

DHHS - PROVIDER TRAINING SHARED LIVING PROVIDER CHANGES

Developmental Disabilities Waivers

November 2023

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Agenda

- ❖ Quick Overview of Changes
- ❖ Case Notes in Therap
- ❖ Home study in RedCap
- ❖ Questions and Answers

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Provider Bulletin No. 23-01

- ❖ DDD issued Provider Bulletin 23-01 to inform all DD providers about changes being developed for the Shared Living service.
- ❖ Provider bulletin: <https://dhhs.ne.gov/DD%20Documents/PB%2023-01%20Shared%20Living%20Changes.pdf>
- ❖ Proposed changes to be implemented January 1, 2024.
- ❖ Training for DD agency providers on the implementation of these changes will be held virtually via ZOOM on the following dates:
 - ❖ November 1, 2023, from 9:00 AM to 11:00 AM, CT
 - ❖ November 2, 2023, from 2:00 PM to 4:00 PM, CT
 - ❖ November 9, 2023, from 10:00 AM to 12:00 PM, CT

Draft SLP Policy – The Process

- ❖ The agency completes a Home Study Survey for the potential contractor(s) and all adult members in the household.
 - ❖ A copy of the Home Study Survey is given to the guardian and Service Coordinator (SC) at least seven calendar days before the team meets.
 - ❖ *This will be uploaded into Therap.*
- ❖ Upon receipt of the Home Study Survey, the SC reviews it and schedules a walk-through service review in the potential SLP home.
 - ❖ This is completed before the participant's team meeting to plan the Shared Living service.

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Draft SLP Home Study Survey - Results & Team Meeting

- ❖ The agency provider is responsible for resolving any concerns directly with the potential SLP contractor.
 - ❖ Concerns may come from the Home Study Survey, Final Settings Rule Site Assessment, or the SC onsite walk-through of the home.
 - ❖ Conversations should not be happening between the SLP and the Service Coordinator without the agency provider being a part of it.
- ❖ After a successful Home Study Survey and onsite walk-through, a team meeting is held to make plans for the move and document the plan.

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Draft SLP Home Study Survey – Service Auths

- ❖ Service authorizations will not be approved until the following steps have been completed:
 - ❖ Home Study Survey;
 - ❖ Fully compliant Final Settings Rule Site Assessment;
 - ❖ Service Coordination onsite walk-through;
 - ❖ SLP affiliation in Maximus; and
 - ❖ Team meeting.
- ❖ Service authorizations will **not** be backdated if any of these steps are missed.

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Draft SLP Policy – Home Capacity

Shared Living Home Capacity:

- ❖ An SLP supporting a participant on the **Basic to High tiers** may have up to two state-funded people living in the home.
- ❖ An SLP supporting a participant on the **Advanced or Risk tiers** may *not* have any other state-funded person living in the home.

State-funded people include other DD waiver participants, people on the Aged and Disabled (AD) Waiver, or youth working with CFS or Probation.

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Draft SLP Policy – Participant Needs

Participants not eligible to receive the Shared Living waiver service include those:

- ❖ Funded above the Advanced to Risk tiers;
- ❖ Requiring more than 1:1 supervision; and
- ❖ On the Advanced tier and requiring awake overnight supervision.

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Draft SLP Policy – SLP Contract

- ❖ A Shared Living home with a participant on the Advanced or Risk tiers must have *two people living full-time* in the home and available during residential service hours on the SLP contract.
 - ❖ If the team feels only one SLP on the contract is appropriate, an exception can be requested with supporting documentation.
- ❖ When a Shared Living home has a child under the age of 13 years living in the home *full or part-time; another adult must live in the home full-time* and be noted in the Home Study Survey to provide emergency care and supervision to the child.

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Draft SLP Policy – Backup Staff

There are no changes to the expectations for the use of backup staff in place of the SLP contractor.

- ❖ Back-up staff are used when the SLP is not in the home or awake to provide the Shared Living waiver service.
- ❖ Back-up staff must be chosen by the participant, documented in the participant's person-centered plan, deliver the same habilitative services to the participant in their home, follow the participant's usual schedule, and meet all provider qualifications.
- ❖ The agency provider is required to maintain a record of the use of backup staff and communicate to the SC when backup staff is used.
- ❖ A maximum of 360 backup hours can be used per IBA year.

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Draft SLP Policy – Support Staff

There are no changes to the expectations for the use of support staff to assist the SLP contractor.

- ❖ Support staff work together (at the same time) with the SLP contractor.
 - ❖ Support staff cannot provide services without the Host Home employee or SLP present.
- ❖ Support staff must be chosen by the participant, documented in the participant's person-centered plan, deliver the same habilitative services to the participant, follow the participant's usual schedule, and meet all provider qualifications.
- ❖ The agency provider is required to maintain a record of the use of support staff and communicate to the SC when support staff is used.
- ❖ Support staff cannot be used for a continuous, 24-hour period.

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Draft SLP Policy – SLP and Day Staff

- ❖ Effective January 1, 2024, a participant cannot receive day services from their SLP or any other adult living in their home.
- ❖ An SLP (or anyone living in the home) can work for a vocational day site but cannot work directly with a participant who lives in their home.
- ❖ The reasons:
 - ❖ Home and Community-Based Services are required to ensure waiver participants are fully integrated within the community in which they live, work, and play.
 - ❖ Waiver settings and services aim to prevent isolation, promote socialization, and reduce the risk of abuse, neglect, and exploitation.

DDD will not make any exceptions to this.

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Draft SLP Policy – Grandfathered SLPs

The following situation will be grandfathered:

- ❖ The number of state-funded people living in a Shared Living home is higher than the new allowances;
- ❖ You have a child or children under the age of 13 years old in your home but do not have another adult in the home;
- ❖ You support a participant who has Advance or Risk tier funding but does not have the two required adults in the home or on the contract.

Grandfathered approval may be rescinded at any time to preserve the health, safety, and well-being of the participants served.

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Draft SLP Policy - Grandfathered SLPs and Changes

- ❖ Any significant changes to the Shared Living setting will mean the SLP is no longer grandfathered.
- ❖ Significant changes include:
 - ❖ Changes in those living in the home;
 - ❖ Changing DD agency providers; and
 - ❖ Changes in the physical make-up of the home.
- ❖ When a minimal change occurs, and the team feels the SLP should continue to be grandfathered:
 - ❖ These will be approved on a case-by-case basis.
 - ❖ The process for review is currently being worked out.

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Therap Training on Documents

You will upload the following into Therap:

- ❖ Home Study;
- ❖ Rental Lease between SLP and participant; and
- ❖ SLP Subcontract.

These will need to be put into a case note under the participant's name.

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Open Therap to the Individual Tab.

Click “**NEW**” case note (see red arrow)

Find the name of the participant.

The screenshot shows a software interface with a navigation menu on the left and a 'Care' section on the right. The navigation menu includes: Individual (highlighted), Health, Billing, Admin, Agency Reports, Individual Home Page, and Settings. The 'Care' section contains a table of links:

Care	
T-Log	Search
Case Note	New Search Bulk PDF
General Event Reports (GER)	New Search
GER Resolution	New Unaddressed GERs Open Resolutions Open Investigations Search
Multi-Individual Event (MIE)	New Search
Witness	Search
ISP Data	New Search Report Search Report
Staff Action Plan	Search
ISP Program	New Search Acknowledgement Report

A red arrow points to the 'Case Note' link in the 'Care' section.

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This screen will open.
Put in the date and pick
the template you want

New Case Note

Select Date and Template

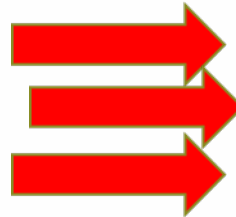
* Service Date

* Select Template

Back Next

Existing Case Note(s)

Pick from one of the
three SLP options.



Risk Clinician Monthly Review v1.0 / DDD-NE

- Please Select -

Clinical Activity - Consultation V2 5-22 / DDD-NE

Clinical Activity - Observation / DDD-NE

Clinical Activity-FBA/BSP / DDD-NE

Clinical Activity-Training / DDD-NE

Risk Clinician Monthly Review v1.0 / DDD-NE

Service Review / DDD-NE

SLP Home Study / DDD-NE

SLP Participant Lease / DDD-NE

SLP Subcontract / DDD-NE

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This screen will come up.

Click **Add File** to upload a file.

The screenshot shows a web form interface. At the top, there is a section titled "Attachment(s)" with a yellow warning box stating "The total size of all attachments cannot exceed 10 MB". Below this are two buttons: "Add File" and "Scan File". A red arrow points from the text "Click Add File to upload a file." to the "Add File" button. Below the attachment section is a "Note" section with a rich text editor toolbar (including Bold, Italic, Underline, and other icons) and a text area containing the text "Add any notes to this section that you feel are needed." A red arrow points from the text "Add any notes to this section that you feel are needed." to the text area. At the bottom of the form, there are buttons for "Cancel", "Back", "Save", and "Submit". A red arrow points from the text "After you upload the document, hit SUBMIT at the bottom." to the "Submit" button.

After you upload the document, hit **SUBMIT** at the bottom.

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Home Study – RedCap Training

This link is where you will do the home study:

- ❖ You will be able to start and save and go back to it.
- ❖ You will be able to download the finished home study.
- ❖ Once it is done and a participant is identified- you will upload it to Therap.

<https://cip-dhhs.ne.gov/redcap/surveys/?s=R3WWDW78MFMLWHT8>

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Home Study Survey

Certified providers are required to complete this Home Study Survey.

The Home Study Survey must be completed and uploaded to Therap seven calendar days prior to the team meeting.

If there is a situation where the SLP was already selected by the team, or the SLP is moving from one agency to another; this home study must be filled out no later than 14 days prior to the participant moving in or moving agencies.

There must be a team meeting to discuss any moves after the Home Study Survey is completed to determine the appropriateness of placement. This survey does not take the place of the Final Settings Rule Self-Assessment.

Service Coordination must also complete a walk-through of the home before final approval.

Section 1 - Contact Information

Name(s) of the potential SLP on the contract	<input type="text"/> Expand
Physical Address of the home in which they wish to provide Shared Living	<input type="text"/> Expand
Potential SLP email	<input type="text"/>
Agency Provider Name	<input type="text"/>
Name of primary Agency contact for SLP	<input type="text"/>
Email of primary Agency contact for SLP	<input type="text"/>

Next Page >>

Save & Return Later

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Home Study Survey

Section 2 - Residence

Are entry and exits in good repair?

Yes
 No

Are utilities turned on in the home?

Yes
 No

If “yes” is selected for utilities a box for more details appears.

When “yes” is selected for either internet/Wi-Fi or Cable/Satellite/Streaming a payment drop-down will appear.

Are utilities turned on in the home?

Yes
 No

Please indicate the following availability:

	Yes	No
Electric	<input type="radio"/>	<input type="radio"/>
Water	<input type="radio"/>	<input type="radio"/>
Gas	<input type="radio"/>	<input type="radio"/>
Internet/Wi-Fi	<input type="radio"/>	<input type="radio"/>
Cable/Satellite/Streaming	<input type="radio"/>	<input type="radio"/>

Cable/Satellite/Streaming

Is cable/satellite/streaming participant paid?

Yes
 No



Are rooms all clean?

Yes

No

Is the house handicap accessible without stairs from the front entrance?

Yes

No

Is the house handicap accessible without stairs from any other entrance?

Yes

No

When “**yes**” is selected a drop-down appears.

Is the house handicap accessible without stairs from any other entrance?

Yes

No

Please list:

Expand

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Each level selected will open a drop-down for accessibility information.

Please select levels in home:

- Basement
- First Floor
- Second Floor
- Third Floor

Please select levels in home:

- Basement
- First Floor
- Second Floor
- Third Floor

Please specify accessibility of **Basement** room(s):

	Accessible	Not Accessible	Not Applicable
Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant Bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathroom (Sink/Toilet Only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathroom with Tub	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathroom with Shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV/Recreation Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patio/Deck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Is Home temperature at least 65 degrees while occupied during heating months and less 80 degrees during cooling months?

- Yes
- No

Is home free of exposed wiring?

- Yes
- No

Does participant have their own bedroom with a door that locks?

- Yes
- No

Does participant have access to a bathroom with a door that locks?

- Yes
- No

Does participant have a key or keypad to access the primary outside door?

- Yes
- No

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Are there any firearms in the home?

- Yes
- No

When **“yes”** is selected an additional set of questions appear.

Are they locked in a secured area?

- Yes
- No

Is the ammunition stored separately?

- Yes
- No

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Are there animals living in the home?

- Yes
- No

When “**yes**” is selected, a drop-down for more information will appear.

Are there animals living in the home?

- Yes
- No

Please provide the number and type.

Expand

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Is outside area, including yard, deck, or patio, in good repair?

- Yes
- No

Is there a secure place to store medications?

- Yes
- No

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Save & Return Later

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AAA
 [+] [-]

Home Study Survey

Section 3 - Shared Living Provider

Do you have experience working with people with Intellectual/developmental or physical disabilities, mental illness or behavioral difficulties? If yes, select up to 3 work experiences. If no, select 0.

0
 1
 2
 3

Each experience will prompt more information.

Total years of Experience

Work Experience 1:

Date Range: from Today M-D-Y to Today M-D-Y

Agency

Describe experience in detail

Expand

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What is your understanding of the roles and responsibilities of a Shared Living Provider?

Expand

What is your motivation for wanting to be a Shared Living Provider?

Expand

Are you currently employed? If yes, select up to 3 jobs. If no, select 0.

0
 1
 2
 3

Information will be prompted for each job.

Employer Name:	<input style="width: 90%;" type="text"/>
Type of Employment:	<input style="width: 90%;" type="text" value="v"/>
Working Hours: from	<input style="width: 15%;" type="text"/> <input type="button" value="🕒"/> <input type="button" value="Now"/> to <input style="width: 15%;" type="text"/> <input type="button" value="🕒"/> <input type="button" value="Now"/>

What are your families' interests or hobbies?

Expand

How does your family spend holidays or celebrations?

Expand

If a participant were to move in your home, how would they be integrated into your families' activities and traditions?

Expand

What would you do if the participant would not want to be involved in your families typical activities?

Expand

What is the primary language spoken in the home?

Are any other languages used, including American Sign Language?

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When housemates use tobacco/vape a drop down appears.

Where do they use these?

Indoors ONLY
Outside ONLY
Both indoors and outside



How do you typically express anger and frustration? What are your coping skills when you experience these feelings?

Expand

Does anyone in your home use tobacco/vape?

Yes
 No

Would you be willing to support a participant that uses tobacco/vape products?

Yes
 No

Would you be willing to support a participant that uses alcohol?

Yes
 No

How would you react if a participant left the home because they were angry with you?

Expand

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Do you have reliable transportation?

Yes
 No

Is transportation currently registered and insured?

Yes
 No

Has the vehicle been modified for accessibility?

Yes
 No



How would you react if a participant was hitting a wall or throwing objects because they didn't have enough money to purchase something they wanted?

Expand

Identify any behaviors, physical or medical conditions, ages of individuals or adaptive equipment limitations that you would not be able to provide services for.

Expand

Is the address you provided your permanent address where you receive all your mail and list as your address for taxes?

Yes
 No

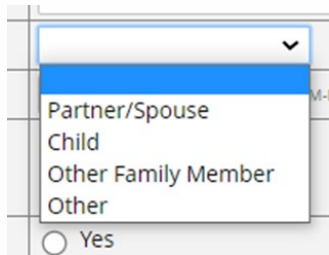
Are you married to someone not living in the home?

Yes
 No

Do you have reliable transportation?

Yes
 No

When **“yes”** is selected, more vehicle information will be prompted.



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Survey Queue

Home Study Survey

Please add individual household members. At bottom, you'll have chance to add more members.

Section 4 - Household Members

Name:	<input type="text"/>
Relationship:	<input type="text" value="▼"/>
Date of birth:	<input type="text"/> Today M-D-Y
An adult?	<input type="radio"/> Yes <input type="radio"/> No
State funded?	<input type="radio"/> Yes <input type="radio"/> No
Primary caretaker?	<input type="radio"/> Yes <input type="radio"/> No
Full or part-time resident?	<input type="text" value="▼"/>

When the housemate is an adult, additional information will appear.

Section 5 - Household Adult Information

What do you envision a Shared Living Provider setting to be like?

Expand

What do you see your relationship with the participant to look like?

Expand

Will you be considered a back-up staff at any point?

- Yes
- No

How do you typically express anger and frustration? What are your coping skills when you experience these feelings?

Expand

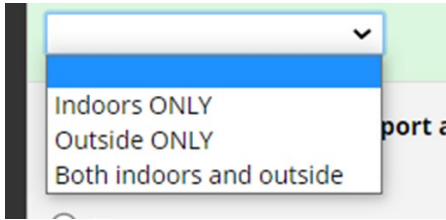
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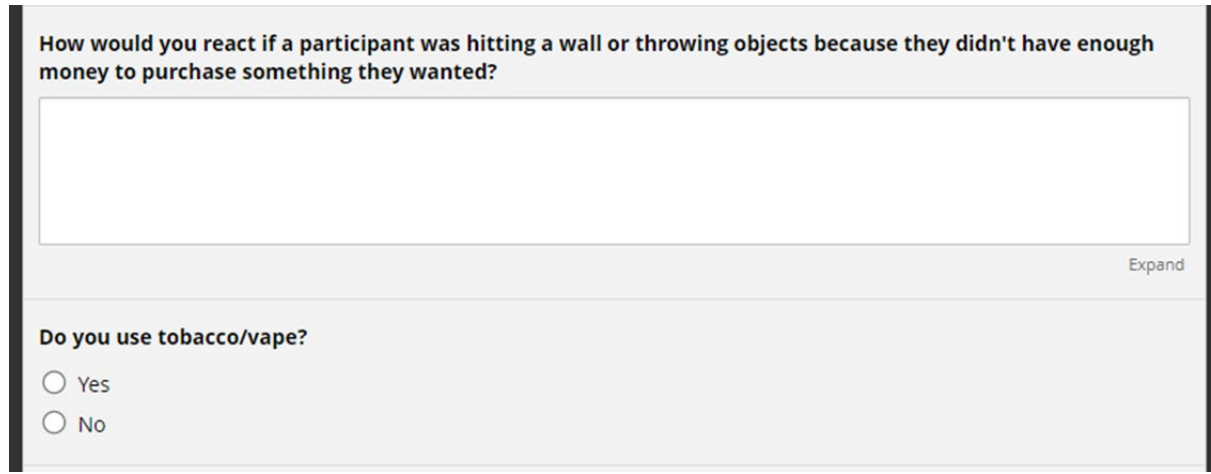
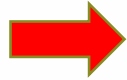
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When “yes” is selected, additional information is needed.



A dropdown menu with a downward arrow icon. The menu is open, showing three options: "Indoors ONLY", "Outside ONLY", and "Both indoors and outside".



How would you react if a participant was hitting a wall or throwing objects because they didn't have enough money to purchase something they wanted?

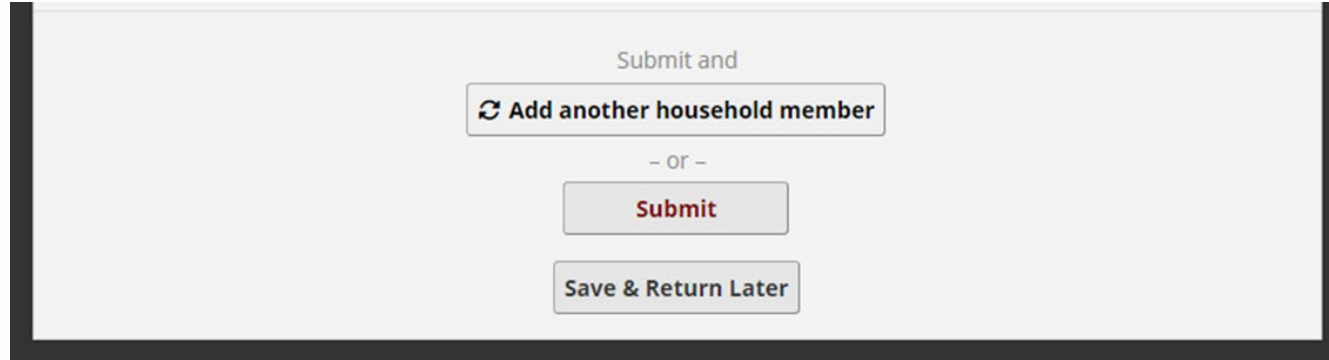
Expand

Do you use tobacco/vape?

Yes

No

There is an option to add additional household members or finish.



Submit and

[↻ Add another household member](#)

- or -

[Submit](#)

[Save & Return Later](#)

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) **Return Code**
A return code is required in order to continue the survey where you left off. Please write down the value listed below.

Return Code:

* The return code will NOT be included in the email below.

2.) **Survey link for returning**
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

Enter email address:

* Your email address will not be associated with or stored with your survey responses.

Or if you wish, you may continue with this survey again now.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) **Return Code**
A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code:

* The return code will NOT be included in the email below.

2.) **Survey link for returning**
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

Enter email address:

* Your email address will not be associated with or stored with your survey responses.

Or if you wish, you may continue with this survey again now.

- ❖ On ANY page you can stop and come back later.
- ❖ You will get a code and enter your email address to have a link sent so you can return later.
- ❖ They will *only* email the link. You **must** save the code yourself.

QUESTIONS?

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THANK YOU

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