

## Community Pathways – Current

Service Type: Other Service

Service (Name):

Alternative Service Title: **SHARED LIVING**

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 is an arrangement in which an individual, couple or a family in the community share life's experiences with a person with a disability. It emphasizes the long term sharing of lives, forming of caring households, and close personal relationships between a participant and support person(s). The person receiving supports should have the opportunity to decide with whom they will live, and the nature of the relationship (e.g., whether it is a roommate, a couple or a family setting).
- B. A shared living arrangement may be in either the shared living provider's home/apartment or in the participant's home/apartment or shared home with a roommate.
- C. Shared Living may include companionship support, mentoring, a host family, supported living, paid roommate (s), and support that the person needs with day-to-day activities.
- D. Services maximize the participant's independence in activities of daily living and to fully participate in community life and may include:
  1. Provide training in the development of self-help, daily living, self-advocacy, and survival skills based on needs, ability, and whether the skills are likely to improve the individual's quality of life;
  2. Mobility training to maximize use of public transportation in traveling to and from community activities and services, and recreational sites;
  3. Training and assistance in developing appropriate social behaviors that are normative in the surrounding community such as conducting one's self appropriately in restaurants, on public transportation vehicles, in recreational facilities, in stores, and in other public places;
  4. Training and assistance in developing patterns of living, activities, and routines which are appropriate to the waiver participant's age and the practices of the surrounding community and which are consistent with the waiver participant's interest and capabilities;
  5. Training and assistance in developing basic safety skills;
  6. Training and assistance in developing competency in housekeeping skills including, but not limited to, meal preparation, laundry, and shopping;
  7. Training and assistance in developing competency in personal care skills such as bathing, toileting, dressing, and grooming;

8. Training and assistance in developing health care skills, including but not limited to,
    - a. Maintaining proper dental hygiene;
    - b. Carrying out the recommendations of the dentist or physician;
    - c. Appropriate use of medications and application of basic first aid;
    - d. Arranging medical and dental appointments; and
    - e. Summoning emergency assistance;
  9. Training and assistance in developing money management skills, which include recognition of currency, making change, bill paying, check writing, record keeping, budgeting, and saving; and
  10. Supervision or guidance of individuals as appropriate.
- E. Shared Living services may include other services unavailable from any other resource, including the Medicaid State Plan, as when approved and funded by the DDA.
- F. Coordination, monitoring, follow-up, and transportation to and from appointments for medical services as appropriate.
- G. Occupational therapy services, provided by or under the direction of a licensed occupational therapist for rehabilitation and habilitation for adults, shall be provided under the waiver when included in the IP and shall include:
1. Specifications of the treatment to be rendered, the frequency and duration of that treatment, and the expected results;
  2. Evaluation and reevaluation of the waiver participant's level of functioning through the use of standardized or professionally accepted diagnostic methods;
  3. Development and delivery of appropriate treatment programs which are designed to significantly improve a waiver participant's level of functioning within a reasonable period of time;
  4. Selection and teaching of task-oriented therapeutic activities designed to restore physical functioning; and
  5. Improvement of mobility skills.
- H. Physical therapy services, provided by or under the direction of a licensed physical therapist for the purpose of habilitation for adults, shall be provided when included in the IP and shall specify:
1. Part or parts of the body to be treated;
  2. Type of modalities or treatments to be rendered;
  3. Expected results of physical therapy treatments; and
  4. Frequency and duration of treatment which shall adhere to accepted standards of practice.
- I. Social services, not provided under the Program, shall be provided when included in the IP and shall include:
1. Identification of the waiver participant's social needs; and
  2. Supports to assist the waiver participant's adaptation and adjustment to his or her environment.
- J. Speech pathology and audiology services, provided by or under the direction of a licensed speech language therapist or licensed audiologist for rehabilitation and habilitation for adults, shall be provided when included in the IP and shall include:
1. Maximization of communication skills;
  2. Screening, evaluation, counseling, treatment, habilitation, or rehabilitation of waiver participants with hearing, language, or speech handicaps;
  3. Coordination of interdisciplinary goals related to hearing and speech needs; and

4. Consultation with staff regarding the waiver participant's programs.
- K. Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when pre-authorized by the DDA and included in the IP and includes:
  1. Short-term skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;
  2. Part-time or intermittent skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention;
  3. Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:
    - a. Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and
    - b. Education, supervision, and training of waiver participants in health-related matters.
- L. Community Exploration is an opportunity for the individual to experience short-term overnight stays with a community provider and for the provider to learn about and form a relationship with the individual prior to the transition.
- M. Transportation assistance to and from activities shall be provided by the provider that achieves the least costly, most integrated, and most appropriate means of transportation for the individual, with the priority given to the use of public transportation or natural supports. Individuals shall be encouraged to utilize public transportation and transportation supplied by family, friends, neighbors or volunteers, as appropriate to the individual's needs and abilities.

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

- A. Shared Living (community residential habilitation) services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.
- B. Service may be provided for up to three participants unless otherwise approved by DDA.
- C. Transportation between the participant's place of residence and other service sites and places in the community is provided as a component of services and the cost of this transportation is included in the rate paid to providers.
- D. Any other professional services will only be covered under the waiver if the Program has denied a covered service and the service has been pre-authorized by the DDA.
- E. Services may include the provision of medical and health care services that are integral to meeting the daily needs of residents (e.g., routine administration of medications by nurses or tending to the needs of residents who are ill or require attention to their medical needs on an ongoing basis). The provision of such routine health services and the inclusion of the payment for such services in the payment for shared living services are not considered to violate the requirement that a waiver may not cover services that are available through the State plan. Medical and health care services such as physician services that are not routinely provided to meet the daily needs of residents may not be included.
- F. The Medicaid payment for shared living may not include either of the following items which the provider is expected to collect from the participant:
  1. Room and board; or

- 2. Any assessed amount of contribution by the individual for the cost of care, established according to Regulation .04E of this chapter.
- G. Residential Retainer Fees are available for 33 days per year per recipient when the recipient is unable to be in shared living due to hospitalization, behavioral respite, family visits, etc.
- H. Payment is not to be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for shared living is specified in Appendix I-5.
- I. Payment for services is based on compliance with billing protocols and a completed service report.
- J. Payment rates for services must be reasonable, customary, and necessary as established by the Program.

**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	DDA Certified Organized Health Care Delivery System (OHCDs) Provider as per COMAR 10.22.20
Agency	Licensed Community Residential Services – Individual Family Care

**Provider Category:** Agency

**Provider Type:** DDA Certified Organized Health Care Delivery System (OHCDs) Provider as per COMAR 10.22.20

**Provider Qualifications License (specify):**

License Residential Provider for Family Care as per COMAR 10.22.02 and 10.22.08

**Certificate (specify):**

DDA certified Organized Health Care Delivery System Provider as per COMAR 10.22.02 and 10.22.20

**Other Standard (specify):**

1. Individual, couple or a family who lives with and provides companionship support to the person with a disability shall:
  - a. Be chosen by the participant;
  - b. Open their homes and their lives to an individual with disabilities and are compensated for doing so;
  - c. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
  - d. Possess current first aid and CPR training and certification;
  - e. Successfully pass criminal background investigation;
  - f. Sign a provider agreement verifying qualifications and articulating expectations; and
  - g. Be approved by DDA or its agent.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

- OHCQ for license
- DDA for OHCDS certification

**Frequency of Verification:**

- Annual for licensure
- Initial for OHCDS certification

<b>Provider Category:</b> Agency
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**Provider Type:** Licensed Community Residential Services – Individual Family Care

**Provider Qualifications License (specify):**

License Residential Services provider as per COMAR 10.22.02 and 10.22.08

**Certificate (specify):**

**Other Standard (specify):**

1. Individual, couple or a family who lives with and provides companionship support to the person with a disability shall:
  - a. Be chosen by the participant;
  - b. Open their homes and their lives to an individual with disabilities and are compensated for doing so;
  - c. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
  - d. Possess current first aid and CPR training and certification;
  - e. Successfully pass criminal background investigation;
  - f. Sign a provider agreement verifying qualifications and articulating expectations; and
  - g. Be approved by DDA or its agent.

## **Verification of Provider Qualifications**

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

- OHCQ for license
- Licensed Residential Provider for other staff standards

### **Frequency of Verification:**

- Annual