

Shared Living

Service Definition

A. Shared Living emphasizes the long-term sharing of lives, forming of caring households, and close personal relationships between a participant and the host home. Shared Living facilitates the inclusion of the participant into the daily life and community of the supporter through the sharing of a home and creation of natural opportunities for participation in community life through social connectedness. It is an arrangement in which an individual, couple, or a family in the community share their home and life experiences with a person with a disability. The approach is based on a mutual relationship where both parties agree to share their lives.

B. Host home supports assure that the participant is safe and free from harm and has the support that they need to take risks and to work and participate in community activities. The primary responsibility of a Host Home is to make a real home where the individual, family or couple providing the home and the participant has a mutually satisfying and meaningful relationship.

C. The host home arrangement may be with:

1. An individual;
2. A couple; or
3. A family.

D. Shared Living services includes provision of the following supports in the host home arrangement:

1. Assistance, support, and guidance to the participant for the participant's development, acquisition, and maintenance of skills necessary for the participant to live more independently, and to participant meaningfully in the community, as identified in the participant's ~~file~~PCP; and
2. The following services provided in combination with, and incidental to, the provision of this ~~Medicaid w~~Medicaid waiver program service:
 - a. Transportation within this ~~Medicaid w~~Medicaid waiver program service;
 - b. Delegated nursing tasks, based on the participant's assessed need;
 - c. Personal care assistance, based on the participant's assessed need; and

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d. Nursing Support Services.

SERVICE REQUIREMENTS:

A. The participant must be 18 years of age or older ~~unless otherwise authorized by the DDA.~~

B. Shared Living services are direct (face-to-face) and indirect, DDA-licensed, or DDA-certified community-based provider managed services that are limited to homes in which one or two participants are supported ~~unless authorized by the DDA.~~

C. Through the provision of this service, participants will acquire, maintain, or improve skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. To the extent that Shared Living is provided in community settings outside of the residence, the settings must be inclusive rather than segregated. Shared Living services may be provided up to 24 hours a day based on the needs of the participant receiving services.

D. The type and amount of assistance, support, and guidance are informed by the assessed level of need for physical, psychological, and emotional assistance established through the assessment and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with their personal preferences and to achieve their desired outcomes.

E. Beginning July 1, 2020, the following levels will be used:

1. “Level 1” – will be used to support participants that do not require continuous supervision and monitoring. These ~~individuals~~ **participants** may require prompts to complete activities of daily living and/or assistance with medical appointments and medication. They tend to not have challenging behaviors or a Behavior Support Plan in place. They participate in meaningful day services or have a job. They are able to recognize and avoid dangerous situations; and can independently evacuate premises in case of fire, emergencies, etc.

2. “Level 2” – will be used to support participants that require an increased level of supervision and monitoring. These ~~individuals~~ **participants** require moderate assistance for mobility support or getting around in a wheelchair and assistance with frequent medical

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appointments and medications. They may require moderate assistance to complete activities of daily living and may display challenging behaviors requiring a Behavior Support Plan. They may participate in meaningful day services or have a job. They are not able to recognize and avoid dangerous situations and cannot independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.

3. “Level 3” – will be used to support participants that require ongoing supervision and monitoring to mitigate behavioral risk or provide health and safety supports. These ~~individuals~~ **participants** may require maximum assistance for mobility support and getting around in a wheelchair or need adaptive equipment for ambulation. They may require maximum assistance for frequent medical appointments, medications, and specialist or health intervention for health and safety. They may have a Health Risk Screening Tool score ~~of is~~ 5 with a Q indicator that is not related to behavior support. They may require maximum assistance to complete activities of daily living and may display severe challenging behaviors that require a Behavior Support Plan. They may participate in meaningful day services or have a job with additional supports or dedicated supports (i.e., 1:1, 2:1). They are usually not able to recognize and avoid dangerous situations and may need maximum assistance to evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate. This is neither an exhaustive list of reasons a **participant individual** would require a Level 3 nor do all conditions need to be present concurrently.

F. The following supports may be provided to meet each participant’s habilitative outcomes as documented in the ~~file~~**PCP**:

1. Assistance, support, and guidance (e.g., prompting, instruction, modeling, reinforcement) that enables the participant to:

a. Carry out activities of daily living, such as personal grooming and hygiene, dressing, making meals, and maintaining a clean environment;

b. Learn and develop practices that promote good health and wellness, such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, and awareness and avoidance of risk including, but not limited to, environmental risks, exploitation, or abuse, responding to emergencies in the home and community such as fire or injury, and knowing how and when to seek assistance;

c. Manage, or participate in the management of, their medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records;

d. Manage their emotional wellness, including self-management of emotional stressors and states, such as disappointment, frustration, anxiety, anger, depression, post-traumatic stress disorder, and accessing mental health services. The service may include

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the implementation of the Behavior Support Plan which may involve collecting and recording the data necessary to evaluate progress and the need for revisions to the plan;

e. Fully participate, and when preferred, ~~direct~~ the person-centered planning process including identifying who should attend and what the desired outcomes are;

f. Manage their home, including arranging for utility services, paying bills, home maintenance, and home safety;

g. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping, and managing financial accounts and programs such as ABALE accounts;

h. Communicate with providers, caregivers, family members, friends, and others face-to-face and using the telephone, correspondence, the internet, and social media which may require knowledge and use of sign language or interpretation for a participant whose primary language is not English;

i. ~~Enable~~~~Enables their own~~~~participant~~ mobility by assisting them to use a range of transportation options including, but not limited to, buses, trains, cab services, driving, and carpools;

j. Develop and manage relationships as appropriate, share responsibilities for shared routines (such as preparing meals, eating together, carrying out routine home maintenance (such as light cleaning), planning and scheduling shared recreational activities, and other typical household routines), and resolve differences and negotiate solutions;

k. Develop and maintain relationships with members of the broader community (e.g., neighbors, coworkers, friends, and family) and manage problematic relationships;

l. Exercise rights as a citizen and fulfill their civic responsibilities and develop confidence and skills to enhance their contributions to the community, such as:

i. Voting and serving on juries;

ii. Attending public community meetings;

iii. Participating in community projects and events with volunteer associations and groups; and

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- iv. Serving on public and private boards, advisory groups, and commissions;
 - m. Encourage the development of the participant's personal interests, such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover;
 - n. Participate in the participant's preferred activities of community life, such as shopping and going to restaurants, museums, movies, concerts, dances, and faith-based services; and
 - o. Engage in decision-making, including but not limited to providing guidance in identifying and evaluating options and choices against the participant's set of personal preferences and desired outcomes and identifying supports for decision-making within the community.
2. Identification of risk to the participant and the implementation of actions, including, but not limited to, reporting incidents as required by the DDA and State regulations; and
3. Provide transportation to activities related to health, community involvement and others, as noted in the ~~file~~PCP.
- G. The Shared Living arrangement is chosen by the participant, with input from their person-centered planning team, and with the Shared Living host and Shared Living Provider in accordance with the participant's needs. The primary life sharing host caregiver may receive additional assistance and relief based on the needs of the participant.
- H. Compensation to host home includes additional staff assistance, relief, host home related transportation costs, and Nursing Support Services associated with the provision of service ~~is covered within the rate~~.
- I. Effective July 1, 2018, the following criteria will be used for participants to access Shared Living:
- 1. ~~The P~~participant does not have family or relative supports; and
 - 2. ~~The P~~participant chooses this living option.
- J. If transportation is provided as part of this ~~Medicaid w~~Waiver program service, then:

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1. The participant cannot receive Transportation services separately at the same time as provision of this ~~Medicaid w~~Waiver program service;
 2. The provider must:
 - a. Provide, or arrange for provision of, transportation to meet the needs of the participant identified in the participant's ~~file~~PCP; and
 - b. Use the most cost-effective mode of transportation, with priority given to the use of public transportation; and
 3. Transportation services may not compromise the entirety of this ~~Medicaid w~~Waiver program service.
- K. If personal care assistance services are provided as part of this ~~Medicaid w~~Waiver program service, then the personal care assistance may not comprise the entirety of the service. For purposes of this ~~Medicaid w~~Waiver program service, personal care assistance means the provision of supports to assist a participant in performing activities of daily living and instrumental activities of daily living.
- L. The Medicaid payment for Shared Living host home services may not include either of the following items from the participant:
1. Room and board; or
 2. Any assessed amount of contribution by the participant for the cost of care.
- M. The provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation, including, but not limited to, 42 Code of Federal Regulations § 441.301(c)(4), as amended.
- N. Shared Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, ~~Community Living-Enhanced Supports, Community Living-Group Homes,~~ Day Habilitation, ~~Employment Discovery and Customization~~ Employment Services, Live-in Caregiver Supports, Medical Day Care, Personal Supports, Respite Care Services, ~~Supported Living, Supported Employment~~ or Transportation services.
- O. Shared Living services are not available to participants receiving support services in other residential models including Community Living-Group Homes, Community Living-Enhanced Supports, and Supported Living service.

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P. In the event that additional Nursing Support Services Delegation training supports are needed as indicated in the Health Risk Screening Tool because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by the DDA's Regional Office and additional standalone Nursing Support Services hours can be authorized.

Q. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives except siblings.

R. The individual, couple, or family who provides the host home and services and supports to the participant shall:

1. Be chosen by the participant and reflect their preferences and desires;
2. Be compensated for sharing a home and their lives with the participant; and
3. Be established as an independent contractor.

S. Shared Living can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support their desired outcomes and goals. The setting should not have institutional qualities. Considering the ~~participant's person's~~ overall Person-Centered Plan, activities should not isolate or segregate. If the ~~participant individual~~ chooses any disability specific classes, activities, events or programs, the choice must be documented in the ~~file~~PCP.

T. ~~Except for siblings, a~~ legally responsible person, relative (~~who is not a sibling~~), or legal guardian of the participant cannot be paid by the ~~Medicaid w~~Waiver program, either directly or indirectly, to provide this ~~Medicaid w~~Waiver program service unless otherwise approved by the DDA and in accordance with the applicable requirements set forth in Section C-2.

U. ~~Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.~~

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

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Service Delivery Method (check each that applies):
X Participant-directed as specified in Appendix E Participant-directed as specified in Appendix E
X Provider managed
<u>(Don't Check)</u> Remote/via Telehealth
Specify whether the service may be provided by (check each that applies):
X Legally Responsible Person X Relative X Legal Guardian
Provider Category(s) (check one or both):
<u>(Don't Check)</u> Individual. List types:
X Agency. List the types of agencies:
Shared Living Provider
Provider Type:
Shared Living Provider
License (specify)

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Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the MDH DDA provider application and be approved certified based on compliance with meeting all of the following standards: 2. Be properly organized as a Maryland business entity corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; 3. A minimum of 5 years demonstrated experience and capacity providing quality developmental disability residential similar services; 4. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; 5. Except for currently DDA licensed or certified Shared Living providers, dDemonstrate the capability to provide or arrange for the provision of all services by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> a. A program service plan that details the agency's agencies service delivery model; b. A business plan that clearly demonstrates the ability of the agency to provide Shared Living services; c. A written quality assurance plan to be approved by the DDA; d. A summary of the applicant's demonstrated experience in the field of developmental disabilities; and

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- e. Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
11. If currently licensed or ~~approved~~**certified**, produce, upon written request from the DDA, the documents required under D;
 12. Be in good standing with the Internal Revenue Service and ~~SDATMDAT~~;
 13. Have Workers' Compensation Insurance;
 14. Have Commercial General Liability Insurance;
 15. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;
 16. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;
 17. ~~Satisfactorily complete~~**Complete** required orientation and training;
 18. Comply with the DDA standards related to provider qualifications; and
 19. Complete and sign any agreements required by the Maryland Department of Health or DDA.
 20. Be a certified Organized Health Care Delivery System;
 21. Have a signed Medicaid Provider Agreement;
 22. Have documentation that all vehicles used in the provision of services have automobile insurance; and
 23. Submit a provider renewal application at least 60 days before expiration of its existing approval~~as per DDA policy~~. **The renewal license is good for up to a 3 year period.**

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as Council on Quality Leadership or Commission on Accreditation of~~

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~~Rehabilitation Facilities for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and TaxationMDAT.~~

Individual, couple, or family who provides the host home and services and supports to the participant shall:

1. Be at least 18 years old;
2. Possess current First Aid and CPR certification **or Emergency Medical Technician (EMT)**;
 - a. The **First Aid and** CPR training must include a hands-on, in-person component.
 - b. At minimum, employees must participate in an in-person skills session that will require them to show that they are able to perform CPR and First Aid skills.
 - c. Written materials may be used online and at the employee's own pace.
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
4. ~~Satisfactorily complete~~**Complete** required orientation and training designated by the DDA;
5. ~~Satisfactorily complete~~**Complete** necessary pre/in-service training based on the Person-Centered Plan;
6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;
7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; and
8. Have a service agreement articulating expectations.

Verification of Provider Qualifications

Provider Type:

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Shared Living Provider
Entity Responsible for Verification:
<ol style="list-style-type: none">1. MDH DDA for approval of provider.2. Shared Living Provider for verification and completion of couple's or family's training, background check, and service agreement.3. Financial Management and Counseling Service (FMCS) provider, as described in Appendix E, for participants self-directing services.
Frequency of Verification
<ol style="list-style-type: none">1. MDH DDA – Initially and at least every 3 years thereafter.2. Shared Living Provider – Prior to service delivery and continuing thereafter.3. Financial Management and Counseling Service provider - prior to services and continuing thereafter.