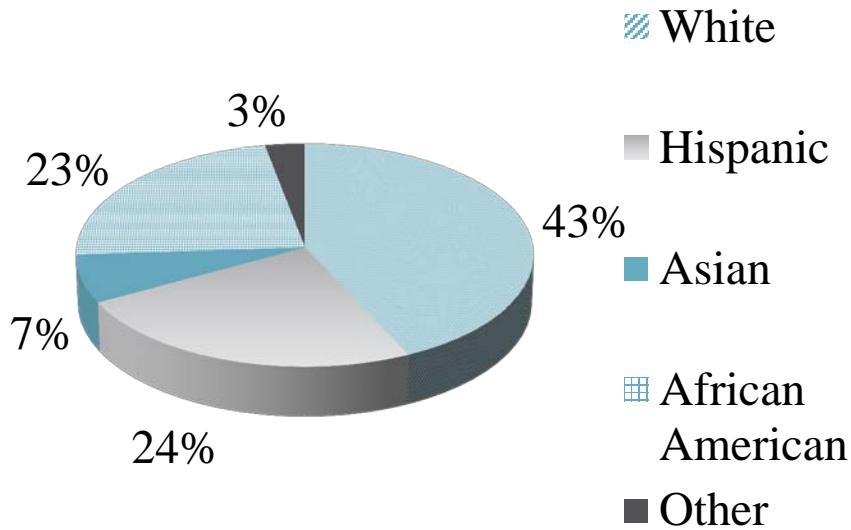


# Ethnicity



## SLS

## All Adults

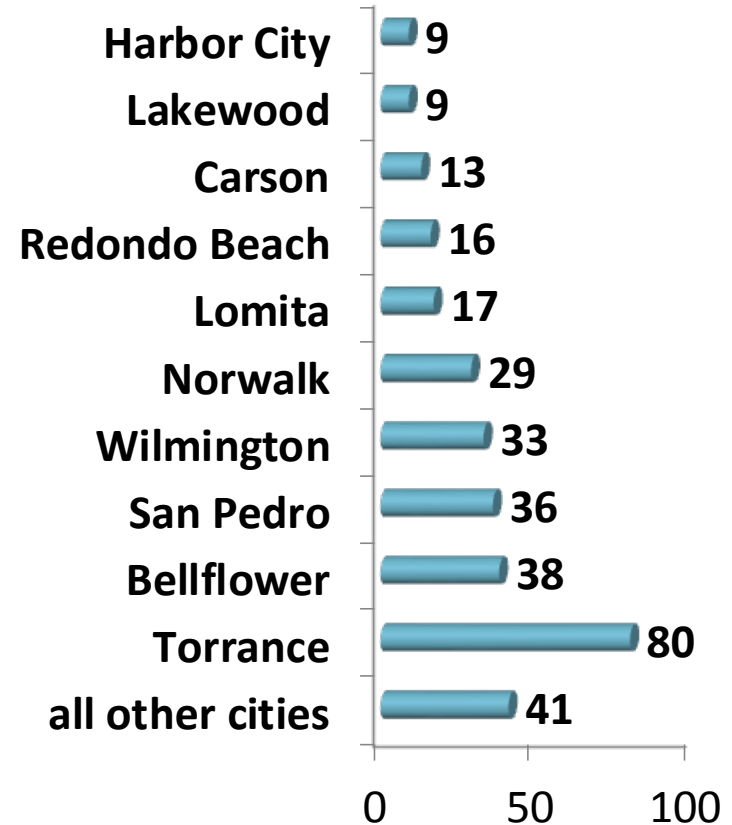




# Where Do SLS Clients Live?

**362** SLS clients live in the city of **Long Beach**. This is **53%** of all HRC clients living in supported living settings.

The **remaining 321** clients live in **other cities** in our service area as depicted by the graph on the right.

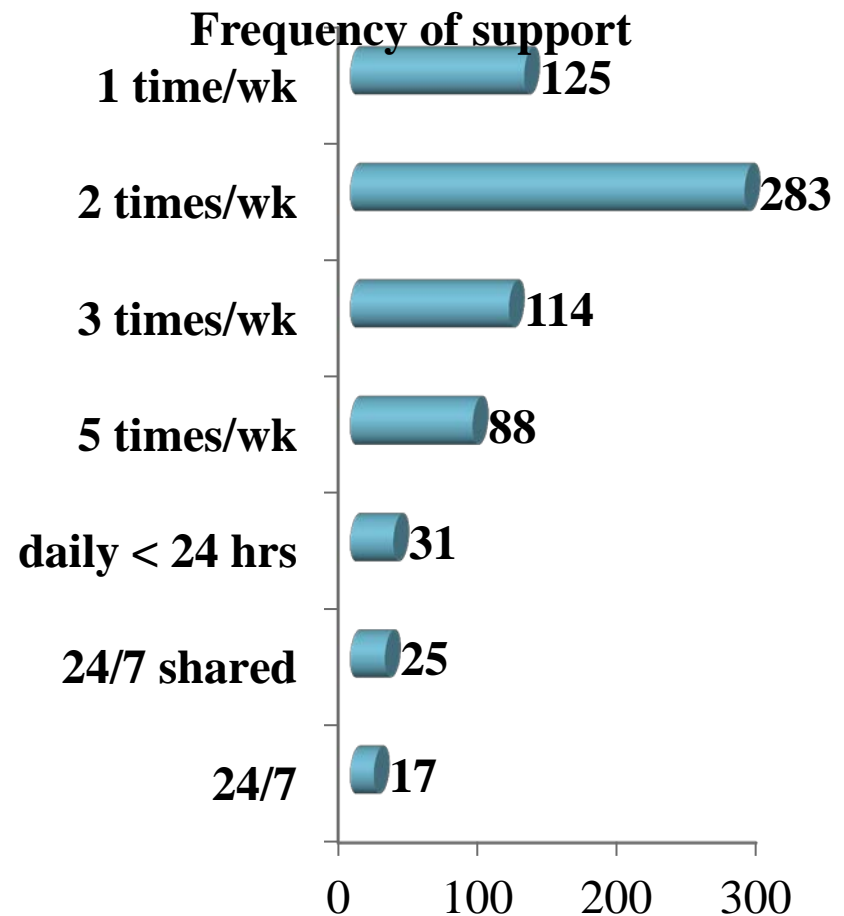






# Levels of SLS

- The largest portion of HRC clients in SLS settings are very capable and need supports only once or twice per week.
- About a third of SLS clients require supports 3 to 5 times per week.
- Nearly 11% (73 clients) require daily supports and some of these supports are shared.



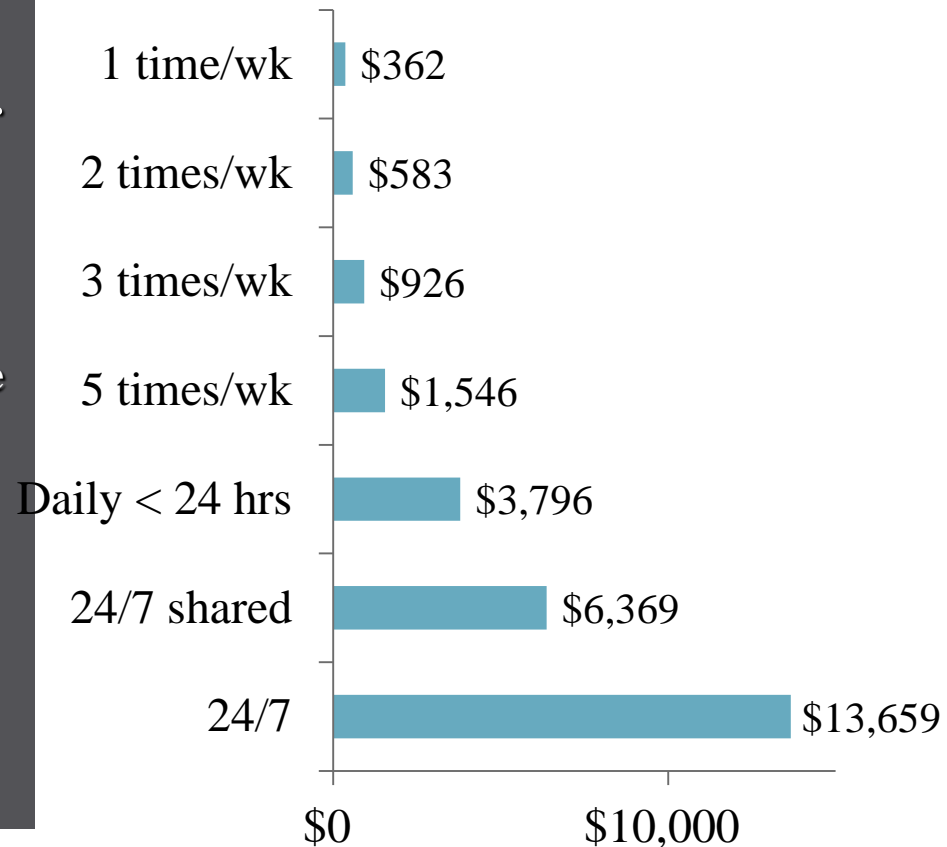
N = 683



# Authorized Expenditures/Client

- Here we can see that the average monthly authorized expenditure per client varies greatly depending on the amount of support needed
  - For the 17 clients receiving one to one support 24/7, monthly HRC authorized expenditures total \$232,204
  - For the 283 clients receiving support twice/week, monthly HRC authorized expenditures total \$164,889

## authorized expenditures client/month





# SLS Service Providers

• Life Steps Foundation	182
• SVS-Independent Vision	100
• Independent Focus	84
• Robert Murphy Supportive Solutions	84
• AIM Living Services, Inc.	76
• California Mentor	61
• Modern Support Services	28
• Options for Birth and Families	21
• Aacres, CA	10
• Ambitions California	7
• College Internship Program	7
• IABA Supported Living	3
• Johanna Lee Supported Living	3
• Other (1 or 2 Clients)	17

TOTAL 683



# Harbor Regional Center

Thank You

Session III on October 9, 2017

Session IV on November 6, 2017



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**SUMMARY  
SERVICE REVIEW SESSION I**



**SERVICE REVIEW SUMMARY  
AUGUST 14, 2017**

**ATTENDANCE:**

Fourteen (14) parents of eleven (11) HRC clients were in attendance at the first supported living service review session on August 14, 2017. This does not include the four (4) HRC Board members/advisors who are also parents of HRC clients (one of whom is also an HRC client) who were participating as part of the Board Review Panel. In addition there were five (5) representatives from two (2) supported living agencies in attendance. One representative from the State Council on Developmental Disabilities and one representative from the Office of Clients Rights Advocacy were also present.

**PRESENTATION SUMMARY:**

Patricia Del Monico, HRC Executive Director, facilitated the review session. She provided a definition of “supported living services” and reviewed pertinent sections of the Lanterman Act and Title 17 of the California Code of Regulations.

Ms. Del Monico then shared with the participants three (3) documents which had been developed and published by Harbor Regional Center and which are pertinent to general living arrangements for adults or which specifically relate to supported living arrangements. She advised the participants that these booklets were currently under consideration for revision and suggestions for changes would be welcome.

Next Ms. Del Monico discussed the current Harbor Regional Center policy on supported living services (SLS) as well as the SLS policies of the six (6) other regional centers in Los Angeles County.

Ms. Del Monico advised those in attendance that HRC has identified three major issues related to SLS as follows:

- Housing costs have become a significant barrier to accessing SLS: Housing costs prevent regional center clients from accessing living arrangements outside of the family home, especially supported living arrangements, even in barely marginally safe neighborhoods;
- Conflicting values (choice vs. health and safety) must be balanced in the provision of SLS: we are committed to promoting client choice but regularly face obstacles when clients choose lifestyles that jeopardize health and safety; and
- Rates affect quality: the people who provide personal care, guidance and supervision for our clients in SLS deserve to make a living wage; rates DO affect quality of services and cannot remain frozen.

Ms. Del Monico introduced Kristin Martin, Executive Director of Home Ownership for Personal Empowerment, who spoke briefly to the group about the crisis in affordable housing.

**HANDOUTS:**

The following documents were handed out to those in attendance:

- Service Review Meeting Protocol
- Board Member Review Panel and Staff Facilitator names and roles
- Summary of Supported Living Review Schedule
- Sections 4689 and 4689.05 of the Lanterman Act

- Sections 58600 to 58680 of CCR Title 17
- Harbor Regional Center booklet “Planning for Your Future: A Roadmap to Your Goals”
- Harbor Regional Center booklet “Living on Your Own: A Guide to Supported Living Services”
- Harbor Regional Center booklet “It’s All About Options: Living Alternatives for Adults with Developmental Disabilities”
- Harbor Regional Center Supported Living Policy
- Supported Living Policies for six other Los Angeles County regional centers
- Excerpt from *Public Policy Institute of California: California Poverty by County* entitled “Los Angeles County Renters in Crisis: A Call for Action”
- Excerpt from *Out of Reach 2017*: National Low Income Housing Coalition

**QUESTIONS/COMMENTS:**

Several parents expressed their need to have more information about how to make a supported living arrangement happen for their children. They indicated they had many questions, especially about such things housing costs and providing rent subsidies without jeopardizing their family members’ benefits.

- There was a recommendation that HRC put together a “frequently asked questions” fact sheet addressing these supported living questions.
- There was also a recommendation that HRC have a seminar/workshop/training about housing issues that includes information about financing options such as special needs trusts, ABLE accounts, etc. (i.e. combine training about SLS in general and SLS housing with legal consultation about how to finance the housing portion without jeopardizing benefits...specifically SSI).

A few parents asked questions related to rates/payment for SLS.

- Several parents requested information about how rates for SLS providers compare to rates paid to group homes. Ms. Del Monico advised that she would provide more information about rates in future SLS review sessions.
- On a somewhat related topic, one parent observed that SLS agencies tend to be for-profit organizations and speculated that this distinction might impact quality of services (i.e. low rates would make it difficult to realize profit without cutting corners on expenditures?) Ms. Del Monico advised she would provide more detailed information about SLS service providers and about rates in a future SLS review session.

One parent asked whether it was possible for a combination of IHSS and HRC SLS to provide 24 hour/day services and supports for an adult who needed 24 hour/day care and supervision. Ms. Del Monico responded that if 24 hour/day care is needed this could be provided in SLS. She advised that she would provide more information in a future SLS review session about the range of SLS supports currently being provided for HRC clients in SLS.

Ms. Del Monico advised that the second SLS Review Session is scheduled to take place on the evening of September 11, 2017 from 6:30 to 8:30 in HRC Conference Room A4. During this meeting we will share information on the number and demographics of HRC clients who live in supported living arrangements. We will share information about the service providers currently available to provide SLS in the HRC service area. We will review with those present the HRC Expectations for SLS as well as the various assessment formats and progress reporting guidelines we expect to receive from SLS service providers on a regular basis. And, we will share some of the various materials that service providers use to implement their programs and that are available to them from our HRC Resource Center.



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# **SUPPORTED LIVING SERVICES ASSESSMENT TOOLS**



## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

COVER SHEET	
Client Name:	DOB:
Telephone:	
Address:	
Service Coordinator:	Telephone:
Client currently resides with (Name & Relationship):	
Service Provider:	Date of Assessment:
Assessor:	Telephone:
Person(s) involved with the assessment (Name & Relationship):	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>The assessment process will include an interview with the client, an interview with their parent(s) or caregiver(s), and an observation of the client both in the home and in the community.</li> <li>During the interview and observation, ask the client to explain and/or demonstrate the skills noted in each category (Money Management, Meal Preparation, Housekeeping, and Community Access).</li> <li>When completing the assessment form, note that each category includes a checklist of skills along with various questions for additional and more specific information.</li> <li>Thoroughly review the skills listed and check (<input checked="" type="checkbox"/>) the applicable boxes to indicate the skills that the client can adequately complete.</li> <li>Complete the additional information for each category by filling in the requested information.</li> <li>Please note that it is important for all adults to have a <u>basic</u> knowledge of each category. The goal of the ILS program is to develop this <u>basic</u> skill set, not to master each specific skill.</li> <li>Please refer to <u>Page 6</u> for specific assessment scoring instructions.</li> </ul>

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

<b>Category A: Money Management</b>
<input type="checkbox"/> Identifies coins
<input type="checkbox"/> Presents enough money for purchases
<input type="checkbox"/> Checks for correct change
<input type="checkbox"/> Makes change up to \$20.00
<input type="checkbox"/> Has a checking account
<input type="checkbox"/> Has a savings account
<input type="checkbox"/> Uses checks
<input type="checkbox"/> Makes deposits
<input type="checkbox"/> Uses a debit card
<input type="checkbox"/> Uses an ATM machine
<input type="checkbox"/> Orders meals
<input type="checkbox"/> Pays for meals
Total number of boxes checked for Category A:

<b>Additional Money Management Information</b>
<p>Is the client currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, list employer, job title, hours worked per week, and amount earned per hour.</p>
<p>Does the client currently receive any of the following benefits?  <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> Other (list):</p>
<p>How are the client's funds managed?  <input type="checkbox"/> Manages own funds  <input type="checkbox"/> Has a representative payee (name/relationship):  <input type="checkbox"/> Partially manages funds with assistance (briefly explain):</p>
<p>For the items above that have <u>not</u> been checked, is the client able to partially complete any of the tasks?                      If yes, please explain below. (<i>i.e. Puts card into the ATM, but does not remember the password.</i>)</p>
<p>What level of prompting is required?  <input type="checkbox"/> 1 Verbal Prompt <input type="checkbox"/> More than 1 Verbal Prompt <input type="checkbox"/> Physical Prompt</p>
<p>List the client's current money management goals:</p>

# HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

Category B: Meal Preparation
<input type="checkbox"/> Washes hands for meal preparation
<input type="checkbox"/> Cleans food preparation area
<input type="checkbox"/> Uses kitchen utensils
<input type="checkbox"/> Uses knives
<input type="checkbox"/> Uses a can opener
<input type="checkbox"/> Uses a blender
<input type="checkbox"/> Uses a microwave
<input type="checkbox"/> Uses a toaster
<input type="checkbox"/> Uses a toaster oven
<input type="checkbox"/> Uses the stove top
<input type="checkbox"/> Uses the oven
<input type="checkbox"/> Sets the table
<input type="checkbox"/> Clears the table
<input type="checkbox"/> Reads food labels
<input type="checkbox"/> Follows a simple recipe
<input type="checkbox"/> Makes a sandwich
<input type="checkbox"/> Prepares a simple meal - If checked, list examples of meals:
<b>Total number of boxes checked for Category B:</b>

Additional Meal Preparation Information
How often does the client engage in meal preparation activities? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not engage in meal preparation at this time
For the items above that have <u>not</u> been checked, is the client able to partially complete any of the tasks? If yes, please explain below. ( <i>i.e. Puts items into the blender, but needs assistance to operate.</i> )
What level of prompting is required? <input type="checkbox"/> 1 Verbal Prompt <input type="checkbox"/> More than 1 Verbal Prompt <input type="checkbox"/> Physical Prompt
List the client's current meal preparation goals:

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

<b>Category C: Housekeeping</b>
<input type="checkbox"/> Identifies common cleaning supplies
<input type="checkbox"/> Initiates chores
<input type="checkbox"/> Sweeps the floor
<input type="checkbox"/> Mops the floor
<input type="checkbox"/> Dusts furniture
<input type="checkbox"/> Cleans countertops
<input type="checkbox"/> Uses a vacuum cleaner
<input type="checkbox"/> Keeps the bedroom clean and tidy (clutter free and organized, etc.)
<input type="checkbox"/> Makes the bed
<input type="checkbox"/> Changes bed linens
<input type="checkbox"/> Completes simple kitchen cleaning (wipes counter & sink, puts items away, etc.)
<input type="checkbox"/> Completes simple bathroom cleaning (wipes counter & sink, puts items away, etc.)
<input type="checkbox"/> Identifies when clothing needs to be laundered
<input type="checkbox"/> Puts clothes in the hamper
<input type="checkbox"/> Sorts clothes for laundry
<input type="checkbox"/> Washes clothes in a washing machine
<input type="checkbox"/> Dries clothes in the dryer
<input type="checkbox"/> Folds clothes
<input type="checkbox"/> Puts clean clothes away
<input type="checkbox"/> Washes dishes by hand
<input type="checkbox"/> Operates a dishwasher
<input type="checkbox"/> Disposes of trash
Total number of boxes checked for Category C:

<b>Additional Housekeeping Information</b>
<p>How often does the client engage in housekeeping activities?</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not engage in housekeeping at this time
<p>For the items above that have <u>not</u> been checked, is the client able to partially complete any of the tasks? If yes, please explain below. <i>(i.e. Loads the dishwasher, but needs assistance to operate.)</i></p>          
<p>What level of prompting is required?</p> <input type="checkbox"/> 1 Verbal Prompt <input type="checkbox"/> More than 1 Verbal Prompt <input type="checkbox"/> Physical Prompt
<p>List the client's current housekeeping goals:</p>          

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

<b>Category D: Community Access</b>
<input type="checkbox"/> Carries a valid ID
<input type="checkbox"/> States health conditions or wears ID bracelet
<input type="checkbox"/> Calls 911 in case of an emergency
<input type="checkbox"/> Carries and uses a cell phone
<input type="checkbox"/> Does not talk to strangers
<input type="checkbox"/> Walks in the neighborhood
<input type="checkbox"/> Looks both ways before crossing the street
<input type="checkbox"/> Identifies and obeys danger signs (Do Not Enter, High Voltage, etc.)
<input type="checkbox"/> Seeks assistance if lost
<input type="checkbox"/> Rides a bicycle
<input type="checkbox"/> Rides ACCESS
<input type="checkbox"/> Rides the bus
<input type="checkbox"/> Utilizes bus transfers
<input type="checkbox"/> Has a driver's license
<b>Total number of boxes checked for Category D:</b>

<b>Additional Community Access Information</b>
How often does the client access the community <u>with others</u> ? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not access the community with others at this time
How often does the client access the community <u>alone</u> ? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not access the community alone at this time
Has the client participated in any of the following: <input type="checkbox"/> Mobility Training <input type="checkbox"/> Driver's Education <input type="checkbox"/> Other Related Training(s), please list:  If yes, briefly describe the training outcome. <i>(i.e. Was the training successfully completed? Were there barriers to skill acquisition?)</i>
List any community safety concerns including behavioral or medical needs:  
List the client's current community access goals:  

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

### SCORING INSTRUCTIONS

- On the table below, enter the number of boxes checked for each category in the **Current Skills** column.
- Compare the number in each category to the criteria in both the **Minimum Requirements** column and the **Adequate Skill Level** column. Check (☑) the boxes that apply.
- To ensure that the client can benefit from the ILS program, the **Minimum Requirements** must be met for Categories A through C. This would indicate that the client has the necessary framework to begin ILS training.
- The **Adequate Skill Level** column represents the areas in which the client has already developed a basic skill set. If two or more boxes in this column are checked, it would indicate that ILS training may not be needed.
- Use the space provided below for any additional information utilized for the assessment process.

Category		Current Skills		Minimum Requirements	Adequate Skill Level
A	Money Management		out of 12	<input type="checkbox"/> 2 or more	<input type="checkbox"/> 10 or more
B	Meal Preparation		out of 17	<input type="checkbox"/> 3 or more	<input type="checkbox"/> 13 or more
C	Housekeeping		out of 22	<input type="checkbox"/> 4 or more	<input type="checkbox"/> 17 or more
D	Community Access		out of 14	Not Applicable	<input type="checkbox"/> 11 or more

### ADDITIONAL INFORMATION

# HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

## OVERALL IMPRESSION AND RECOMMENDATIONS

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Assessment Date

### Supported Living Services Standardized Assessment Questionnaire

Per WIC § 4689(p)(1), this questionnaire is designed to ensure that individuals in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person’s choice and needs as determined by the IPP team.

The IPP team is to complete the questionnaire at the time of development, review, or modification of an individual’s IPP. The questionnaire, in conjunction with the service provider’s comprehensive assessment, will assist the team in determining if the services recommended or provided are necessary, that generic resources are utilized to the fullest extent possible, and the most cost effective methods of service provision are utilized. If this process results in a reduction of services, the regional center is to inform the individual of the reason for the reduction and provide the individual a written notice of fair hearing rights pursuant to WIC § 4701.

Name: \_\_\_\_\_

UCI: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Support Questions	Answers	Comments
1. Are medical considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
2. Are considerations/supports for medications or treatments necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
3. Are behavioral considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan?	<input type="radio"/> Yes <input type="radio"/> No	
5. Are safety and emergency procedures necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
6. Have all the possible support alternatives been considered (e.g. med. planners, telephone check-in systems, self-checklist programs, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
7. Are IHSS hours maximized?	<input type="radio"/> Yes <input type="radio"/> No	
8. Are generic services/supports maximized?	<input type="radio"/> Yes <input type="radio"/> No	
9. Are natural supports maximized and are there sufficient opportunities to maintain and expand them (e.g. Circle of Support, friends, family, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	



Support Questions	Answers	Comments
10. Is technology maximized (e.g. Lifeline, electric door openers, speaker phones, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
11. Are financial resources adequate to meet the individual's needs (e.g. rent, utilities, food, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
12. Are considerations/supports for financial management necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
13. Has shared housing been considered? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
14. If individual lives with others, are supports shared? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
15. Does the individual assist or supervise in household duties to the fullest extent possible?	<input type="radio"/> Yes <input type="radio"/> No	
16. Does the individual assist or supervise in meal planning, preparation and cleanup to the fullest extent possible?	<input type="radio"/> Yes <input type="radio"/> No	
17. Does the individual have opportunities to increase skills and abilities?	<input type="radio"/> Yes <input type="radio"/> No	
18. Can the individual use public transportation independently? If "yes", do they? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
19. Does the individual spend any time without support staff? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
20. Prior to receiving SLS, did the individual spend time alone in his/her home or community?	<input type="radio"/> Yes <input type="radio"/> No	
21. Have there been any attempts to fade SLS support in the last year?	<input type="radio"/> Yes <input type="radio"/> No	
22. Is there a systematic plan in place to fade SLS support?	<input type="radio"/> Yes <input type="radio"/> No	
23. Does the individual have overnight support? If "yes", is there an expectation for overnight support to fade? If support is not expected to fade, why not?	<input type="radio"/> Yes <input type="radio"/> No	

**Summary of Recommendations (Continue on page 3):**

**Summary of Recommendations cont'd:**

**HARBOR REGIONAL CENTER  
SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

Client Name:

UCI:

DOB:

Preferred Language:

Address:

Service Coordinator:

Report Date:

Assessment Date(s):

Report Completed by:

Individuals Interviewed (Name & Relationship):

Reports Reviewed:

**Client Description**

Ambulation status:

Ambulatory  Non-Ambulatory:  Walker  Wheelchair

Communication skills:

Verbal:  Full Sentences  Phrases  Single Words

Non-Verbal:  Gestures  Communication Aid/Device: *Indicate type*

Transportation utilized:

Drives  Bus  ACCESS  Family  Other: *List*

Children:

No  Yes

If yes, indicate number of children: \_\_\_\_\_

Do they reside with the client?  No  Yes

DCFS involvement?  No  Yes: *Describe*

Additional information: *Include any relevant information not previously covered in this section.*

*Example: Client can ambulate short distances, but utilizes a wheelchair when in the community.*

**Purpose of the Assessment**

Initially Entering SLS  Potential Increase in SLS  Other: *Describe*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Natural Supports**

*Include the name and relationship of individuals (friends, family, etc.) providing natural support to the client. Describe the type of support offered.*

## **Current Living Arrangement**

*Residence type: Describe the residence setting. Include what type of housing (house, apartment, single room occupancy, etc.), number of bedrooms, modifications made or needed (grab bars, ramps, alarm system, widening of doors, etc.), repairs needed, etc.*

*Resides with: Indicate who the client currently resides with and describe the level of support they provide (if applicable). Also indicate if the client resides with other Regional Center clients (omit the names of other clients).*

## **Proposed Living Arrangement**

*Residence type: Describe the type of residence desired that will meet the client's current needs. Include what type of housing (house, apartment, single room occupancy, etc.), number of bedrooms, and modifications needed (grab bars, ramps, alarm system, widening of doors, etc.).*

*To reside with: Indicate who the client plans on residing with and what level of support they may offer (if applicable). Also indicate if the client plans to reside with other Regional Center clients (omit the names of other clients).*

*Relocation plan: Describe the current plan for relocation (timeframe, who will assist, etc.).*

## **Emergency & Safety**

*Including, but not limited to, the following:*

- *Evacuating the residence during an emergency*
- *Basic fire prevention (safety when smoking, proper use of appliances/electrical cords, etc.)*
- *Accessing emergency services (fire, police, etc.)*
- *Locking and unlocking doors and windows as appropriate*
- *Determining when professional medical help is needed*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Health**

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

### **Serious medical condition(s):**

No  Yes: *List*

Level of support needed for management of medical condition(s): *Describe the current level of support needed (monitoring blood sugar, blood pressure, insulin injections, etc.). Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Medication(s):**

No  Yes: *List*

Level of supported needed with medication administration: *Describe the current level of support needed and include specific information regarding the medication administration process. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Durable medical equipment:**

No  Yes: *List*

### **Unusual sleeping patterns:**

No  Yes: *Describe (awakens several times throughout the night, stays up excessively late, has insomnia, etc.). Include the level of support needed throughout the night (if applicable).*

Additional support needed for health maintenance: *Describe the current level of support needed in this area including, but not limited to, the following:*

- *Recognizing signs and symptoms of colds, flus, and other common illnesses*
- *Nursing self through cold or flu and other minor illnesses*
- *Scheduling and attending medical/dental appointments*
- *Following doctor's orders*
- *Monitoring for side effects of medication (if applicable)*

*Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Nursing Assessment recommended:**

No  Yes: *Explain*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Mental & Behavioral Health**

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

### **Mental health diagnosis:**

No  Yes: *specify*

### **Psychotropic medication(s):**

No  Yes: *specify*

### **Maladaptive behaviors:**

No  Yes (check all that apply and briefly describe):

Self injurious behavior:

Physical aggression towards others:

Property destruction:

Other(s): *List and describe*

### **History of drug and/or alcohol abuse:**

No  Yes: *Provide a brief summary.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Personal Appearance & Hygiene**

*Including, but not limited to, the following:*

- *Dressing, bathing, oral hygiene, and shaving*
- *Toileting (including menses care)*
- *Machine washing clothing*

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Interpersonal Skills**

*Examples may include the following:*

## **HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

- *Boundary issues*
- *Resolving conflicts*
- *Protecting self from exploitation*
- *Avoiding hurtful or dangerous relationships*

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Money Management**

*Including, but not limited to, the following:*

- *Completing purchase transactions*
- *Budgeting*
- *Paying Bills*
- *Writing checks and making deposits*

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Meal Preparation**

*Including, but not limited to, the following:*

- *Preparing meals*
- *Operating kitchen appliances*
- *Completing grocery shopping trips*
- *Properly storing food items*
- *Recognizing signs of spoilage in food*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Housekeeping**

*Including, but not limited to, the following:*

- *Maintaining the residence in a reasonably clean state*
- *Recognizing and seeking assistance when household repairs are needed*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Community Access**

*Including, but not limited to, the following:*

- *Distinguishing between friends and strangers*
- *Safely crossing the street*
- *Identifying and obeying danger signs*
- *Seeking assistance when lost*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Legal Involvement**

No  Yes:  Current involvement  Prior involvement

*Description: Summarize the information and indicate current status (ongoing court dates, probation information, sex offender status, etc.).*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*



**HARBOR REGIONAL CENTER  
SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

**Assessment Overview**

*Summarize the assessment and provide an overall impression of current need for support (mild, moderate or substantial).*

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Date



HARBOR  
REGIONAL  
CENTER

# **SUPPORTED LIVING SERVICES EXPECTATIONS AND ROLES**

# HARBOR REGIONAL CENTER

## **Expectations for Supported Living Services (SLS)**

This document describes Harbor Regional Center's expectations for supported living services (SLS). These expectations reflect what people in supported living, their family members, Regional Center staff, and service providers have told us a supported living service should be like.

Underlying these expectations are the principles of client self-determination and person-centered thinking. People with disabilities make their own choices about where and how they live. These choices are respected. The primary purpose of supported living is to promote clients' self-determination and choice about where and how they live by providing as much support as needed for as long as needed. Client choice guides supported living services as long as these choices do not pose a threat to the client's health or safety or the health or safety of others.

### **Mission**

1. The SLS agency's mission statement specifically promotes respect for people with disabilities and their full participation in the community.
2. SLS instructors know the SLS agency's mission statement and can explain how it affects what they do with clients.

### **Client Rights and Responsibilities**

3. Clients are entitled to receive SLS irrespective of their abilities and personal characteristics;
4. Clients' training and support schedules are set up to accommodate their needs and preferences;
5. Clients choose their SLS agency and may request a change if they believe the match is not a good one;
6. Clients may continue to reside in their home even if they request a different SLS agency;
7. Clients choose their housemates;
8. Clients direct their own services;
9. Clients give consent before their SLS instructor talks to family members about their lives.

### **Client Training and Support**

10. Clients receive assessment, training, and support as necessary, to help them do the following:
  - Live their lives as valued members of the community,
  - Stay safe from harm,
  - Stay healthy,
  - Pay their bills and meet other financial responsibilities,
  - Develop positive housemate, landlord, and neighbor interactions and relationships,
  - Develop and keep friendships and other personal relationships, and
  - Engage in activities of their choice at home and in the community.
11. Clients who are parents have access to positive parenting instruction.
12. Clients are supported to develop skills and activities that they choose as goals.
13. Clients receive assistance from their SLS instructors to screen, interview, hire, and terminate personal attendants.
14. SLS instructors are knowledgeable about the clients' medical needs.

## **SLS Agency Responsibilities**

15. The SLS agency provides initial employment training for SLS instructors that includes:
  - Overview of Intellectual Disabilities,
  - Communication skills,
  - Conflict resolution,
  - Teaching techniques,
  - Basic principles of how people learn,
  - Assistive technology, and
  - Common medications and their side effects.
16. The SLS agency ensures that information about generic programs such as IHSS, SSI/SSA, HUD, and mental health services is readily available to SLS instructors.
17. The SLS agency pays the SLS instructors at least 150% of minimum wage and for at least 6 hours per month of non-direct care activities such as training and supervision.
18. The SLS agency requires the SLS instructors to attend training conducted by the regional center and other organizations.
19. The SLS agency ensures that SLS instructors are observed on the job by their immediate supervisors at least once per month.
20. The SLS agency has an internal coordinator of quality assurance.
21. The SLS agency ensures that SLS instructors maintain regular contact with the regional center and regularly attend quarterly and other meetings.
22. The SLS agency ensures that the regional center is provided with all required reports and documentation on a timely basis.
23. The SLS agency provides clients the opportunity to evaluate their SLS instructor and indicate whether or not they are satisfied.
24. The SLS agency includes the client in the process if there is a need to change their SLS instructor.
25. The SLS agency ensures that the client receives services from a backup instructor whom he or she knows if their SLS instructor is temporarily unavailable.
26. The SLS agency ensures that the SLS instructors communicate with the clients using the clients' preferred language and method of communication.
27. The SLS agency is available and accessible to the clients 24 hours/day, 7 days/week.



## **Supported Living Client/Staff/Agency Roles To Achieve The Most Effective Results In Supported Living**

### **The Client Will:**

- Choose to receive supported living services;
- Collaborate with all involved service partners (SLS staff, HRC Service Coordinator, IHSS workers, agencies, etc...);
- Be respectful of the roles of others involved;
- Be open to working as a team;
- Be willing to consider advice and intervention concerning important decisions;
- Be willing to meet with SLS staff in the home at scheduled times;
- Be willing to meet with his/her Regional Center Service Coordinator and openly discuss important issues on at least a quarterly basis;
- Actively participate in the supported living process by establishing future goals and reasonable expectations for achievement;
- Take responsibility for making progress and achieving goals;
- Keep his/her HRC Service Coordinator informed regarding any issues concerning his/her supported living service provider, IHSS staff, etc;
- Take as much responsibility as possible for financial planning and budgeting;
- Collaborate with his/her SLS coach for budgeting assistance and support as needed;
- Take as much responsibility as possible for maintaining a safe and clean home environment;
- Be open to accepting housekeeping assistance and support as needed;
- Take as much responsibility as possible for maintaining or improving overall health status.

## **The SLS Staff Will:**

### **Communicate**

- Respect the client's right to privacy and obtain permission from the client before speaking to others involved in the client's life;
- Remain sensitive to matters that are personal in nature;
- Observe appropriate boundaries and refrain from developing personal relationships with the client;
  - Assist the client with developing and maintaining relationships with family members while observing the client's wishes concerning boundaries and frequency of contact with family members;
  - Speak with the client in his/her preferred language in a manner that is clear and easily understood;
- Provide assistance for clients in securing roommate(s) and facilitating solutions when roommate issues arise;
- Provide assistance with landlord and neighbor disputes;
- Communicate with the HRC service coordinator on a consistent basis:
  - Report any important issues in a timely manner;
  - Document the number of client contacts and times in the log that is maintained at the client's residence;
- Report any special incident to HRC on the same day the incident occurs;

### **Support**

- Monitor the health, safety and welfare of all SLS clients served;
- Participate in the development of IPPs
- Assist clients with activities of daily living as needed including:
  - cooking, cleaning, paying bills and other activities of daily living;
  - personal care if needed as a supplement to IHSS.
- Monitor client progress on an ongoing basis;
- Attend quarterly meetings with the client and the Harbor Regional Center (HRC) service coordinator and provide accurate input concerning client progress;
- Assist with the coordination and follow up of medical needs and follow up

with doctors.

- assist the client with the organization of medication and development of reliable systems to ensure accurate dispensation (but not the direct administration of medications unless the SLS staff is a medical professional).

### **Advocate**

- Identify the need for assistive technology equipment or other modifications to clients' residences;
- Assist the client to access generic services in the community( such as IHSS, SSI, HUD, transportation, etc. ) and assist with coordinating these services to maximize effectiveness and positive outcomes
- Provide SLS support in the client's home during a time that is convenient for the client;
- Play an important role in helping clients who are parents to learn appropriate parenting skills;
- Assist with the client's process of employing personal assistants utilizing IHSS funds and with finding suitable individuals for this role.
  - assist with assessing whether the personal assistant is able to meet the client's needs.
  - verify that personal assistants respect the client's dignity and privacy while helping the client with personal hygiene, bathing, dressing, transferring, cleaning, communication, and home maintenance;
- Assist the client with locating and utilizing natural resources in the community including neighbors, churches, recreation centers, senior services and other clubs and organizations.

### **The Supported Living Agency Will:**

- Provide support and screening of all employees who work with clients;
- Provide training and support for staff concerning working with individuals with severe physical or behavioral challenges and other barriers;
- Provide 24 hour emergency assistance when needed and ensure clients are knowledgeable about how to access this support;
- Facilitate clients' selection of SLS staff and management of their own services;
- Conduct periodic unannounced visits to clients' homes to observe and monitor supported living services being provided by direct support staff;

- Ensure that back-up SLS staff is available when needed;
- Be aware of client health issues, concerns and medications;
- provide comprehensive reports in a timely manner written in an HRC approved format;
- communicate any concerns to the HRC service coordinator, manager and HRC provider relations specialist liaison as needed and assist in resolving concerns as they may arise;
- ensure that clients sign the log at each SLS contact; and
- schedule the SLS staff appointments with clients at times that are convenient to the client.

**The Harbor Regional Center Service Coordinator Will:**

- ensure clients are informed about the SLS service requirements and are satisfied with the SLS service;
- help clients coordinate generic services and facilitate communication with these services.
- Meet with the client and others chosen by the client at least quarterly to discuss progress and modify plans as needed;
- Complete and distribute to the client and the SLS provider a written quarterly review report based upon the quarterly meeting discussion.
- Review reports from the SLS provider to monitor progress and continued need for service, and continued relevance of goals. Review reports to ensure that specific client needs are addressed in a sensitive and respectful manner.
- Mediate interpersonal disputes between clients and SLS providers/workers.

**The Harbor Regional Center Provider Relations Liaison Will:**

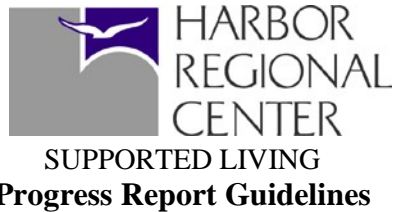
- Monitor quality of SLS service and provide ongoing support, training and technical assistance for SLS agencies;
- Be available for consultation with HRC staff and SLS agency staff when issues arise regarding quality of SLS service;
- Monitor compliance with contract and regulatory requirements.





HARBOR  
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# **SUPPORTED LIVING SERVICES PROGRESS REPORTING TOOLS**



**Date of this Report:**

**Client Name:**

**UCI#:**

**DOB:**

**HRC Service Coordinator Name:**

**SLS Support Staff Name(s):** List support staff name and position. If there has been change(s) in support staff during report period, please indicate names of all staff that provided support for client.

**Level of Support:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ to \_\_\_\_\_

**Type of Report:** \_\_\_\_\_ (Semi-Annual, Other, Exit)

**Quality Monitoring Visit(s) Completed During Report Period:** Specify name and position of supervisor/manager completing quality monitoring visit(s). Indicate whether visits were announced or un-announced face-to-face visits in client home or telephone call(s)? What was reviewed (documentation log) and/or observed during monitoring visit? What was client's feedback about the services he/she receives? If concerns expressed, discuss agency response/follow up?

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## HOME

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by service provider. This can be accomplished via direct observation, verbal or written communication.*

Indicate client's current address and phone number. If no phone, how is client contacted (friend, neighbor, family, e-mail)? Briefly describe setting (apartment, shared home, motel, number of bedrooms, second floor, etc.).

If client does not live alone, describe relationship(s) to those who live in the home (husband, children, etc.) and indicate whether client is satisfied or dissatisfied with the current situation.

Discuss household expenses and how divided (if shared living arrangement).

Discuss, in detail, client's ability to:

- 1) safely prepare a variety of foods using microwave/stove, etc. and store food stuffs
- 2) complete personal care tasks (bathing, grooming, toileting) independently
- 3) access and navigate community independently

- 4) prepare in advance for and respond appropriately to an emergency situation
- 5) manage his/her budget such that all bills are paid in timely manner
- 6) purchase items independently, count currency, write checks & manage bank account
- 7) maintain home so that it is free of health and safety hazards
- 8) self-advocate with landlord and other generic resources (I.H.S.S., etc.) and
- 9) communicate and problem solve roommate, neighbor or other inter-personal issues

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will promote greater independence. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress on desired outcome(s).*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and promoted client's desire to continue living independently in the community. Discuss what has been done to help client overcome barriers to progress.*

Areas to address include:

- 1) how often training and supports were provided and how support schedule was determined
- 2) location where training and supports were provided (I.e., in home, SSA office, etc.)
- 3) typical length of time spent with client during meetings
- 4) type of supports provided and creative methods used to assist client such as:
  - a) training – modeling, hand-over-hand, gestural and/or verbal prompts, written or pictorial instructions
  - b) support – assisting client to locate and access needed services from IHSS or other community agencies; helping client settle landlord disputes, schedule appointments, interview potential roommates or IHSS workers; locate new living arrangements, develop and adhere to a budget; techniques used to motivate client and/or reinforce success,
  - c) advocacy – supporting clients to express their desires, identify barriers, obtain and understand information to make informed decisions, attend special meetings and learn from experience; assist client to connect with helpful resources, know their rights, participate in civic duties and to become more self-sufficient

Describe progress made on previous desired outcome(s) above and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from making progress or maintaining independent living status.

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## FINANCIAL

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider. This can be accomplished via direct observation, verbal communication or written documents like paycheck stubs, SSI letters, etc.*

Indicate amount of monthly cash benefits from SSI, SSDI or retirement benefits. Does client receive quarterly SSI restoration payments? Bus/ACCESS vouchers? Is client engaged in supported or competitive employment? If so, where does client work and how paid (hourly, stipend, cash, bi-weekly check)? What is average gross pay each month?

Describe client's money management skills. For example, does client:

- 1) have enough money to pay rent, utilities and other bills on time each month? List amounts.
- 2) buy food, clothing and other necessities prior to making frivolous purchases?
- 3) have checking and/or savings account at bank(s)?
- 4) have capability to pay expenses via check, money order, cash, debit/cash card?
- 5) owe outstanding debts to creditors, have high credit card balances or
- 6) need to borrow money each month to meet obligations?

Is client his/her own representative payee? If not, who is payee? Does client or representative payee report monthly earnings to SSA office? Does client own assets such as a home, car or burial trust?

Does client receive additional non-cash benefits such as section-8, WIC, AFDC, I.H.S.S. award, food stamps and/or utilize free community resources such as food banks?

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will promote greater financial independence. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and promote financial responsibility and independence. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) above*

*and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from making progress or becoming more financially independent.*

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## **HEALTH**

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication with physicians or others or review of written records.*

Discuss client's current physical and mental health status. For example, describe:

- 1) medical conditions (diabetes, high cholesterol or blood pressure, obesity, seizures, etc.) and/or mental health diagnosis (schizophrenia, depression, etc.)
- 2) medication regimen (name of medication, dosage, frequency) and specific indication(s)
- 3) client's ability to manage medication regimen appropriately and how managed
- 4) equipment needed to assist with ambulation, mobility or other health issues
- 5) sensory deficits (vision, hearing, etc.) and any prescribed devices (lenses, aides, etc.)
- 6) reproductive health (both men and women) and associated risks, if any

List name, address and phone number of treating physicians (dentist, psychiatrist, gastroenterologist, cardiologist, gynecologist, etc.). When was client's last visit? Discuss client's ability to schedule and transport self to/from medical appointments.

What insurance (MediCal, MediCare, HMO, PDP, private pay) does client use to pay for visits and medication(s)? Does client have benefit card(s) in his/her possession? If so, indicate benefit number(s) and issue dates(s).

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client to remain healthy. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and maintain good health. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) and discuss any significant health changes during report period. Identify barriers or circumstances that may be preventing client from making progress or improving health status.*

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## **SAFETY / EMERGENCY PREPAREDNESS**

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication or written records.*

Describe client's safety skills and ability to respond in an emergency. For example, does client:

- 1) know what to do in case of earthquake, fire, power outages, etc.?
- 2) keep emergency supplies (medication, food, water) on hand?
- 3) have capability to dial "911" and understand reverse "911" calls?
- 4) post signage on front door, if using oxygen?
- 5) maintain functional back-up system if technology dependent and power outage occurs?
- 6) have ability to exit building if elevators and/or electric doors are non-functional?
- 7) maintain support network (neighbors, friends, relatives) who can be relied upon
- 8) know who to contact in case of emergency? phone numbers available?
- 9) have stranger awareness skills when out in the community?
- 10) know how to follow traffic and pedestrian laws?

If technology dependent, is the local fire department aware of client's needs?

Identify potential risks in the home: lack of functional smoke detectors, inappropriate maintenance of property, tripping hazards, security bars/doors not working properly, etc.

Identify potential risks in local community: high crime or gang activity, etc.

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client to remain safe at home and in the community. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress. **Note: support staff must provide safety or emergency preparedness training monthly***

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s), improve safety awareness and be prepared for an emergency. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s)*

and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from making progress or being safe and prepared for emergency situations.

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## RELATIONSHIPS AND COMMUNITY INVOLVEMENT

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication or written records.*

Does client know neighbors where they reside? Does client have relationships with friends or family members (beyond paid staff)?

Is client involved with activities in community (church, social programs, parks & recreation, etc.)? Is client involved in self-advocacy group, serve on a board and/or maintain membership in any other community service? Does client participate in civic duties (vote, serve on jury, etc.)?

How does client access community (public transportation, drives car, bike, friends, family, etc.)? Discuss mode of transportation used for simple and more complex routes.

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client develop relationships and access community. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s), develop relationships and access community. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from accessing community independently and/or as frequently as he/she desires.*

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## FAMILY TRAINING

(ONLY IF APPLICABLE)

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication or written records.*

Describe client status i.e, expecting child or has infant/child in home. List names/ages of children living in home with client. Discuss whether client is solely responsible for care of child or does father or other family member(s) assist with parenting responsibilities.

If expecting child, has client accessed pre-natal care and is client prepared for baby's arrival (has formula, crib, diapers, etc.)?

List child's pediatrician and describe child's health status.

Is child being followed or been referred to HRC Early Childhood team? If so, list child's HRC service coordinator and discuss client's ability to advocate for needed services.

Describe client's parenting skills:

- 1) knowledge of appropriate baby/child nutrition needs
- 2) has basic understanding of developmental stages
- 3) supports peer play and/or enrollment in community programs (Head Start)(WIC) (AFDC)
- 4) is attentive to children living in home
- 5) has required items for safety (diapers, crib, bottles, etc.) and development (toys, etc.)
- 6) provides proper nutrition (breast feeding, formula, baby food)
- 7) obtains health care (immunizations, pediatric follow-up) and attends follow-up appointments

Describe involvement with D.C.F.S., if any. If open case with D.C.F.S., list worker and phone number.

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client to be better parent. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and maintain or improve parenting skills. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from providing appropriate support for children.*

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**OTHER**  
(ONLY IF APPLICABLE)

Utilize this area to discuss client involvement with legal system. Discuss current status (charges and disposition). This area can also be used to address other areas of interest or concern that are not included in other components of report. If needed, identify desired outcome(s), plan(s) of support and summarize supports provided and progress made, as previously defined.



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## **BARRIERS TO PROGRESS AND RECOMMENDATIONS**

Summarize and discuss barriers to progress. Some examples of barriers are as follows:

- 1) client fails to meet with support staff on regular basis
- 2) transportation is not available or client does not use transportation
- 3) client has difficulty communicating desires
- 4) client fails to take medication(s) as prescribed, follow physician orders or obtain pre-natal care
- 5) inability to locate specialized physician for needed service
- 6) others are influencing client to make unsafe choices
- 7) client fails to follow reasonable budget
- 8) client fails to schedule and/or attend needed medical appointments
- 9) landlord resistive to complete health/safety repairs
- 10) client fails to budget for emergency preparedness or safety items
- 11) client is unable to learn a complex bus route

Provide recommendations to overcome barriers. Some examples of recommendations may be:

- 1) client needs more frequent visits and/or more time with support staff during each visit.
- 2) client needs an Assistive Technology assessment to help them better communicate desires or access community
- 3) clinical input is needed to best decide how to support client
- 4) service provider to change plan(s) of support(s) for desired outcome(s)
- 5) client needs representative payee to handle financial obligations
- 6) service provider to assist client to develop debt consolidation plan
- 7) client needs additional mobility and/or destination training

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Name & Title of Person Who Prepared Report

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Date Completed



**SERVICE COORDINATOR GUIDE  
QUARTERLY ID NOTE FOR SUPPORTED LIVING**

Client Name:

Date of Quarterly Visit: *(Date of meeting should be no more than 3 months from last IFSP or the last quarterly)*

Client was seen face to face at (location): *( Please note: At least 3 quarterlies MUST be held at the client's home)*

Participants Attending Meeting: *(List all participants and relationships to the client who were present as well as the names/relationships of people who provided input i.e. verbal or written report. SLS instructors need to present)*

	Yes	No
<p>Are the health needs of the client being adequately addressed?</p> <ul style="list-style-type: none"> <li>• Explore clients current physical and mental health status and document any health concerns and any follow up needed</li> <li>• List any hospitalizations, the reason for the hospitalization and dates of admittance and discharge, what follow up if any is needed.</li> <li>• List any medication changes</li> <li>• State progress and or barriers</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are the safety needs of the client being adequately addressed?</p> <ul style="list-style-type: none"> <li>• Explore status of community, home, financial, and personal relationships for any potential harmful or dangerous interactions.</li> <li>• Follow up on any prior concerns from last meeting; identify any barriers prohibiting progress</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the supported living service provider addressing the client's desired outcomes?</p> <ul style="list-style-type: none"> <li>• Indicate supports provided to assist client with accomplishing desired outcomes; indicate the specific task being worked on.</li> <li>• Indicate client progress/ or barriers</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<p>Is the client/family satisfied with the supported living services?</p> <ul style="list-style-type: none"> <li>Provide a statement indicating client's satisfaction with services provided</li> </ul> <p>If not satisfied, describe the plan for addressing the client/family concerns:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is there a need for Quality Improvement follow-up?</p> <ul style="list-style-type: none"> <li>Indicate any issues or concerns associated with the SLS onstructor or the SLS agency that needs to be addressed by HRC service provider relations specialist</li> </ul> <p>If yes, describe the need and indicate whether the HRC service provider relations specialist has been contacted regarding follow-up.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is there a need for additional follow up?</p> <ul style="list-style-type: none"> <li>Explore any potential issues or concerns associated with client's daily activity (employment, day program, social recreation, accessing community etc.).</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have there been any Special Incidents within this quarter? If yes, please summarize:</p> <ul style="list-style-type: none"> <li>Indicate all incidents reported to HRC service coordinator/Manager of Rights and Quality Assurance in detail to include dates, parties involved, and location where incident took place. Include all incidents whether or not reported to DDS.</li> </ul> <p>Indicate follow up plan for next Quarter if needed:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Since the last review, has there been any notable progress or change that requires revision of the IPP?</p> <ul style="list-style-type: none"> <li>If the quarterly results in the need for a new purchase of service or the need to re-write a goal, IPP needs to be revised</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

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Service Coordinator Signature