

Addendum 110 Daily Living Skills Training

The provision of contracted, authorized and provided Daily Living Skills Training services shall be in compliance with the provision of this agreement and the service description and requirements of this section.

Definition SPC 110

Daily living skills training (DLST) is the provision of training in activities of daily living such as child-rearing skills, money management, home care maintenance, food preparation and accessing and using community resources. Daily living skills training is intended to improve the member's ability to perform routine daily living tasks, improve ability to utilize greater independence by either training the member or the caregiver to perform activities with greater independence.

The major distinction between DLST and Supportive Home Care (SHC) services is DLST is intended to teach the member to perform the activity or task with greater independence while SHC involves doing tasks the member is not able to do themselves.

The provision of DLST services within substitute care (nursing home, community based residential facility, residential care apartment complex, or adult family home) shall be provided under the provision and license of that setting and shall not be billable under Provider DLST service addendum.

Service Requirements

Lakeland Care District (LCD) members receiving daily living skills training services shall have an identified outcome that necessitates the provision of training, teaching, or education to obtain the outcome.

Standards, Training and Competency

Standards

Providers of DLST services are required to have a minimum of two years experience working with the target group of the member(s) supported under this service. Staff with less than two years experience will receive a minimum of two hours per month of oversight by a supervisor within the provider agency. This supervisor will have a minimum of three years experience with target group. Supervision will include review and assessment of the tasks and progress with members DLST services. Provider staff with less than two years experience shall also necessitate a face-to-face to member by provider supervisory staff at least every six months.

Training

Provider shall ensure that staff providing DLST services to members is adequately trained and proficient in both the skills they are teaching and in the needs of the member receiving the services.

Training of staff providing DLST shall include:

- 1.) Provider agency recording and reporting requirements for documentation, critical incident reporting, and other information and procedures necessary for the staff to ensure the health and safety of persons receiving supports.
- 2.) Training on the needs of the target group for the individual(s) served under this agreement.
- 3.) Information and Provider procedure for adherence to the following LCD policies:
 - a. Confidentiality
 - b. Communication Reporting
 - c. Critical Incident Reporting

Competency

Provider shall ensure the competency of staff assigned to provide DLST services.

Staff to Member Ratio

DLST services to LCD members will be provided in a 1:1 ratio of provider to member, unless the description of the Rates and Service Codes chart of the contract includes rates and services for ratios different from this level.

Documentation

Providers shall prepare and send a written report to member case manager at least each six months. **LCD CM/RN may request a written report monthly. All reports must be attached with the invoice that is sent to LCD. If the report is not sent at least every six months, LCD will not pay the Provider until the report is submitted.**

The report shall contain the following elements

- List of each DLST task being provided
- Progress towards each goal
- Reasons or suggestions for any lag or lack of progress
- Statement or recommendation for how to proceed with goal(s)

Staffing Assignment and Turnover

The provision of successful DLST service is attributable in large part to the strength of the relationship between a particular member and the staff directly providing the training services. Given this contributory factor, Provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizing consistency. Provider retains authority to assign and change assignment of direct care staff to the provision of DLST services

with a focus on optimizing successful matches between staff and members. Changes in staff assignment to specific members and within the organization are at the discretion of the Provider. Provider agrees to take member requests for specific staff into consideration when assigning or reassigning staff to specific members.

Changes to staff providing DLST will be noted in the six-month report to LCD when the provider, member, member formal or informal supports or LCD notes a concern with direct care staff turnover impacting member's services.

Provider of DLST services shall ensure that member and the LCD care coordinator have written information indicating whom within the organization to contact with concerns or questions related to the provision of services or direct care staff.

Billable Units

Provider hourly service rate for provision of DLST services should incorporate all administrative and business functions related the provision of this service. Hourly contracted rates expect the provision of administrative functions necessary for services and are not billable beyond units provided to each authorized member.

- 1.) Only units of services directly related to the authorized member may be billed under this service. The following services constitute directly related services:
 - a. Face to Face contact with member by direct care staff
 - b. Travel to get to a member for direct contact
 - i. Travel from the member is not billable. It may be billable to the next member if provider staff is traveling to another member for DLST services or other travel for billable service
 - ii. Transporting a member while providing DLST is not billable above and beyond the hourly contracted rate. Provider rates should include travel during the provision of service(s).
 - c. Up to two hours every six months for the purpose of initiating services, attending staffing as requested by Lakeland Care District, and preparing reporting documentation for Lakeland Care District.
 - d. Exceptions to the billable unit's criteria for DLST will be considered for provision of service(s) to specific members when coordination and follow up necessary for the performance of services to a particular member require extensive coordinating and collaboration. Requests for exceptions to the billable units criteria shall be requested in writing to the LCD staff requesting the provision of service(s). Written requests will be reviewed by LCD care coordination staff and administration for consideration. Providers should not bill for exceptions prior to written response from LCD to request for consideration.
- 2.) Only one Provider agency employee is billable for the same service at the same time.
- 3.) Provider administrative time related to business operations of services is not billable to LCD. Provider agency staffing, training, orientation and supervision are not billable units

of service to authorized members. Performance of these and related business functions must be factored into Provider's negotiated unit rates.

- 4.) Provider services must be authorized and provided under the requirements of this agreement to be billable to LCD.
- 5.) Services are billable at contracted hourly rates. Hourly increments are used to bill LCD up to the authorized units for the member. Contracted units of DLST are billable for each hour the member is authorized to receive DLST services.
- 6.) Providers of DLST services are required to provide for all identified care needs during the provision of DLST services and are specifically prohibited from billing for additional services during the provision of DLST services.