

**Department of Developmental Services- CT**  
**Service Definition**  
**Shared Living**

**1. SERVICE TITLE** Shared Living

**2. SERVICE DEFINITION**

This service may be self-directed or purchased from a qualified provider agency.

Shared Living offers waiver participants the opportunity to invite a family or an individual (who they have an existing relationship or have developed a relationship) to share their lives. It is a residential option that facilitates the relationship between the participant with a Shared Living life sharer. Shared living is about the relationship. Shared Living is an individually tailored supportive service developed based on the individual support needs can be less than 24 hour support. Ideally no more than two DDS participants with a shared living provider. (Prior approval will be required for more than two participants) DDS participants must have their own bedroom. Shared Living requires the life sharer to live in the home and is not a rotating shift schedule.

Shared Living is available to participants who need daily structure and supervision. Shared Living includes supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community. This includes such supports as: adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), connect to local resources such as adult educational opportunities, social and leisure skill development, protective oversight and supervision.

Shared Living integrates the participant into the usual activities of family and community life. In addition, there will be opportunities for learning, developing and maintaining skills including in such areas as ADL's, IADL's, social and recreational activities, and personal enrichment. The Qualified Provider provides regular and ongoing oversight and supervision to the life sharer.

The life sharer /provider lives with the participant at the residence of the participant's choice. Participant should have the opportunity to hold the lease and the same protection rights as all renters in CT. Shared Living qualified provider/supervisor of family recruit life sharers, assess their abilities, coordinate placement of participant or life sharer, train and provide guidance, supervision and oversight for life sharer s and provider oversight of participants' living situations, coordinate respite and additional support as needed. The life sharer may not be a legally responsible family member.

The Life Sharer must be free to either leave or stay at the home for purely personal pursuits as long as such a personal break is long enough for the worker to make effective use of this time.

**3. SERVICE SETTINGS**

The service should be provided in the Participants own home or the life sharer residence. Any participant who chooses to reside in the life sharer/provider residence must receive prior approval from a centralized committee, based upon review of the lease to ensure adequate protections for the participant. Participants or legal decision maker need to have to hold the lease and the same protection rights as all renters in CT.

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**4. GENERAL SERVICE LIMITATIONS**

Shared Living residential support model and cannot be used in combination with CLA, CCH, CRS, or Live in Companion/Caregiver.

Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The life sharer may not be a legally responsible family member or legal guardian.

- May be a relative such as a sibling.
- Maybe used in combination with in kind supports(natural), State Plan Medicaid Services, IHS Personal Support, Companion Support and Respite.
- Subject to DOL requirements. Such as Agency Provider Overtime
- Individual and Family Live in domestic exemption (Agency cannot claim live-in exemption)
- Workers Comp guidelines apply
- Life sharer cannot have sole control of the Share Living participants finances
- Not a rotating shift option

**5. SERVICE UTILIZATION AND AUTHORIZATION GUIDELINES**

Every planning and support team needs to ensure the attached checklist is completed prior to moving as part of the Transition Plan.

For each participant choosing not to live in their own home the Centralized Committee would review Lease, choice, adequate protections, emergency back up plan and the attached checklist..

**6. QUALIFIED PROVIDER OR SELF-DIRECTED STAFF REQUIREMENTS**

Prior to Employment- •

- Minimum 18 yrs of age
- Criminal background check
- DDS abuse and neglect registry check
- Sexual Offender Registry
- have ability to communicate effectively with the individual/family
- have ability to complete record keeping as required
- CDS required
- Medication training maybe required

Prior to being alone with the Individual:

- demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques
- demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan

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- demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan, such as medication or behavioral training
- ability to participate as a member of the circle if requested by the individual
- demonstrate understanding of Person Centered Planning

Prior to being alone with the Individual cont'd:

- demonstrate competence/knowledge in positive behavioral programming, working with individuals who experience moderate to severe psychological and psychiatric behavioral health needs and ability to properly implement behavioral support plans\*  
\*if required by the participant

**Entity Responsible for Verification-** DDS, Employer of record and FI  
**Frequency of Verification-** Initial and oversight QSR

**7. UNIT OF SERVICE AND METHOD OF PAYMENT**

Per diem rate negotiated

**8. RATE FOR SERVICE FOR QUALIFIED PROVIDER OR SELF-DIRECTED**

See rate table:

<http://www.ct.gov/dds/cwp/view.asp?a=3166&q=505668>

**9. SERVICE DOCUMENTATION**

Shared Living Provider Agency or Individual- As individual services are provided in the person's own home. Documentation of supports services will be outlined in the Individual Plan. Community integration Plan directed by participant. Follow DDS Policies and Procedures.

**10. HOW TO OBTAIN SHARED LIVING SERVICES**

Prior to developing this service the case manager should

- Step 1-Review the Prescreen Checklist
- Step 2-Completion of the Regional Proposal for Shared Living.
- Step 3-Final Proposal to SD Director prior to centralized committee review
- Step 4-Centralized Committee review scheduled- PRAT review maybe required

\*If Life sharer situation or plan changes it needs to be reviewed by Centralized Committee

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A participant may request this service in collaboration with the Planning and Support Team. Shared Living service must be funded within the person's existing budget unless there are extenuating circumstances that would require PRAT review and approval. Shared Living Services must be included in the *Summary of Supports and Services or IP.6*, indicating the amount and frequency of service. If PRAT recommends denial of the request it will be sent to the Central Office Waiver Unit for review. Requests do not require PRAT approval unless more resources are required or portability between two agencies.

**11. APPLICATION PROCESS AND QUALIFYING Shared Living Provider Agency**

To be included on the list of providers qualified to deliver Shared Living Services, provider agencies must apply to the DDS Operations Center for review and approval. Approval will be based on the criteria specified in the DDS HCBS Waiver Application and this document. Applicants who are not determined to be qualified may reapply in 12 months. A list of qualified providers will be maintained by the DDS Operations Center and will be available on the DDS website.

**Existing Providers** in good standing that wish to become qualified providers of Shared Living Services must meet the qualifications for this service. The application will consist of the following:

1. Application to Amend Services form- If already qualified for CLA or CRS no additional information needed
2. Operation Center will review file for ensuring required policies are on file.

Existing providers shall submit the above within 15 days to prior to starting the service.

**Role of the Qualified Provider:**

- A. Facilitate the development of the relationship and maintain the Shared Living situation.
- B. Conduct initial training for all new applicants providing supports in a Shared living setting
- C. Insure follow up training is completed as needed for and as needed to meet Participant needs.
- D. Attend and participate in transition meeting and transition activities.
- E. Insure the Participant's benefits are in place: this includes, but is not limited to, ongoing reviews of entitlements and assistance in redeterminations of entitlements.
- F. Insure all documentation regarding the participant such as medical and financial records current and available
- G. Attend and participate in the IP planning process and quarterly meetings.
- H. Provide to the DDS case manager a report on each placed Participant in advance of each review meetings or IP that outlines progress on goals and issues needing the review and attention of the Participant's team.
- I. Assist the life sharer with the development and implementation of specific service plans if appropriate.
- J. Be responsible for attending PRC and/or HRC meetings, as necessary. Prepare and submit the identified DDS forms and documentation regarding a Participant's behavior

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treatment plan and/or behavior modifying medications within the established timelines identified by the committee.

- K. Provide Nurse Consulting/health care oversight services and periodic reviews of health needs as identified in the IP for each Participant through appropriately licensed personnel or entities.
- L. Provide Behavioral Consulting services and periodic reviews of behavioral needs as identified in the IP for each Participant.
- M. Insure that the homes maintain all records required, or as may be reasonably required by the DDS, including, but not limited to a log of all personal incidents affecting the Participant, community activities of the Participant, all absences from the provider's home for more than twenty-four (24) hours, and the reason for same, all medical and support services received by the Participant, and full accounting of all the funds held for, or on behalf of, the Participant.
- N. Record attendance in WebRESDAY
- O. Insure that all legal rights of the Participants are protected and safeguarded.
- P. Develop an emergency backup plan
- Q. Provide documented monthly visits to each Participant Home.
- R. Insure completion of Incident Reports and notification of case managers of all the Participant incidents.
- S. Adhere to the DDS Critical Incident reporting procedure.
- T. Assist and cooperate with abuse and neglect investigations, attend and participate in any administrative hearings as well as follow-up on recommendations from investigations, special concerns and protective service plans.
- U. Adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, requirements and assist reach Life sharer to do the same.
- V. Notify DDS of any changes with the life sharer that could impact their status (i.e. new occupants, health status, or arrest). The agency will complete a criminal record check for new life sharers or employees.

**12. APPLICATION PROCESS AND QUALIFYING for Self Directed -Processed by FI**

**Individual Practitioners** who wish to become qualified providers of Shared Living must meet the minimum criteria outlined in section 6. Individual Plan can outline additional requirements to address participant needs.

**The FI will confirm Prior to Employment**

- ✓ • Minimum 18 yrs of age- anyone in home 18 or older
- ✓ • Criminal background check
- ✓ • DDS abuse and neglect registry check
- ✓ Sexual Offender Registry
- ✓ CDS Training

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Employer of Record or Sponsoring Person with assistance from IGS Supervisor- will complete the appropriate attachments. The SDA includes the Employer of record responsibilities.

Role of the Individual Goods and Services Supervisor- recommended

Staff Supervision - This service may be used by an individual to hire an employee as a supervisor to assist with the day to day coordination of services and with day-to-day supervision of direct hire employees. The Self Direction Supervisor must be an objective third party.

Examples of acceptable activities for the supervisor include the following:

- Assistance with day-to-day supervision of staff to meet the outcomes outlined in the Individual Plan
- Training and assistance with daily oversight of staff including the completion of timesheets and documentation of services provided
- Training and assistance with implementing an emergency back-up plan;
- Training and assistance with accessing community services and day-to-day coordination of approved services;
- A Self Direction Supervisor cannot be a legal guardian of a person or an immediate relative (mother, father or sibling).

**Attachments A-Shared Living Agreement- one lifesharer**

**Attachments B-Shared Living Agreement- two lifesharer**

**Attachment C- SDA**

**Attachment D Qualification Checklist for Self directed**

**Attachment E- Qualified providers checklist**

**Attachment F- FAQ's**

**Attachment G- Centralized Committee Review**

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Shared Living Agreement  
Attachment A

“Shared Living: people sharing their lives by living together under the same roof as a family”.

The Individual and the Life sharer have discussed the following and have come to an understanding/agreement:

	<b>Individual Agrees</b>	<b>Life sharer Agrees</b>
Both parties agree they want to live together		
Household chore responsibilities Cleaning Take out garbage Laundry Other -		
Finances- payments Utility bills Rent		
Smoking in the home		
Guest(s)/Overnight guests		
Pets – if allowed by the landlord		
Quiet times		
Meal Arrangements Sharing or not sharing meals Food shopping Cooking		

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 Shared Living Agreement  
 Attachment A

	<b>Individual Agrees</b>	<b>Lifesharer Agrees</b>
Vacations		
Plans when lifesharer is not home/away for a few days – back up support if needed by the individual		
Alcohol in the home		
Parking		
Shared vs. common space		
Storage of personal items		
Other areas discussed		

\_\_\_\_\_  
 Individual's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Lifesharer's Signature

\_\_\_\_\_  
 Date

Additional Information:

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Shared Living Agreement  
 2 Individuals  
 Attachment B

“Shared Living: people sharing their lives by living together under the same roof as a family”.

The Individual and the Life sharer have discussed the following and have come to an understanding/agreement:

	<b>Individual Agrees</b>	<b>Individual Agrees</b>	<b>Life sharer Agrees</b>
Both parties agree they want to live together			
Household chore responsibilities Cleaning Take out garbage Laundry Other -			
Finances- payments Utility bills Rent			
Smoking in the home			
Guest(s)/Overnight guests			
Pets – if allowed by the landlord			
Quiet times			

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 Shared Living Agreement  
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 Attachment B

	<b>Individual Agrees</b>	<b>Individual Agrees</b>	<b>Life sharer Agrees</b>
Meal Arrangements Sharing or not sharing meals Food shopping Cooking			
Vacations			
Plans when lifesharer is not home/away for a few days – back up support if needed by the individual			
Alcohol in the home			
Parking			
Shared vs. common space			
Storage of personal items			
Other areas discussed			

\_\_\_\_\_  
 Individual's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Individual's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Lifesharer's Signature

\_\_\_\_\_  
 Date

Additional Information:

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**Attachment C- SDA**

**State of Connecticut**  
**Department of Developmental Services**  
**Self-Directed Support Agreement**

Individual's Name: \_\_\_\_\_ DDS #: \_\_\_\_\_

**Sponsoring Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**DDS Region:** \_\_\_\_\_ **Case Manager/Broker:** \_\_\_\_\_

As an individual receiving Self-Directed Supports and/or the sponsoring person for Self Directed Supports, I agree to abide by the following Department of Developmental Services requirements:

- To enroll in the DDS Home and Community Based Services Medicaid Waiver.
- To maintain Medicaid eligibility while participating in the DDS Home and Community Based Services Medicaid Waiver.
- To meet all documentation requirements that the department requires for self directed services.
- I agree to stay within the DDS budget allocation established for my supports and services. If for any reason I exceed my DDS budget, I understand I am financially responsible for the overage.
- I agree to require my staff to cooperate and provide requested information pertinent to any investigation concerning services and supports being provided through this DDS Self Directed Support Agreement.
- All payments by the Fiscal Intermediary must be made directly to the provider of the service. Third party payments and advanced payments are not allowed.
- The Fiscal Intermediary will only make payments for services in the budget authorized by DDS. Original receipts are required from vendors for reimbursement for goods and services authorized in the individual budget.
- Any purchase of supports, services, or goods from a party that is related to me through family, marriage, business association or a consensual relationship must be prior approved by DDS.

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- Budget adjustments are limited to a maximum of one time per quarter. (Jan-March, April -June, July - September, October - December) and are only for a change in the supports and services that are included in the Individual Plan.
- All employees I hire must meet the DDS pre-employment requirements prior to their hire date and complete the DDS required trainings within 90 days.
- The sponsoring person cannot be a paid employee.
- All supports and /or services provided by a family member must be reviewed through the Family Hire process. A family member/relative/significant other may not be hired when they: are the legal guardian of the individual; are the legally responsible relative of the individual, are the employer of record, are the parent of a child under 18 who is receiving the service (up to age 21 for VSP parents). No exceptions shall be made to these restrictions on who may be hired by individuals who self-direct their services.
- Funds allocated by the department are only to be used for the direct benefit of the person receiving the allocation. Indirect (non face-to-face) services are not allowed unless specifically identified as an indirect service in the waiver manual or in the Individual Plan. Funds allocated by the department are only to be used for services identified in the Individual Plan and cannot be used for any other supports or services unless included in the Individual Plan. All supports must be provided and recorded on each employee's timesheet according to the definitions for each service type.
- Funds held by the Fiscal Intermediary that are not expended within the budget period are returned to the Department.
- Three bids are required for items, equipment, or home and vehicle modifications over \$2500.
- To enter into an agreement with a Fiscal Intermediary who is under contract with DDS.
- To actively participate in the ongoing monitoring of supports and services and to participate in the department's quality review process.
- Any special equipment, furnishings, or items purchased under this agreement are the property of the service recipient and will be transferred to his or her new place of residence or day program should the person move or be returned to the state when the item is no longer needed.
- To review and follow the DDS False Claims Act Policy provided by the Fiscal Intermediary.
- I acknowledge that the authorization and payment for services that are not rendered could subject me to Medicaid fraud charges under state and federal law. Breach of any of the above requirements with or without intent may disqualify me from self-directing-services.
- I acknowledge that the department may terminate funding for any employee who violates any of the following work rules:

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- *Commits any acts of physical, sexual verbal, or psychological abuse or neglect of a persons with disabilities;*
  - *demonstrates abusive, immoral, indecent , or racially derogatory conduct toward consumers, family members, coworkers, or members of the public;*
  - *commits any act of discrimination or harassment included but not limited to those based on religion, race, color, ancestry, national origin, sex, age, physical disability, mental disability, or sexual orientation;*
  - *uses consumer resources for personal gain;*
  - *brings illegal drugs or alcohol to work and/or is under the influence of illegal drugs or intoxicating liquors while at work;*
  - *brings firearms or weapons to work;*
  - *commits theft of funds or other property from a consumer, family or coworker;*
  - *is convicted of a felony.*
- To notify my case manager if I am no longer able to meet the department’s requirements for Self Direction.

**You must be able to meet the responsibilities listed below. If you are not able to meet these responsibilities independently, you must have additional support identified in the Individual Plan for the areas where support is needed.**

Self Directed Responsibilities	Need Assistance	Do not need Assistance	Assistance to be provided by:
To participate in the development and implementation and review of the Individual Plan.	<input type="checkbox"/>	<input type="checkbox"/>	
To hire, train and supervise my staff to meet the outcomes outlined in my individual Plan.	<input type="checkbox"/>	<input type="checkbox"/>	
To verify and approve time sheets, receipts, mileage logs, and invoices on the required forms and send to the Fiscal Intermediary.	<input type="checkbox"/>	<input type="checkbox"/>	
To review the Fiscal Intermediary expenditure reports provided to me and notify my case manager and Fiscal Intermediary of any questionable expenditure.	<input type="checkbox"/>	<input type="checkbox"/>	

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Self Directed Responsibilities	Need Assistance	Do not need Assistance	Assistance to be provided by:
To complete all forms provided by the Fiscal Intermediary that are required by federal and state laws to become the employer of record.	<input type="checkbox"/>	<input type="checkbox"/>	
To ensure each candidate who is being considered for employment fills out a standard employment application provided by the Fiscal Intermediary.	<input type="checkbox"/>	<input type="checkbox"/>	
To offer employment to any new employee <b><u>on a conditional basis</u></b> until the Criminal History Background Check, Drivers License Check, and DDS Abuse Neglect Registry Check has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	
To follow the department's procedure for candidates with a criminal history conviction record. Anyone on the DDS Abuse Neglect Registry <b><u>cannot</u></b> be employed to provide support to the individual.	<input type="checkbox"/>	<input type="checkbox"/>	
To enter into an agreement with the individual support worker(s) I hire. The Individual Family Agreement with Employee provided by the Fiscal Intermediary identifies the type of supports the employee will provide and the hourly rate of pay.	<input type="checkbox"/>	<input type="checkbox"/>	
To ensure that each employee I hire has read the required training materials and completed any specific training in the Individual Plan prior to working alone with the person.	<input type="checkbox"/>	<input type="checkbox"/>	
To ensure that employees I hire complete the department's College of Direct Supports internet based training requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
To ensure that each employee documents the start and end time for each date of service worked with the consumer and documents the activities and services provided for each date	<input type="checkbox"/>	<input type="checkbox"/>	

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Self Directed Responsibilities	Need Assistance	Do not need Assistance	Assistance to be provided by:
worked.			
To ensure there is financial oversight and accountability of the individual's personal funds and entitlements by someone other than the employee.	<input type="checkbox"/>	<input type="checkbox"/>	

**Signed: Individual** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**By signing above I agree to follow the self direction requirements and responsibilities in this agreement. Failure to adhere to the self-direction responsibilities and requirements can result in removing the ability for you to participate in self directing your services.**

Signed: Sponsoring Person \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**By signing above I agree to follow the self direction requirements and responsibilities in this agreement. Failure to adhere to the self-direction responsibilities and requirements can result in removing the ability for you to participate in self directing your services.**

**Revised:**

**2/25/2016 (AMB)**

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**Attachment D**  
**Qualification Checklist**  
**Self-Directed Staff - Verifying Qualifications for Shared Living**

Checklist for \_\_\_\_\_  
Name of Individual Practitioner

**A completed Qualification Checklist for Self-Directed Staff must be completed prior to being alone with the Individual.**

**To be completed by the Fiscal Intermediary (items 1-2)**

1. Copy of driver's license or other legal document showing proof of minimum of 18 years of age
2. The following background checks should be completed by the Fiscal Intermediary:
  - Criminal Background Check
  - DDS Abuse and Neglect Registry
  - Sexual Offender Registry

**In addition, the qualified Self-Directed Staff should meet the following qualifications:**

- Ability to communicate effectively with the individual/family
- Ability to complete record keeping as required
- Demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques
- Demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan
- Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan
- Ability to participate as a member of the circle if requested by the individual
- Demonstrate understanding of Person Centered Planning
- Demonstrate competence/knowledge in positive behavioral programming, working with individuals who experience moderate to severe psychological and psychiatric behavioral health needs and ability to properly implement behavioral support plans\*
- Medication training maybe required\*  
\*if required by the participant

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**Self-Directed Staff Signature**

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**Name of Person Submitting this Qualification Checklist**

**Date**

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**DDS Checklist for Qualified Providers  
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Attachment E**

**Existing Qualified Providers**

- In good standing with DDS
- [Application to Amend Services](#) – If already qualified for CLA or CRS, Application to Amend Services is not required.  
*Note: Existing providers shall submit the above documents within 15 days to prior starting the services.*
- Required policies must be on file at DDS.

**New Providers**

- The following requirements will be determined at the Provider Qualification Interview:***
  - Ability to communicate effectively with the individual/family
  - Ability to complete record keeping as required
  - Demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques
  - Demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan
  - Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan
  - Ability to participate as a member of the circle if requested by the individual
  - Demonstrate understanding of Person Centered Planning
  - Demonstrate competence/knowledge in positive behavioral programming, working with individuals who experience moderate to severe psychological and psychiatric behavioral health needs and ability to properly implement behavioral support plans\*
  - See detailed role under Section 11 of Shared Living Service Definition

\*if required by the participant

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**Provider Name**

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**Name of Person Submitting this DDS Checklist**

**Date**

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**Attachment F- Frequently Asked Questions**

**1. What is Shared Living?**

Shared Living is a residential option that allows a person who receives funding from DDS to use their funding allocation to pay a caregiver to live in the residence where the person chooses to live. This may be in the person's own home, in the person's leased apartment/home, or in some exceptions, in the caregiver's home or apartment. Exceptions require prior approval from a DDS centralized committee. The paid caregiver cannot be a legally responsible family member or legal guardian.

The person receiving services from DDS and the paid caregiver are expected to share living expenses and the paid caregiver is expected to provide support to the person in return for the per diem wages they are provided. Per Diem rates paid to the caregiver is based upon the person's Level of Need (LON). The Shared Living option is available for any individual receiving residential funding from DDS. The person and their paid caregiver must complete a Shared Living Agreement of Services which outlines the individualized support the paid caregiver will perform; how daily living rules and responsibilities will be shared and implemented and how living expenses will be split.

The Shared Living option requires that a supervisor be hired to assist with the recruitment, assessment, training, coordination and oversight of the caregiver. The supervisor is also responsible for the oversight of respite and additional support that is needed. The responsibilities of the supervisor should be described in a written agreement for services. A family member or other non-paid person may opt to assume an unpaid role of the supervisor. This exception must receive Prior Approval from a DDS centralized committee

Shared Living can be self-directed or can be purchased through a qualified provider. The shared Living Caregiver and the Shared Living Supervisor must meet CT DDS self-direction or provider Shared Living qualifications. Shared Living must result in the person being integrated into usual activities of the family and community life. In addition, there must be opportunities for learning, developing and maintaining skills including ADL's, IADL's, social and recreation activities and personal enrichment. The Shared Living Supervisor provides regular and ongoing supervision of the Shared Living supports to make sure these outcomes occur.

Shared Living requires the life sharer to live in the home and is not a rotating three shift schedule.

**2. Can anyone else live in the home besides the person receiving services from DDS and the caregiver?**

The person receiving services can agree to share their home and their expenses with other people of their choosing. The number of people living in the home, their roles and responsibilities and how they contribute to the living expenses must be described in the Shared Living Agreement. All people's living in the home must each have their own bedroom. The size of the home should accommodate the privacy, space and accommodation needs required by all who live there.

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**3. Can a person receive respite or other supports if they receive Shared Living supports?**

Shared Living cannot be used in combination with CLA, CRS, CCH or Live in Companion supports. All other waiver supports can be used in combination with Shared Living supports. **This depends if the person is doing self-direction versus provider and the person's level of funding. Yes we can bill the waiver for respite services in addition to shared living on the same day but not at the same time**

**4. Can a family own a home where the person and their paid caregiver live? If yes, who is responsible for payment of taxes, mortgage, home maintenance and repair costs, etc.?** Neither DDS rent subsidy funding nor funding received from DDS be used to cover the costs of the caregiver's portion of the living expenses. The person's rent subsidy funds can be used to cover allowable costs of the person's share of the living expenses. See rent subsidy procedure for more detail about what is allowed.

**5. Are rent subsidy funds available if a person receives Shared Living supports?**

The person receiving services from DDS can apply for rent subsidy funding. Rent subsidy funding is not an entitlement. It is only available if funding is available in the DDS budget. Rent subsidy cannot be used to pay the caregivers' portion of rent, utilities or other living expenses.

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**Attachment G**  
**Centralized Committee Review**

**Name of Participant:**            **Region:**            **Date of Review:**

1. Number of Waiver participant(s):
2. Lease or Home ownership:  
 Yes  
 No
3. In kind/ Natural Supports or Parental Support:  
 Yes  
 No
4. Life sharer has opportunities to leave the home for personal pursuits(means not responsible to stay in the home24/7)  
 Yes  
 No
5. Coverage Plan/Backup plan reviewed: ( DOL and FLSA criteria met)  
 Yes  
 No
6. Budget reviewed by Region:  
 Within current funding:  
 Additional 1x funds needed:  
 Additional funds needed:

Recommendations and follow-up questions from Committee: (this is not an approval or denial process)

**Regional Responsibility**

1. Region Develop next steps
2. Notify participant of Review
3. Review SDA- update if necessary new service
4. Review Life sharer Agreement- participant or family completes with Life sharer
5. Current IP- update as per policy
6. Current LON
7. Develop daily rate for Life sharer payment
8. IP6 budget reviewed and approved
9. Any waiver enrollment change needed
10. Placement information updated
11. Any typical transitional responsibilities
12. Participant/Family decides how they want to log daily activities
13. Payroll for all employees is Biweekly- all employees document activities as defined by the IP.