

## Community Pathways – Revised Draft Proposal

Service Type: Other

Service (Name): **SHARED LIVING – HOST HOME**

Alternative Service Title:

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

### Service Definition:

A. Shared Living Host Home service emphasizes the long-term sharing of lives, forming of caring households, and close personal relationships between an individual and the host home. It is an arrangement in which a couple or a family in the community share their home and life's experiences with a person with a disability.

B. The Host Home arrangement may be either with:

1. A couple sharing their home/apartment; or
2. A family sharing their home/apartment.

~~C. Services assist individuals in acquiring and maintaining the skills necessary to maximize their independence and to fully participate in community life.~~

~~D.C. Shared Living Host Home services may include family like support, mentoring, and supports that the person needs with day to day activities, to participate in community activities, and support to facilitate a relationship with the person and his/her natural family and the general community.~~

### SERVICE REQUIREMENTS:

A. Service includes the administration of a Shared Living program including recruiting for host homes providers, facilitating matching of individuals and host homes based on the participant's preferences and choice, overseeing quality management and monitoring compliance with program requirements once the arrangement is established.

~~A.B. Transportation costs associated with the provision of service is covered within the rate.~~

~~B.C. The Medicaid payment for Shared Living Host Home services may not include either of the following items which the provider is expected to collect from the individual:~~

1. Room and board; or
2. Any assessed amount of contribution by the individual for the cost of care.

~~C.D. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as~~

described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).

~~D.E.~~ Shared Living Host Home services are not available to individuals receiving supports in other residential support services models including Community Living Group Home, ~~Shared Living Companion, Community Living Enhanced Support~~ ~~Respite~~, and Supported Living.

~~E.F.~~ The program does not make payment to spouses, legally responsible individuals, or family members living in the home, including legally responsible adults of children and representative payee, for supports or similar services.

~~E.G.~~ The couple or family who provides the host home and services and supports to the individual shall:

1. Be chosen by the individual and reflect their preferences and desires and
2. Be compensated for sharing a home and their lives with the individual

~~G.~~ Shared Living Host Home service may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.

~~H.~~ Shared Living Host Home services shall be provided for at least 6 hours a day to an individual or when the individual spends the night in the home.

~~I.~~ Shared Living Host Home Retainer Fees is available for 30 days per year per individual when the individual is unable to receive services during a hospitalization, behavioral respite, family visit, etc.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

~~Shared Living Host Home Retainer Fees is limited to up to 30 days per year per recipient.~~

**Service Delivery Method (check each that applies)**

- Participant Directed as specified in Appendix E  
 Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- Legally Responsible Person  
 Relative  
 Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Shared Living Provider

**Provider Category:** Agency

**Provider Type:** Shared Living Provider

**Provider Qualifications License (specify):**

~~Licensed Shared Living Provider as per COMAR 10.22.XX (tbd)~~

**Certificate (specify):**

DDA Certified ~~Licensed Shared Living Provider as per COMAR 10.22.XX (tbd)~~

**Other Standard (specify):**

Couple or family who provides the host home and services and supports to the individual shall:

1. Be trained by the individual and/or their family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
2. Possess current first aid and CPR training and certification;
3. Successfully pass criminal background investigation;
4. Have a provider agreement verifying qualifications and articulating expectations; and
5. Be approved by the ~~licensed~~-DDA certified agency.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

- DDA for verification of provider ~~license~~-certification
- Shared Living provider for training, background check, and provider agreement

##### **Frequency of Verification:**

- DDA - annually
- Shared Living Provider – prior to service delivery and annually