

# An Overview of Shared Living

Presented by:

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# What is Shared Living?

Shared Living is one option in a range of housing and support services for individuals with intellectual disabilities and autistic disorders.

Shared Living is supported by the Department of Health and Human Services (DHHS) through the MaineCare program (Section 21 and Section 29, Home and Community-Based Waiver Services) as one of the least restrictive and most cost effective options of home support services available in Maine.

Shared Living allows an individual to live in a family-style setting and become a member of the household, the family, and the community.

# Why Shared Living?

For many individuals with intellectual disabilities or autism, traditional group home settings are not appropriate. This could be due to personal choice or a level of support need. Independent living may also not be an option for similar reasons. To better serve consumers across the spectrum of need while maximizing the opportunity for personal choice and growth, GMS offers a Shared Living (SL) option, sometimes referred to as “adult foster care.”

This option matches the individual with a home provider whom serves as a supportive roommate within the community of their choosing. Shared Living Home Providers are contracted through GMS to support the individual according to their service plan.

As a member of a multi-disciplinary team, Home Providers work with the individual served on all aspects of daily living; administering medications, transportation, coordinating with other providers, support with medical appointments, improving safety skills, interpersonal skills development, nutritional support, behavioral interventions, and personal care.

# Expected Outcomes of Shared Living

The expected outcomes of Shared Living are that the individual has an improved quality of life through:

- Becoming part of the SL Home Provider's family. The individual is welcomed into and becomes a member of the family, participating in family activities.
- Receiving services as identified in their plan and making progress toward goals that have been developed by the person receiving services and their team.
- Becoming part of a Community. Community activities and community inclusion are a routine part of the individual's life. The individual is encouraged to participate in activities along with the provider and other family members.
- Continuing to engage in personal interests and relationships including relationships with his/her family, friends and other unpaid natural supports.

# Required Training

Direct Support Professional (DSP) Training through the College of Direct Support and “live in class” training.

Medication Administrative Training – CRMA or Shared Living Medication Training.

CPR & First Aid

DHHS/OADS Training on Grievance Policy, Consumer Rights, Reportable Events and Behavior Regulations (available on line).

# Administrative Oversight Agency Role

Administrative Oversight Agencies, such as GMS, provide essential contracted consultative services to the Shared Living Home Provider and supportive services to the individual served. For details on Shared Living standards and rules, see Section 21 of the MaineCare Benefits Manual, the Shared Living Handbook, and the Maine Revised Statutes Title 34-B. As an Administrative Oversight Agency, GMS is responsible for:

Performing recruitment activities, advertising, home inspections and background checks. The Agency supports the team in vetting new SL Home Providers and assessing whether he/she and his/her home meet the criteria to become an SL Home Provider as defined by DHHS-Office of Aging and Disability Services (OADS) and MaineCare.

# A Shared Living Provider is a DSP that:

Provides a supportive home environment, inclusion in the community and the appropriate level of support.

Is responsible for the day to day activities that accomplish the desired outcomes as identified by the individual's Annual Person Centered Plan.

Supplies, at his/her own expense: all housing, food, transportation, equipment, tools, materials, supplies, and care giving activities to perform the provisions of the Shared Living service (Home Supports).

Is not paid wages for the services he/she provides. He/she receives a stipend at a rate set by the Administering Agency and funded by MaineCare.

This payment is classified by the Internal Revenue Service as a "Difficulty of Care" payment.

Consumer pays monthly Room & Board

# Shared Living Provider Responsibilities

- Responsible for medical appointments to include physical, dental and eye care
- Provide nutritious meals and snacks
- Coordinate care with the case manager and team (Annual PCP)
- Daily Documentation of goals
- Assist the individual to access community resources and activities.
- ADL and Self Care



# Shared Living Home Provider qualifications:

Successfully pass background checks as required by MaineCare.

Complete team interviews and home visits including home inspection.

Successfully complete the training required by DHHS-OADS and MaineCare.

Once all these requirements are met, the Shared Living Home Provider must enter a contract with an Administering Agency and comply with all DHHS-OADS and MaineCare requirements.

# Funding Sources

As of November 2017 Shared Living option is available for people who have Section 21 or Section 29 funding for support services.

This funding is for adults with Intellectual Disabilities or Autism Spectrum Disorder. 10-144 Chapter 101 of the MaineCare Benefits Manual Chapter II describes in more detail these support services.

# Section 21 and 29

- Section 21 pays for housing, day program and home supports (menu of services).
- Section 29 Calculator – Applicant chooses combination of Home and Community supports with a amount of funding (Cap of \$52,425 per year).

# Prior-Authorization for Services

Because funding is available for a service does not mean it is deemed medically necessary.

An authorization for services is necessary for Maine Care to pay for the Shared Living service. This is a collaborative process with the Client, their Guardian if applicable, the Client's Case Manager, the Shared Living Coordinator, and Shared Living Provider. It is up to the Case Manager and Shared Living Coordinator to show to DHHS that this service is **medically necessary** for the client. This process is done via the Person Centered Plan and Prior authorization is requested.

\*\*\*Not all requests are granted\*\*\*

# Process for Approval

- Application must prove that the service is medically necessary.
- Address approval and three digit code number (NPI) must be entered into the electronic file by OADS prior to reviewing the application.
- Service must start within 30 days of OADS approval date.
- Appeal Decision