

COMMUNITY ICF/MR LIVING OPTIONS INSTRUMENT

Purpose

The Community ICF/MR Living Options Instrument was designed to standardize criteria and objectify the process of making living option recommendations upon admission into the ICF/MR program, at the annual planning conference, or any time interest is indicated in an alternative living arrangement by an individual or legally authorized representative (LAR).

Instructions

1. The *Living Options Instrument* must be utilized by the Interdisciplinary Team (IDT) with the individual/LAR as a guide during the Living Options planning conference.
2. Following the Living Options planning conference, the ICF/MR provider must enter the information obtained from the discussion into the Client Assignment and REgistration (CARE) system, prior to the expiration date of the previous Living Options, utilizing the information on the Living Options Instrument. The ICF/MR Provider must maintain a copy of the Living Options Instrument in the individual's record.
3. Prior to using the *Living Options Instrument*, the ICF/MR provider must ensure facility staff participating in living options planning conferences with the individual/LAR receive adequate training on the use and documentation of the instrument.
4. Factors on the *Living Options Instrument* must be incorporated as essential elements of the IDT's living options policy and procedure and will serve as the basis for all planning conferences with individuals and LARs at which living options are discussed.
5. Staff at each facility must coordinate monitoring of planning conferences to assure the process is being utilized as designed.
6. Each facility must monitor and evaluate written plans and data entered in CARE to determine that living options planning and documentation are completed accurately and timely.

Questions

Staff must obtain this information using an approach that is focused on the preferences of the individual/LAR. Each of the factors below must be addressed by the individual’s Interdisciplinary Team (IDT). Documentation in the IDT staffing summary will include: a) source of the information; b) relevant deliberation; and c) outcome of the discussion. Final recommendations will address individual/LAR preferences regarding living options.

Information obtained from this instrument and Form 1121 must be used to update the individual’s program plan for the ICF/MR program. Additionally, when an alternative living arrangement is requested, the information will be used by the MRA to identify appropriate community resources and to develop the individual’s service coordination plan.

FACTORS	ESSENTIAL ELEMENTS of LIVING OPTIONS INSTRUMENT
Person’s Preference	<ul style="list-style-type: none"> • Does the latest planning conference with the individual indicate a clear preference of where the individual wishes to live? If so, where? • What information has been provided to the individual related to living options? • What is the source of this information? Where is this documented? • What was the individual’s preference in his/her last planning conference? • Is there a noted change in his/her preference compared to the previous planning conference? If so, why?
LAR/Family Preference	<ul style="list-style-type: none"> • Does the individual have a legally authorized representative (LAR)? • What information has been provided to the LAR related to living options? • What is the LAR’s stated preference? • What is the source of this information? Where is this documented? • If there is no LAR, does the individual have family involvement and/or other natural supports? • What information has been provided to the family/natural supports related to living options? • What is the family’s/natural support’s stated preference? • What is the source of this information? Where is this documented?
Medical Issues	<ul style="list-style-type: none"> • Does this individual have medical/nursing needs? If so, what are they? • What would enable these needs to be met in an alternative living arrangement? • What can facility/MRA staff do to support/facilitate these needs being met in an alternative living arrangement (e.g., in-service training, extended trial visits, professional consults, provision of adaptive equipment, respite, etc.)?
Behavioral/Psychiatric Issues	<ul style="list-style-type: none"> • Does the individual have behavioral/psychiatric treatment needs? • If so, what are the treatment needs (e.g., behavior management plan, psychoactive medication, etc.)? • What would enable these needs to be met in an alternative setting? • What can facility/MRA staff do to support/facilitate these needs being met in an alternative living arrangement (e.g., in-service training, extended trial visits, psychiatric/ psychological consultation, respite, etc.)?

FACTORS	ESSENTIAL ELEMENTS of LIVING OPTIONS INSTRUMENT
<p style="text-align: center;">Quality of Life</p>	<ul style="list-style-type: none"> • If the individual is a minor, has permanency planning been addressed? • If a minor, have educational issues been addressed, including contact with the local school district? • What factors are most important to this person in choosing a place to live (e.g., family, friends, employment, special communication needs, leisure, living arrangements, daily routine, privacy, eating, community integration, etc.)? • What would enable these factors to take place for the individual in an alternative living arrangement? • What can facility/MRA staff do to support/facilitate these factors being met in an alternative living arrangement?
<p style="text-align: center;">MRA Recommendations And Input <i>(Required when an individual/LAR requests an alternative living arrangement)</i></p>	<ul style="list-style-type: none"> • What alternative living arrangements are available to meet the individual's needs? • Within what timeframe could placement in an alternative living arrangement occur? • Was an MRA representative present at the planning conference? • If not, what was the source of the MRA input?
<p style="text-align: center;">Other Issues</p>	<ul style="list-style-type: none"> • Were other factors (issues) discussed at the planning conference? If so, explain.
<p style="text-align: center;">Information and Validations for §1915(c) Medicaid Waiver Programs and for other programs, supports, and services</p>	<ul style="list-style-type: none"> • §1915(c) Medicaid waiver programs: <ol style="list-style-type: none"> (1) What waiver program or programs is the individual's name on? (2) What date was the name added to each waiver program interest list? (3) Is the individual's name being added to any list as a result of this review? If so, specify the name of each program, date name was added, who made the call, who accepted the entry? • Other programs, supports, and services: <ol style="list-style-type: none"> (1) What programs, supports, and services is the individual's name on? (2) What date was the name added to each interest list? (3) Is the individual's name being added to any list as a result of this review? If so, specify the name of each program/support/services, date name was added, who made the call, who accepted the entry?
<p style="text-align: center;">DADS §1915(c) Medicaid Waiver Programs:</p>	<ul style="list-style-type: none"> • Community Based Alternatives (CBA) Programs • Community Living Assistance and Support Services (CLASS) Program • Consolidated Waiver Program (CWP) • Deaf/Blind with Multiple Disabilities (DBMD) Program • Home and Community-based Services (HCS) Program • Medically Dependent Children's Program (MDCP) • Texas Home Living (TxHmL) Program