

What is Shared Living?

Shared living is an arrangement of services provided in the private home of a participant, or a family, in which care is provided to a participant. Shared Living is meant to provide a person centered approach to supports that are offered to a participant in which the participant and the selected provider share a life.

Shared Living is built on the foundation of life sharing, an innovative design which is extremely flexible and offers highly personalized supports. Developing natural supports, and being an active member of the community are also key components of Shared Living. The host home provider/companion shall provide services, including assistance, support, and guidance in life domain areas such as daily living, safety and security, community living, healthy lifestyle, social interactions, spirituality, citizenship and advocacy.

Shared Living can be provided in two ways, including the participant residing with a host home provider or a companion living in the participant's home in order to provide support. Host Home and Companion providers are very diverse and can include college students, families, single people, couples, and empty nesters. The shared living provider can be anyone over the age of 18 who wants to share a life and provide supports to an individual with an intellectual or developmental disability. Up to two participants can be supported by a shared living provider at any given time.

Shared living is an option for any person with a disability who is interested in this type of living arrangement and is a participant of Home and Community Base Services (HCBS) through the Department of Human Services. When considering Shared Living the participant and their Individualized Service Plan (ISP) team should discuss what the participant's vision of a good life for the participant looks like, what they don't want, and which past, current, and future life experiences and support needs will contribute to the attainment of that vision.

Benefits of Shared Living

- Participants have access to individualized person centered supports in a home-like environment.
- Participants have opportunities to develop meaningful relationships, access typical community resources, and be active members of their community.
- Participants have control, consistency and stability in the supports that are provided and who provides them. There is an extensive matching process between the participant and the companion/host home to ensure a quality pairing.
- Provider agencies can address staff turnover and the number of open positions within the agency. With Shared Living, the participant is living in a private home where there is one person providing support. There is no need for multiple shifts with multiple staff.
- Provider agencies can reduce overhead since shared living does not require a provider-managed location for residential services.

Information given to people interested in Shared Living

Prior to becoming a Shared Living Provider you will need to do the following things:

Complete the Shared Living Modules listed on the DHS Website <https://dhs.sd.gov/developmentaldisabilities/sharedliving.aspx>

- Module 1 - Families as shared living providers: 52.25 minutes
- Module 2 - Thoughtful planning: 31.27 minutes
- Module 3 - The process and next steps: 14.43 minutes

Must be approved by the Division as a Shared Living Provider. (Division DDD 840 form) CFCM will assist you with this

Complete a Shared Living Application.

Complete training and provide proof of training in the following areas:

- Emergency procedures concerning fire prevention, accident prevention, and response to emergencies
- First Aid
- CPR
- Medication Administration Class
- Promoting positive outcomes
- Participant's rights
- Use of adaptive and augmentative device used to support participants, as necessary
- Training before the implementation of behavior support plan specified in the person's ISP (within 6 months of the participants residence in a shared living home)

Training required for anyone over the age of 18 living in the home:

- Disability Awareness
- Techniques of identifying and reporting abuse, neglect and exploitation
- ISP Training

(Anyone living in the home who turns 18 and anyone over the age of 18 who moves into the home shall receive the same training within 14 days)

***Contractors can receive the training anywhere. If they choose to use the Relias System which we offer, the contractor will need to submit a payment of \$50 to the Center for Independence to gain access to the training system.**

- Contractor must have a written fire plan and safety plan. Fire, tornado and severe weather drills shall be conducted on an annual basis.
- Complete a home inspection (form to be provided to the contractor to look at).
- The Contractor must get a copy of all signed medication scripts for the person supported, signed by their HCP

The following items must be provided by the Contractor

- ____ Copy of Drivers License
- ____ Proof of auto/car insurance
- ____ Copy of car registration
- ____ Copy of home owner's/rental insurance
- ____ Proof of home ownership/copy of lease

Forms given to the person interested in Shared Living: (Please discuss these forms with your tax professional)

- DOL fact sheet #79 G
- Form 2014-7
- DOL Fact Sheet #13
- Difficulty of Care Payment Notice
- Information from Center Point Insurance Group Care Association
- Blank Independent Contractor Agreement
- Blank Work Specifications
- Blank Business Associated Contract

Other requirements for person applying to be an Independent Contractor:

- Background check and sex offender check completed
- Felony conviction check utilizing the OIG completed
- Drug Screening completed

Things to think about when considering becoming a host/provider—these are NON-NEGOTIABLE

46:04:01:27. Representative payee. A contractor may not be the representative payee for the participant.

46:04:01:24. Medication training. A contractor, or anyone over the age of 18 living in the shared living home, administering medications to a participant, or assisting a participant in the self-administration of medications, must meet the same requirements as employees of providers who perform similar tasks as provided in chapter 46:11:07.

46:04:01:23. Medication, labeling, storage, and disposal. The requirements for medications in shared living homes include the following:

- Medications and biologicals, kept on the premises, shall be labeled with the drug name, strength, and expiration date;
- Medications shall be kept in a secure location, or in the participant's room, to prevent unauthorized access;
- Medications requiring refrigeration may be stored in a refrigerator used for food storage if the drugs are stored in a sealed container and placed on the top rack or tray; and
- Outdated or discontinued medication shall be properly destroyed or disposed.

There is an initial robust Home Inspections which will be completed at the time of certification and then updates will be completed monthly/quarterly. Any modifications needed to the home are the responsibility of the Shared Living Provider/Contractor.

46:04:01:21. Participant training for emergencies. Contractor shall have a written fire and safety plan and shall inform participants of the plan. Fire, tornado, and severe weather drills shall be conducted on an annual basis. Documentation shall be kept of each drill completed.