

Residential Habilitation – Shared Living

The service definition and limits outlined below do not include all details and requirements. For the service standards, limitations, provider types and qualifications, and reimbursement information, refer to the appropriate Medicaid HCBS DD Waiver.

Waiver Availability

Comprehensive Developmental Disabilities (CDD) Waiver

NFOCUS Service Codes

Shared Living (Independent Contractor) – Agency 1472

Service Definition

Residential Habilitation – Shared Living is a habilitative, continuous service, which teaches the participant skills related to living independently, as well as community integration. *Throughout this summary, the service name is shortened to Shared Living.*

Shared Living is delivered in a private home owned or leased by an individual, couple, or a family known to the participant and who is an independent contractor of the agency provider. The Shared Living contractor and the participant live together in the same home and the participant shares daily life with the Shared Living family in their home and community. The home is both the Shared Living contractor and the participant's sole residence.

Conditions of Provision

- A. A participant chooses each service based on their needs.
 - 1. Services should increase independence and community integration; and
 - 2. The chosen waiver services and who provides them are documented in the participant's Individual Support Plan (ISP).
- B. Shared Living includes assistance with health maintenance and supervision.
- C. Shared Living is a habilitative service and must include habilitation programs. Individual habilitation programs must be conducted, and data recorded each time the service is provided.
- D. Examples of Shared Living include teaching adaptive skills in activities of daily living, including but not limited to:
 - 1. Personal hygiene;
 - 2. Laundry and household chores;
 - 3. Meal preparation;
 - 4. Activities in the community; and
 - 5. Social and leisure skills.
- E. Shared Living has the following limitations:
 - 1. Shared Living may be provided to no more than three participants at the same time.
 - 2. Participants receiving Shared Living cannot receive Independent Living or Supported Family Living on the same day.

3. Participants receiving Shared Living cannot receive Child Day Habilitation, Respite, or Therapeutic Residential Habilitation.
 4. Shared Living cannot include any service or part of a service available through public education, including:
 - a. Programs in the participant's local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
 - b. The school hours set by the local school district for the participant regardless of school chosen (public, private, or home).
 5. Shared Living cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- F. A lease, residency agreement, or other form of written agreement must be in place to protect the participant from eviction according to landlord and tenant laws.
- G. Shared Living can be provided in the hospital setting when a participant is admitted for critical care.
1. Supports are designed to meet the needs of the participant while in a hospital setting and to assist for a smooth transition back to their home.
 2. Supports include teaching skills that will help the participant to maintain their current level of independence, providing behavioral support as needed, and assistance with daily living activities that assist the participant with their treatment and recovery while in the hospital.
 3. Supports do not include any health maintenance activities, treatments, procedures, medication administration, or practices, which must be done by hospital staff.
 4. The person-centered service plan will be updated when this service is provided in a hospital setting.

Provider Requirements

The information outlined below does not include all provider requirements. It is intended to be general information about providers of this specific DD service.

- A. All providers of waiver services must:
1. Be a Medicaid provider;
 2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;
 3. Adhere to standards as described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
 4. Complete DHHS trainings upon request; and
 5. Use universal precautions.
- B. Shared Living can be offered by a DD agency provider.
1. A DD agency provider is a company enrolled as a Medicaid provider and certified by DHHS to provide DD services and is responsible for:
 - a. Contracting and supervising SLPs who work with the participant;
 - b. Contracting with SLPs based on their qualifications, experience, and demonstrated abilities;
 - c. Providing training to ensure contractors are qualified to provide the necessary level of care;
 - d. Agreeing to make training plans available to DHHS;
 - e. Ensure adequate availability and quality of service; and

- f. Other administrative functions.
- C. Shared Living cannot be self-directed.
- D. A relative of the participant, but not a guardian or other legally responsible person of the participant may provide Shared Living when they meet other requirements. Since this service is only available from agency providers, the relative would need to be a contractor of an agency provider.
- E. The Shared Living home must be the sole residence of the SLP and cannot be owned or leased by a DD Agency Provider. The SLP must live in the home with the participant.
- F. When a participant wants to receive services from a Shared Living Provider (SLP):
 - 1. The agency provider must complete a Home Study Survey with any potential SLP contractors in the home and with all adult members of the household.
 - 2. When there are changes to the home, a new Home Study Survey must be done.
 - 3. For all new SLP settings, the agency provider must complete the Home Study Survey on-site at least seven calendar days before the participant's team meeting.
 - a. Providers must upload a copy to Therap in a case note and submit to the participant and their guardian.
 - b. The Home Study Survey is found on the DHHS website.
- G. When Service Coordination has a concern about the placement or survey response, the SC works with the agency provider to make any updates or corrections.
 - 1. The agency provider is responsible for ensuring all concerns are addressed and resolved with the SLP.
 - 2. Service Coordination reviews all submitted surveys and materials and discusses with the participant's team. They may move forward with a service authorization or a placement denial at any point in this process.
 - a. Service authorizations will not be approved until the SLP has completed the Home Study Survey, has a compliant Final Settings Rule Site Assessment, is affiliated with Maximus, has completed a Service Coordination on-site walk-through, and a team meeting has been held to discuss the potential placement.
 - b. When the placement is denied, the agency provider, not the SLP, may request a fair hearing.
- H. The agency provider must document on-site visits:
 - 1. Monthly for Basic-High Tier participants and
 - 2. Two times per month for Advanced-Risk Tier participants.
- I. In each 90-day period, the agency provider must make unscheduled visits:
 - 1. At least two visits for Basic-High Tier participants and
 - 2. Four visits for Advanced-Risk Tier participants.
- J. When an SLP is supporting a participant on the Basic-High Tier there can only be two state-funded people in the home, including CFS; Probation; and DD, AD, or TBI Waivers. No other state-funded people are allowed to live in the home when the participant is on the Advanced-Risk Tier.
 - 1. The agency provider must notify the SC when a person funded by any HCBS Waiver, CFS, Probation, or any other state agency lives in the home.
 - 2. Service Coordination will verify approval of CFS, Probation, or any other state agency before approving the SLP.

- K. When an SLP is supporting a participant on the Advanced-Risk Tier, there must be two providers living full-time in the home and available during residential service hours, on the contract.
1. When a participant is approved for a temporary exception funding request, a participant may continue to live in their current SLP with one provider on the contract for the duration of the temporary exception funding.
- L. When an SLP has children under the age of 13, another adult must live full-time in the home and be noted in the Home Study Survey, to provide care and supervision to the child in the event of an emergency.
- M. Any residence that the SLP and participant live in must have its own United States Postal Service-recognized address. No separate basement apartments, apartments over garages, or apartments not fully integrated into the home are permitted.
- N. The agency provider is responsible for uploading documentation in Therap case notes:
1. The completed Home Study Survey;
 2. The lease, signed by the participant or guardian and
 3. The SLP Contract, signed by the SLP and agency provider.
- O. Back-up staff chosen by the participant may be used in place of the Shared Living contractor.
1. Back-up staff must:
 - a. Deliver the same habilitative services to the participant in the participant's home;
 - b. Follow the participant's usual schedule; and
 - c. Meet all provider qualifications.
 2. Use of back-up staff must be documented in the participant's ISP.
 3. A record of back-up staff usage must be documented by the agency provider and made available to the SC upon request.
 4. The Shared Living contractor cannot use back-up staff for more than 360 hours per participant's ISP year.
 - a. One day (10-24 hours) of back-up staff counts as ten hours toward the cap of 360 hours per budget year.
 - b. Unused back-up staff hours cannot be carried over into the next ISP year.
- P. Support staff chosen by the participant may be used to assist the Shared Living contractor.
1. Support staff works together with the Shared Living contractor in the provision of services with the participant.
 2. Support staff cannot provide services independent of the Shared Living contractor.
 3. Support staff must:
 - a. Deliver the same habilitative services to the participant;
 - b. Follow the participant's usual schedule; and
 - c. Meet all provider qualifications.
 4. Use of support staff must be documented in the participant's ISP.
 5. A record of support staff usage must be documented by the agency provider and made available to the SC upon request.
 6. The Shared Living contractor cannot use support staff for a continuous, 24-hour period.
- Q. No SLP or adult living in the home can serve as day staff for any adult participant living in their home.

1. An SLP or adult living in the home may work for the agency which provides day supports to the participant but may not provide services to the participant who lives with them.
 2. No SLP or adult living in the home can become an independent provider in order to provide day supports to an adult participant who lives in their home.
- R. An SLP or adult living in the home may provide services for someone 21 years or younger during the normal education hours when schools are not in session or over school breaks as long as they are an employee of the residential agency provider or an independent provider with a specific authorization for day services.
- S. When a participant is receiving SLP services, the agency provider is responsible for the care of the participant and needs to provide 24/7 assistance to the SLP when needed. The participant's team needs to document in the ISP a back-up plan for when a crisis or emergency occurs.
- T. Back-up plans should be person-centered to meet the historical and potential future needs of the participant, and identify that the participant chose the plan.
- U. Any SLP will be reviewed when there is a change in the Shared Living setting, including a change in staff, change in service location, change of residents, or change in composition of the Shared Living home. The SLP contract may be rescinded at any time to preserve the health, safety, and well-being of the participants served.

Rates

- A. Shared Living must be purchased within a participant's annual individual budget amount.
- B. Shared Living is reimbursed at a daily rate.
1. The provider must be in the residence with the participant a minimum of ten hours or more out of a 24-hour period 12:00 a.m. - 11:59 p.m.
 2. When providing fewer than ten hours out of a 24-hour period 12:00 a.m. - 11:59 p.m., the provider will be paid half of the daily rate.
 3. Part or all of the 10 hours in the day may be time the provider and participant are asleep, as long as this is appropriate per the participant's ISP and all needs are being met.
- C. The cost of transportation is:
1. Included in the rate during Shared Living;
 2. Included in the rate to the site where Shared Living begins; and
 3. Included in the rate from the site where Shared Living ends.
- D. DD Rates are listed on the [DD Provider webpage](#).
1. Only one fee schedule is effective at a time.
 2. The start date is on each schedule; once a fee schedule is no longer valid an end date is added.