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**PHILIPPIANS 4:13**



# **SHARED LIVING MANUAL**



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## MISSION OF ABLED

Serving Jesus Christ by enabling people living with developmental disabilities to creatively explore and live full meaningful lives in their communities.

## PRINCIPLES

To fulfill its mission, ABLED believes:

- Every person was created with value and purpose.
- Every person should be treated with dignity and respect.
- Every person can grow and learn through community experiences.
- Every person should enjoy life, liberty, and the pursuit of happiness.
- Every person has the right to be the primary decision maker in his/her life and carries the responsibility for the direction it takes.
- Every person is protected by the full weight of the United States Constitution and its amendments.

## PHILOSOPHY

In keeping with the mission and principles of ABLED, the Shared Living model is a residential service alternative, delivered in a private home owned or leased by an individual, couple, or a family known to the participant and who is independently contracted with ABLED. The Shared Living provider ("SLP") and the participant live together in the home and the participant shares daily life with the Shared Living family in their home and community. This service option provides an opportunity for a person with an intellectual disability to further their independence and community involvement while experiencing life in a more natural setting.

## I. PRIOR TO THE PROVISION OF SERVICES

- A. SLP may be recruited through any commercially reasonable means. ABLED relies heavily on word of mouth.
- B. Prior to beginning services, the SLP must:
  1. Complete and submit an application.
  2. Complete and submit authorizations for all background checks for anyone 13 years old and older who will be living in the home.
  3. Interview with ABLED.
  4. Complete all required certifications including CPR/First Aid and Med Aide if administering medications.
  5. Complete ABLED Orientation Training.
  6. Provide ABLED with documentation:
    - a. Social Security Card



- b. Proof of Insurance
- c. Driver's License
- d. Bank Information for direct deposit
- C. ABLED will conduct the Employment Eligibility Verification on the SLP within 3 days of starting employment. The SLP must complete the Form I-9.
- D. ABLED will conduct an on-site assessment of residential setting to ensure compliance with the codes and regulations of the local jurisdiction and the Medicaid HCBS Final Settings Rule. Assessment surveys will be completed by ABLED, Inc. staff and reviewed by Nebraska DHHS-DD within 15 business days to determine whether the new site is compliant.
- E. A Home Study Survey must be completed by the Provider with any potential SLP contractors in the home and all adult members of the household at least 7 calendar days prior to a team meeting for all new SLP settings.

## II. REFERRAL PROCESS

### A. INITIATION

DHHS initiates the process by issuing a referral for Shared Living services to ABLED. Other agencies may receive the same referral.

1. ABLED reviews all available information on the participant's history contained in the referral.
2. ABLED may contact the service coordinator and/or the guardian to learn more about the participant.
3. The referral should include a description of funding for the placement. ABLED will contact DHHS should the funding level be absent.
4. ABLED will make an initial determination of whether the referred person can be served by a Shared Living placement.
5. ABLED will match the participant with potential SLPs. The participant and/or the guardian may conduct multiple interviews with potential SLPs.
  - a. The participant's service coordinator may be present at the interview.
  - b. The participant should tour the home and neighborhood of the potential SLP. Visits increase the probability of a long-term successful placement. These visits continue until all parties are satisfied with the planned placement. There is no payment available for the potential SLP during these initial visits.
6. ABLED will accept the referral once the participant/guardian select their SLP.
7. DHHS will arrange an intake meeting to initiate Shared Living services.
8. Both service coordination and ABLED will conduct walkthroughs of the home prior to the move in date.



### III. RESPONSIBILITIES OF PROVIDERS

#### A. ACKNOWLEDGEMENTS

1. SLPs acknowledge they must comply with all Nebraska DHHS regulations and ABLED Policies and Procedures in their provision and documentation of services to participants of the Medicaid HCBS Waiver.
2. Acknowledge that a contractual agreement exists between SLP and ABLED. The terms and requirements of this contract must be reviewed, signed, and dated by the SLP and ABLED prior to the contract's initiation. All contracts will remain in effect until terminated by either party.
3. Acknowledge they are not the legal guardians of the participant and cannot sign consent or authorization forms of any type.
4. Acknowledge that payment for Shared Living care is on a daily basis as agreed upon in the Shared Living Services Contract.
5. Acknowledge that ABLED considers the Room and Board Agreement to be between the SLP and the participant/guardian. ABLED may advise as to what is customary and reasonable while ensuring the participant has funds available for personal spending.
  - a. Room and board payments are paid to the SLP by the participant at the beginning of the service month. If ABLED is payee for the participant, ABLED issues payments for room and board to the Shared Living provider.
  - b. ABLED pays the SLP for services as agreed to in their Shared Living Services Contract. Pay is determined by the level of funding assigned to the participant.
6. Acknowledge the need to ensure positive and frequent communication with the EVP Operations including occasional scheduled visits.

#### B. APPOINTMENTS

1. Schedule new, reoccurring, and follow-up appointments as needed.
2. Enter upcoming appointments in Therap after scheduling so others can track.
3. Accompany to appointments. SLPs can arrange to reimburse another ABLED approved staff to attend or allow a family member to attend.
4. Clock out during the appointment to avoid double billing Medicaid
5. Complete consultation forms (or annual physical, dental, eye exam attached) no matter who accompanies or if it's virtual.
6. Submit forms to ABLED within 24 hours.

#### C. COMMUNITY INTEGRATION

1. Encourage and afford the participant the opportunity to attend and participate in the participant's preferred activities as well as in family and community activities.
2. Respect the participant's religious preferences.



## **D. CONFIDENTIALITY**

1. Treat all information regarding the participant as strictly confidential. In disclosing information regarding the participant, the SLP shall comply with ABLED's Confidentiality Policy and with all applicable federal and state laws, including without limitation the Health Insurance Portability and Accountability Act ("HIPAA").

## **E. DOCUMENTATION**

Documentation must be sufficient, current and accurate to verify the delivery of services and comply with state and federal laws and regulations. Staff will follow the timeframes below:

1. Complete the required record maintenance using their assigned log-in for Therap Service or any subsequent electronic recording program utilized by DHHS. Therap timestamps clearly identify the date, time and person making the entry.
2. Complete Tlogs, Attendance, and Programs in Therap within 24 hours of providing services.
3. Record passing of medications to the participant immediately on the participant's Medication Administration Record (MAR) in Therap. SLP must be Med Aide certified.
4. Maintain financial, medical and any other records within 24 hours upon completion of the transaction or service.
5. Complete General Event Reports (GERs) within 24 hours of the reportable incident occurring.
6. Document utilizing third-person language. (ex. "Staff assisted participant.")
7. Report facts and refrain from expressing personal opinions. (ex. "I feel that the day went well.")

## **F. FINANCIAL RESPONSIBILITIES**

1. Monitor the personal funds of the participant as needed and keep accurate records of these funds as prescribed by ABLED's Funds Management Procedures policy, state and federal law, court order, and the participant's Individual Support Plan ("ISP").
2. Refund the participant any misspent or non-receipted funds.
3. Pay for all costs of repair to damage of property whether owned by the SLP or a third-party caused by participant, except to the extent an applicable behavior support plan identifies such damage as being participant's responsibility.

## **G. HABILITATION**

1. Provide habilitation services, namely ongoing intensive or intermittent face-to-face training and support at home so the participant can learn life-related and/or work-related responsibilities, skills related to living independently, community integration, and behavior in order to obtain, maintain, or advance employment, all in accordance with the ISP.

## **H. LIVING ENVIRONMENT**

1. Ensure the home is drug-free to the extent required by federal and state law.
2. Maintain the home in accordance with all safety codes and regulations.



3. Ensure no one lives in the Participant's home who is on the APS or CPS registries.
4. Maintain a clean, safe, and suitable home for the Participant.
5. Have no more state-funded individuals than allowed by the Department residing in owned or leased residential location of the SLP providing services.
6. Ensure the proper number of adults live in the home and are on the contract as required by the Department.
7. Inform the EVP Operations of changes in household members, sleeping arrangements, address, problems, household composition, health problems, or anything that affects their ability to provide care.
8. Any use of weapons, such as teaching gun safety or for recreational use, must be explicitly pre-approved by the Individualized Support Plan (ISP) Team to ensure the safety and well-being of all individuals involved. Unauthorized possession or use of weapons is strictly prohibited and may result in disciplinary action. Weapons must be securely locked in a designated safe or locked container when not in use.

## **I. MEDICAL AND DENTAL CARE**

1. Transport the participant to and from the doctor and completing the necessary paperwork.
2. Alert the service coordinator and ABLED representative to all health problems and injuries.
3. Inform EVP Operations about leave or hospital days used by the participant.
4. In case of emergency, SLP must use their best judgment in obtaining medical care. ABLED and the participant's service coordinator must be notified as soon as possible of this action by the SLP. Contact ABLED's RN for medical questions. Call 911 as necessary. All emergency visits must be documented in a GER.
5. Assist and support participants in obtaining health services and document appropriately.

## **J. PARTICIPATION IN ISP**

1. Provide input and participate in the development of the participant's ISP as required by State Regulations and the Department.
2. Follow ISP, addressing all aspects of the participant's life as identified by the ISP.
3. Complete, or assist in completing, all necessary documents for the ISP process.
4. Discuss medical planning for participant.

## **K. RESPITE CARE**

1. It is the SLP's responsibility to obtain their own backup staff or support personnel. The dollar amount paid is determined by the SLP and the support personnel.
2. Backup staff must be chosen by the participant, deliver the same habilitative services, meet all provider qualifications and be documented in the participant's ISP.
3. SLPs cannot use backup staff for more than 360 hours per participant's ISP year.



## **L. SITE ASSESSMENTS**

1. Allow ABLED to conduct a site assessment of residential location prior to the provision of services.
2. If SLP intends to move, SLP must notify ABLED 30 days prior to the target move date to allow for new site assessment and a Home Study.
3. Allow ABLED to conduct monthly unscheduled on-site visits according to the frequency required by the Department.

## **M. SUPERVISION**

1. Arrange to provide any needed support or supervision if the participant is home from day services or from school (if applicable). Report immediately to ABLED and to appropriate State and local agencies as required by law, any act or condition required to be reported by law or regulation, including, without limitation, any abuse, neglect, injury or illness involving the participant. Notify ABLED immediately whenever participant is out of the care or supervision of SLP, including but not limited to: visits to family, temporary host home care, SLP vacations, illnesses, incarceration, or other situations that cause participant to be cared for by anyone other than SLP.

## **N. TRAINING**

1. SLP will complete ABLED Orientation Training prior to providing Support Services which includes training on Abuse, Neglect, and HIPAA.
2. SLP shall complete the required 180 Day Training prior to serving with ABLED for 180 days.
3. SLP shall be certified in CPR and First Aid.
4. Before passing any medications, SLP must be Med Aide Certified.
5. SLP shall complete Mandt Training (or equivalent) to deescalate and protect the Participant within 180 days or when required by the Safety Plan.
6. SLP shall complete training on each participant's Individual Support Plan and any medical, behavioral, or safety protocols to whom they provide direct services.
7. All staff receive follow-up training as necessary and appropriate.
8. Staff training needs are identified through a combination of surveys, Staff Development Reports, performance reviews, and direct contact with co-workers by the QA/QI Committee.

## **O. TRANSPORTATION**

1. Assure availability of safe and reliable transportation for the participant.
2. Ensure that any person transporting participant is licensed to drive and has Motor Vehicle Insurance in an amount not less than that required by the Shared Living Services Contract.
3. Provide proof of compliance to ABLED upon request.
4. Provide transportation as required to meet participant's needs.





## **P. TRAVEL**

1. Inform ABLED at least 48 hours prior to any travel involving the participant and the phone numbers where the participant and SLP can be reached while traveling.
2. SLP is responsible for informing the EVP Operations of out-of-town plans.

## **Q. WORK AUTHORIZATION**

1. Lawful presence in the United States is required for employment by an SLP. SLP will use the federal immigration verification system to determine the worker eligibility status of any persons SLP employs. Federal immigration verification system refers to the electronic verification of the work authorization program, known as the E-Verify Program.

# **IV. OTHER ROLES AND RESPONSIBILITIES**

## **A. NATURAL PARENTS/GUARDIANS**

1. Stay involved with the participant, SLP, and the service coordinator to develop a written plan that will be in the best interests of the participant.
2. Be responsible for medical and dental costs, as applicable.
3. Sign necessary consent forms/authorizations for their family member.
4. Participate as a member of the ISP/IEP team.
5. Support the participant and provider in learning/teaching new skills.
6. Provide the service coordinator and provider with pertinent information about the participant.

## **B. EVP OPERATIONS**

1. Act as a professional advocate for the SLP by providing on-going assistance and support.
2. Provide training.
3. Provide on-going monitoring of the placement, including scheduled visits to the Shared Living provider's home.
4. Participate as a member of the ISP team at the time of the placement and thereafter as requested or as need indicates.
5. Ensure that terms and provisions of the contract are met.

## **C. SERVICE COORDINATOR**

1. Act as a professional advocate for the participant in Shared Living services.
2. Act as the liaison between the natural family and SLP.
3. Participate as a member of the ISP/IEP team.

## **D. PARTICIPANT**

1. Take part in the routine of the household.



2. Participate in their habilitative training programs as outlined in their ISP.