



STATE OF MAINE

OFFICE OF AGING AND DISABILITY SERVICES

SHARED LIVING MANUAL

SEPTEMBER 2016

Acknowledgement

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Section 1: Definitions:

Administrative Oversight Agency is an agency approved by OADS that holds a contract with a Shared Living Provider to provide supervision and monitoring services.

Authorized Entity is the organization authorized by the Department of Health and Human Services (DHHS) to perform specified functions pursuant to a signed contract or other approved signed agreement.

Autistic Disorder means a diagnosis that falls within the category of Pervasive Developmental Disorders, as defined in Section 299.0-299.80 in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (American Psychiatric Association), that manifested during the developmental period, in accordance with the definition of autism codified in 34-B MRSA §6002 and accompanying rules.

Case Manager is a person responsible for assuring the timely convening of the service planning team, developing the Personal Plan, monitoring the planned services received by the member, and for insuring that those services meet the requirements set forth in the member's Personal Plan. This person may also be referred to as an Individual Support Coordinator.

Intellectual Disability means a diagnosis of Mental Retardation as defined in Section 317-319 in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (American Psychiatric Association), that manifested during the developmental period, in accordance with the definition of Intellectual Disability codified in 34-B MRSA §5001. The terms "mental retardation" and "intellectual disability" are used interchangeably in these regulations. Use of the term "intellectual disability" in no way alters the criteria for eligibility set forth in s. 21.03-3(B).

Member is a person determined to be eligible for MaineCare benefits by the Office for Family Independence (OFI) in accordance with the eligibility standards published by the OFI in the *MaineCare Eligibility Manual*. Some members may have restrictions on the type and amount of services they are eligible to receive.

Personal Plan is a member's plan developed at least annually that lists the services offered under the waiver benefit. The Personal Plan may also include services not covered by the waiver but identified by the member. Only covered services included on the Personal Plan are reimbursable. The Personal Plan may also be known as a person centered plan, a service plan, an individual support plan, or an individual education plan, as long as the requirements of Section 21.04-2 are met.

Prior Authorization is the process of obtaining prior approval as to the medical necessity and eligibility for a service.

Shared Living (Foster Care-adult) is a model in which services are provided to a member by a person who meets all of the requirements of a Direct Support Professional with whom that member shares a home. The home may belong to the provider or the member, but the provider

must enter into a contractual relationship with an Administrative Oversight Agency in order to provide services under this model. Only one member may receive services in any one Shared

Section 1: Definitions (Cont.)

Living arrangement at the same time, unless a relationship existed prior to the service arrangement and the arrangement is approved by DHHS. In such case, no more than two members may be served in any one Shared Living arrangement concurrently.

The Shared Living Provider/Direct Support Professional must enter into a contractual relationship with the Administrative Oversight Agency in order to provide services in a Shared Living arrangement. The agency supports the provider in fulfilling the requirements and obligations agreed upon by the DHHS, the Administrative Oversight Agency and the Personal Plan.

Shared Living Provider is a provider who subcontracts with an agency to provide direct support to a member, with whom they share a home. The Shared Living Provider must be a Certified Direct Support Professional (DSP) and comply with the Shared Living Handbook provided by the Department of Health and Human Services (DHHS).

Section 2: Introduction

Shared Living is one option in a range of housing and support services for individuals with intellectual disabilities and autistic disorders. Shared Living is supported by the Department of Health and Human Services (DHHS) through the MaineCare program (Section 21, Home and Community-Based Waiver Services) as one of the least restrictive and most cost effective options of home support services available in Maine. Shared Living allows an individual to live in a family-style setting and become a member of the household, the family, and the community. The Office of Aging and Disability Services (OADS) within DHHS is strongly supportive of Shared Living and will take steps to continue to grow this option for housing and living supports for individuals with intellectual disabilities and autistic disorders. The DHHS regulatory framework implements a team approach to the provision of shared living services, with each member of the team playing a key role in the success of the model. This Manual is designed to provide a guide to Shared Living, including expectations and outcomes.

Section 3: Who is Shared Living for?

Shared Living is for any individual with intellectual disabilities or autism who prefers to live in a family-type home, who is eligible for MaineCare services under the Section 21 Home and Community-Based Waiver, and whose Person-Centered Planning (PCP) team has determined this to be an appropriate living option. Shared Living can be for any individual if the correct match is found. For example, Shared Living is generally not designed for individuals with nursing care needs unless the Shared Living Home Provider has the experience and skills to meet those needs.

Section 4: What are Some Benefits of Shared Living?

Shared Living provides many benefits to both the individual and the Shared Living Home Provider. Community inclusion, for example, has been and continues to be a major focus of supports for people with disabilities. The Shared Living model has proven to be a good means for providing inclusion in a person's community when an individual is matched and well supported by a Shared Living Home Provider. Shared Living can provide a consistent and stable support system while minimizing the impact that is inherent in shift staff residential models related to multiple staff and turnover. Shared Living is a lifestyle choice that allows the Shared Living Home Provider to provide services from their home. Shared Living is a cost effective solution to the residential needs for many adults with intellectual disabilities.

Section 5: What are the Expected Outcomes?

Quality assurance reviews are performed throughout the year by DHHS Office of Aging and Disability Service Quality Management team. This is to assure the highest possible quality and cost-effective services for the individual served and their family and DHHS/OADS. Follow-up reviews will be conducted to ensure follow through on recommendations made by Quality Management. The expected outcomes of Shared Living are that the individual has an improved quality of life through:

- Becoming part of the Shared Living Home Provider's family. The individual is welcomed into and becomes an adult member of the family, participating in family activities.
- Receiving services as identified in their plan and making progress toward goals that have been developed by the person receiving services and their team.
- Becoming part of a community. Community activities and community inclusion are a routine part of the individual's life. The individual is encouraged to participate in activities along with the provider and other family members.
- Continuing to engage in personal interests and relationships, including relationships with his/her family, friends and other unpaid natural supports.

Section 6: Team Member Roles

Administrative Oversight Agency

Administrative Oversight Agencies provide essential contracted consultative services to the Shared Living Home Provider and supportive services to the individual served. A portion of the daily rate billed for the Shared Living program is used to pay for services of the Agency. Administrative Oversight Agencies must:

- Perform recruitment activities, including advertising, home inspections and reference/background checks. The Agency supports the team in vetting new Shared Living Home Providers and assessing whether he/she and his/her home meet the criteria to be a Shared Living Home Provider as defined by DHHS-OADS and MaineCare.
- Participate with the Case Manager, Shared Living Home Provider, the individual and/or Guardian in the matching process which includes making visits to the home and answering questions to ensure the Shared Living Home Provider has the skill set and lifestyle to adequately support the individual.
- Implementation of the Personal Plan is governed by the following:
 - No part of the Personal Plan may be implemented until each person required to sign the Service Agreement has signed it.
 - Any existing Personal Plan is considered to be in effect until all persons required to sign have signed the new Service Agreement.
 - A Personal Plan may not be in effect longer than one (1) year and two (2) weeks from the day on which the last person signed the Service Agreement for the plan.
- Any major changes in an individual's Service Plan may occur only after the Service Agreement has been amended and signed by the individual, Case Manager, Oversight Agency, guardian and/or advocate (when applicable).

- Enter data into DHHS-OADS Enterprise Information System (EIS) for all reports on medication errors and reportable events related to the individual.
- Ensure respite is available as determined on an individual basis and ensure that respite secured by the Shared Living Home Provider meets the standards defined by DHHS-OADS and MaineCare.
- Conduct quality assurance activities as identified in the Person-Centered Plan, and according to DHHS/ OADS and the MaineCare Benefits Manual. The Administrative Oversight Agency must document all quality assurance activities including home visits, phone contacts and consultations.
- Maintain regular contact with the Shared Living Home Provider according to the contract and MaineCare standards.
- Conduct home visits as specified in the contract and MaineCare standards to assess compliance with local health and safety codes, behavioral regulations and behavior plans, appropriate documentation requirements (progress notes and medication administration reports) and general requirements for an appropriate home environment. At a minimum, the Administrative Oversight Agency must do a home visit every other month with phone contact during the month that the home is not visited. The individual residing in the home must be present for at least two (2) of the Administrative Oversight Agency visits per year (*see Appendix D*). All transportation funds set within the rate are to reimburse the oversight agency for their transportation to and from the Shared Living home.
- Collect requisite daily documentation, as required by the MaineCare Benefits Manual. Documentation may be maintained at either the Shared Living Home or at the Administrative Oversight Agency offices. Documentation must be available within 24 hours for MaineCare or DHHS-OADS auditing purposes.
- On behalf of the Shared Living Home Provider, provide billing of MaineCare and disbursement of MaineCare funds for services provided to the individual.
- The DHHS-OADS Shared Living Home Visit Review Tool must be completed twice a year; occurring in collaboration with the Administrative Oversight Agency and Case Manager. Both the Agency and the Case Manager must complete the tool yearly; at separate times and ideally six (6) months apart. The Administrative Oversight Agency must share a copy of the completed Shared Living Home Visit Tool with the Shared Living Home Provider and the Case Manager. The Case Manager must share a copy of the completed Shared Living Home Visit Tool with the Shared Living Home Provider and the Administrative Oversight Agency (*see Appendix G*).
- Complete the required background checks prior to placement and every two (2) years thereafter; in accordance with the MaineCare Benefits Manual (*see Appendix C*).

- Report to the Case Manager, guardian, and to the regional office of OADS (when necessary), any issues with medication administration, documentation, or any other significant issues impacting ongoing support of the individual.
- Partner with the Case Manager to share information and coordinate activities. Share any individual or home-related concerns with the Case Manager. Partner with other Person-Centered Planning Team members.
- Play a key role in quality assurance by providing consultation (per a contractual agreement) regarding compliance with MaineCare regulations as outlined in the MaineCare Benefits Manual and by assessing the quality of life experienced by the individual living in the Shared Living home.
- The Administrative Oversight Agency is responsible for authoring a contract which is signed by the Agency and the Shared Living Home Provider. The purpose of the contract is to clearly outline:
 - The relationship of the parties. Mainly, that the Shared Living Home Provider is a contractor and not an employee of the Agency.
 - The scope and standards of practice for Shared Living.
 - Contractor obligations for training, documentation, home environment, safety, mandated reporting, confidentiality and cooperation with the Agency, and other responsibilities as stated in this Manual.
 - Agency obligations as stated in this Manual.
 - Terms for stipend payments as determined by the Agency.
 - Cause for termination of the contract.
- The Administrative Oversight Agency is responsible for renewing or reviewing the contract on a yearly basis. In cases of a rolling contract, the Oversight Agency will review the terms of the contract being rolled into the following year. The contract will clearly describe all terms listed above and will include signatures of all applicable parties indicating agreement with terms as listed in the contract.
- Some Administrative Oversight Agencies offer training to Shared Living Home Providers and may charge a fee. If the Agency does not offer the training, they will provide a list of alternate training resources.

Shared Living Home Provider

The Shared Living Home Provider is responsible for providing a supportive home environment, inclusion in the community and providing the appropriate level of support. The Shared Living Home Provider is responsible for the day to day activities which accomplish the desired outcomes as identified by the individual's Person-Centered Plan.

The Shared Living Home Provider must:

- Complete the Shared Living Provider Questionnaire (*see Appendix E*)
- Provide daily support and care for the Individual served per the Person-Centered Plan.
- Maintain a clean and healthy living environment in accordance with environmental and safety standards and any necessary individual-specific environmental or safety standards.
- Assist with transition plans, move-in plans, and/or move-out plans. Participate as part of the Person-Centered Planning Team.

Additional responsibilities:

- Attend to the individual's physical health and emotional well-being, to include ensuring that physical exams are completed yearly and dental exams every two years.
- Include the individual in family life and community activities, while assisting the person to develop healthy friendships and relationships within the home and community.
- Provide access to services and activities desired by the individual. This would include religious affiliation (if desired), physical activities, shopping, volunteering, socializing, etc.
- Provide nutritious meals and snacks.
- In collaboration with the Case Manager, ensure the individual they support has transportation to appointments, activities and employment. The Shared Living Home Provider is required to manage all transportation for the individual's wants and needs outside of the MaineCare services.
- Report any unusual incidents to the individual's team (Case Manager, Administrative Oversight Agency and guardian) and, when appropriate, through the Reportable Events Reporting System.
- Protect the confidentiality of all individual-related documents and information.
- Maintain open communication with the Case Manager, Administrative Oversight Agency, guardian and other members of the Person-Centered Planning Team.
- Maintain professional daily documentation in accordance with MaineCare requirements. This includes documentation of progress toward the goals and activities identified in the Person-Centered Plan. This documentation is required by regulation as proof that the MaineCare service for which reimbursement is sought has been provided and is a necessary prerequisite to reimbursement.

- Maintain daily documentation of all medication administered to the individual in accordance with medication administration standards per the DHHS-OADS' Medication Administration in Shared Living and Family Centered Home Support curriculum.
- Enter into a contract for professional support with an Administrative Oversight Agency.
- Report to the Administrative Oversight Agency any changes in household members or legal status of household members.
- Maintain homeowners or renter's insurance at all times.
- Maintain a vehicle which complies with State of Maine laws pertaining to registration, inspection and insurance.
- Maintain proof of vaccinations for pets residing in the home.
- Obtain the required training certifications, adhering to time frames and recertification requirements, and determining where and when the training will be obtained.
- Shared Living Home Providers are responsible for any cost associated with his/her training.

Required trainings:

Direct Support Professional (DSP) training:

The DSP course is an online course obtained through the College of Direct Support. There are "live class" components obtained through Agencies that offer the training.

Medication Administration training:

The Medication Administration course is for people who administer medications only in Shared Living or Family-Centered Home Support settings funded under MaineCare Section 21. This course is for the primary home provider as well as any others who administer medication **only** to the individuals living in the home. Anyone who is paid to administer medications in others settings is not eligible to take this course. This course applies to both types of settings. References to agency policy, agency nurse, supervisor, etc., may not apply to Family-Centered Home Support.

OADS reimburses \$125.00 of the cost for Medication Administration training required for all Shared Living Home Providers.

In order to be reimbursed for the OADS approved Medication Administration course, the Shared Living Home Provider must have successfully completed the core College of Direct Support, Direct Support Professionals online and classroom training modules:

- Introduction to Developmental Disabilities
- DSP Professionalism

- Maltreatment
- Individual Rights and Choice.

Reportable Events training:

Shared Living Providers shall comply with all terms and conditions of the Department's Regulations Governing Reportable Events, Adult Protective Investigations and Substantiation. All providers must receive training in mandatory reporting/reportable events either before they begin work with individuals or, at the latest, within thirty (30) days of entering contract. Reportable Events training can be found at:

<https://www1.maine.gov/dhhs/oads/provider/developmental-services/documents/ReportableEventsTrainingwithaudio2015.pdf>

Other training as identified by the individual's team relevant to the individual's support needs.

Other important information:

The Shared Living Home Provider is self-employed and provides the Shared Living service (Home Support) as an independent contractor of an Administrative Oversight Agency.

- DHHS-OADS acts as the authorizing entity for the service.
- A guardian or family member of an individual who wishes to be the Shared Living Home Provider of that individual must meet all requirements and expectations as any other Shared Living Home Provider. A guardian who is not a blood relative of the individual served may not be the Shared Living Home Provider.
- A Shared Living Home Provider is in business for him/herself and works independently in his/her own home and community with minimal direction and control.
- A Shared Living Home Provider must maintain his/her qualified status by adhering to DHHS-OADS policy, MaineCare rules, and other pertinent State laws and regulations.
- The Shared Living Home Provider supplies: all housing, food, transportation to non-MaineCare locations, equipment, tools, materials, supplies, and care giving activities to perform the provisions of the Shared Living service (Home Support).
- A Shared Living Home Provider has the right to contract with the agency of his/her choice for purpose of providing Shared Living Home services to an individual per DHHS-OADS and MaineCare Benefits Manual rules. If, while under contract for a placement, the Shared Living Home Provider wishes for a change in the Administrative Oversight Agency, the individual served or his/her guardian must consent.
- The Shared Living Home Provider is not paid wages for the services he/she provides. He/she receives a stipend at a rate set by the Administrative Oversight Agency and funded by MaineCare. This payment is classified by the Internal

Revenue Service in Section 131 of the tax code and is a “Difficulty of Care” payment. There are no other financial resources from MaineCare to pay for any additional costs associated with being a Shared Living Home Provider (i.e., food, transportation to non-MaineCare funded locations, equipment, tools, materials, supplies, damage to property).

- The monthly room and board payment amount is to be negotiated between the Shared Living Home Provider and the individual’s representative payee. Room and board is to be used to purchase food, shared utilities and other home operating costs.
- The Shared Living Provider must maintain an annual signed Room and Board agreement.

Case Manager

The individual’s Case Manager, who either works for OADS or a community case management agency approved by OADS, performs important functions and is responsible for:

- Case Managers are responsible for coordinating the Person-Centered Plan meeting and assuring that each service provider adequately describes services within the PCP document in EIS (Enterprise Information System). The Case Manager is also responsible for writing the narrative to summarize the content of and participation in the PCP meeting. The Case Manager is responsible for assuring that Shared Living is identified as a needed service in an individual’s Person-Centered Plan or service plan.
- The Case Manager is the team member primarily responsible for coordinating with Administrative Oversight Agencies to find a Shared Living Home Provider that is a match with the individual’s support needs and specifications for a home. The Case Manager initiates a “vendor call,” which is a request for service, via email that goes out to all Shared Living Administrative Oversight Agencies. The vendor call includes the individual’s gender, age, preferred geographic area, and general support needs based on category (Medical, Behavioral, Personal). The Administrative Oversight Agencies respond to the Case Manager if they have potential matches based on the limited information. The Administrative Oversight Agencies consult with the Case Manager on possible matches and this information is shared with the person and/or guardian seeking a Shared Living Home.
- Once a potential match has been identified, the team, under the coordination of the Case Manager, arranges for a visit to occur during which the Administrative Oversight Agency, Shared Living Home Provider and the individual further explore the potential for a permanent match. This process is adjusted to reflect the needs of the individual and therefore varies from person to person as far as number of visits, overnight stays or other considerations prior to a permanent transition.
- When the individual and/or the guardian choose a home, the Administrative Oversight Agency, Case Manager and individual and/or guardian arrange a transition plan to the new home. The transition plan is developed in a pre-placement meeting prior to a

permanent move. The Case Manager facilitates this meeting and reverts the Person-Centered Plan; making any necessary changes, modifications or adding any miscellaneous items needed to successfully transition the individual into the new living arrangement.

- The Case Manager is responsible for reviewing the proposal created by the Administrative Oversight Agency, ensuring that the PCP accurately reflects current and/or proposed services, and securing the guardian's approval signature. The proposal will be discussed with the Shared Living Provider; securing a signed agreement indicating acceptance of the terms outlined in the proposal. A signed agreement by the guardian and Shared Living Provider, accepting the terms of the proposal, will be obtained on an annual basis.
- The Case Manager then submits a funding request to the OADS Resources Coordinator. The Case Manager is the conduit of the Prior Authorization from DHHS to all the team members.
- Prior to the placement, the Case Manager, whether he/she acts as the representative-payee, should ensure that a discussion takes place between the Case Manager, Administrative Oversight Agency and Shared Living Provider regarding room and board to be paid to the Shared Living Home Provider. The Case Manager will secure a signed Room and Board Agreement indicating acceptance of amount to be paid for room and board. A signed Room and Board Agreement will be renewed on an annual basis.
- The Case Manager assures the transition plan is implemented in collaboration with the Administrative Oversight Agency, Shared Living Home Provider and the individual and/or guardian. The Case Manager conducts a home visit when the individual is present in the home with the Shared Living Home Provider within the first two weeks of placement.
- On one of these visits the Case Manager uses the DHHS-OADS Shared Living Home Visit Review Tool and documents findings within the home. Any pertinent information from the Shared Living Home Visit Review Tool is made available to team members for discussion. The Case Manager must share a copy of the Shared Living Home Visit Review Tool with the Administrative Oversight Agency and Shared Living Home Provider. The Shared Living Home Visit Review Tool will be completed yearly by the Case Manager and Administrative Oversight Agency, at separate times and ideally six months apart.
- A post-placement meeting occurs within 30 days after an individual has moved into a Shared Living Home. The Case Manager facilitates the meeting and reports the results of the two visits. The entire team assesses the transition plan and makes necessary recommendations. More visits addressing any transition issues may occur at the discretion of the Case Manager. At the post-placement meeting the Case Manager and the team determine the future frequency of Case Manager and Administrative Oversight Agency visits to the Shared Living Home (beyond the minimum required).

- Setting up and coordinating “standing order” transportation to MaineCare reimbursed locations (i.e. day program) through a state contracted transportation agency is the responsibility of the Case Manager.
- At a minimum, the Case Manager must do a home visit every other month (some of which are unannounced) with phone contact during the month that the home is not visited. The individual who resides in the home must be present for at least two of the Case Manager home visits per year.
- As outlined in Section 13 of the MaineCare Benefits Manual regarding Case Management Services, it is the responsibility of the Case Manager to assure that the person’s plan, including health and safety issues, goals and objectives, and coordination of services, are implemented by the team. The Case Manager is focused on the outcomes for the individual and works with the team to assure the plan is implemented. They play a key role in assessing the quality of life experienced by the individual supported in a Shared Living home.

Section 7: Shared Living Home Provider Application Process:

A person who has a desire to share his/her home and family life with an individual with intellectual disabilities and autistic disorders may become a Shared Living Home Provider if he/she has:

- Successfully passed background checks as required by the MaineCare Benefits Manual. All other adult household members (18 years or older) who live full or part-time in the home and/or who will provide support and/or transportation to the individual must also pass background checks.
- Successfully passed a home safety inspection conducted by an Administrative Oversight Agency to assure the home meets all health and safety environmental standards according to the MaineCare Benefits Manual and DHHS-OADS.
- Shared Living Home Providers are responsible to ensure that their home meets local housing codes. The Provider will submit a copy of the initial home inspection findings to the Oversight Agency.
- Verified he/she has time to provide daily services/supports which meet the needs of the individual and is willing to work towards the goals the team has identified in the Person-Centered Plan.
- Successfully completed the core College of Direct Support Professional online training modules and an approved medication administration course. The MaineCare rules require Shared Living Home Providers to have and maintain certain training certifications in order to provide services to people with intellectual disabilities and autistic disorders (See section V.).
- Shared Living Home Providers must have a high school diploma or GED and a valid Maine driver’s license.

Once all these requirements are met, the Shared Living Home Provider must contract with an Administrative Oversight Agency and comply with all DHHS-OADS and MaineCare requirements.

Section 8: How to become a Shared Living Home Provider:

If you are interested in becoming a contracted Shared Living Home Provider, please complete the Shared Living Provider Questionnaire which can be found at:

<http://www.maine.gov/dhhs/oads/provider/shared-living/forms-protocols.html>. Submit the completed questionnaire to the Administrative Oversight Agency of your choice. Questionnaires may be submitted to more than one Agency.

See *Appendix E* for a sample of the Shared Living Provider Questionnaire.

For a list of Agencies, visit: <http://www.maine.gov/dhhs/oads/provider/developmental-services/directory/index.html>

Section 9: Shared Living Power Point Presentation:

A Shared Living Power Point Presentation can be found on the maine.gov website at:

<http://www.maine.gov/dhhs/oads/provider/shared-living/training-info.html>

Section 10: Appendices

All forms listed below as Appendices can be found on the maine.gov website at:

<http://www.maine.gov/dhhs/oads/provider/shared-living/forms-protocols.html>

Appendix A: Shared Living Quality Assurance Checklist



Shared Living Quality Assurance Checklist

Provider Name: _____ Date: _____

Date of Contract: _____

Individual's Date of Birth: _____

Name of Individual Completing this Form	Document	Date listed on Document (if applies)	Check off if found in Record
	Shared Living Contract		
	Shared Living Questionnaire		
	Copy of DSP Certificate		
	Copy Driver's License (every driver)		
	Copy of HS Diploma or GED		
	Copy of Automobile Registration		
	Copy of Automobile Insurance		
	Copy of Home Owner/Renter's Insurance		
	Proof of Vaccinations for Pets		
	Copy of Member's Current PCP		
	Copy of CNA-M/CRMA Certificate, SL Medication Certificate, or RN License		

Name of Individual Completing this Form	Document	Date listed on Document (if applies)	Check off if found in Record
	Member Information (MaineCare Manual 21.09 Member Records)		
	Progress Notes that identify progress toward goals outlined in the PCP (includes signature)		
	Progress Notes that document the level of services per the PCP		
	Collected requisite daily documentation		
	Collected Medication Administration Reports (MAR's)		
	Confirmation that the licensee (if applicable) is in good standing with the licensing board		
	Agency conducted home visits <i>every other month (member present for at least 2 per yr.)</i>		
	Agency conducted phone contact <i>every other month (month the home is not visited)</i>		

-----Administrative Use Only-----
Annotate date of enrollment or completion of training

Include Name of Individual completing this form if different from name listed above

Date of Contract: _____

Date Completed:

_____ Adult Protective Check. Check must be completed *prior to entering contract*.

_____ Criminal Background Check completed *prior to entering contract* on:

- Provider
- Everyone living in the home on a full or part time basis
- Everyone providing support to the individual

_____ Criminal Background Check must be completed *at least every 2 years* after the initial check.

_____ CNA Check

_____ BMV Check.

_____ Medicaid Exclusion List

_____ Medication Administration Training prior to administering medications to Member.

_____ Reportable Events Training prior to working with member or at least *within 30 days of entering contract*.

_____ Completed the Four (4) Modules from the College of Direct Support. Required to complete *prior to providing services to the member alone*.

1. Introduction to Developmental Disabilities
2. Professionalism
3. Individual Rights and Choice
4. Maltreatment

_____ Completed the Direct Support Professional (DSP) curriculum, *or* demonstrated proficiency through DHHS's approved Assessment of Prior Learning, *or* has successfully completed the curriculum from the Maine College of Direct Support *within 6 months of date of contract*.

_____ Agency completed the DHHS-OADS Shared Living Home Visit Review Tool *yearly*.

_____ Case Manager completed the DHHS-OADS Shared Living Home Visit Review Tool

yearly.

Revised September 2016/BC/PCU

Appendix B: Shared Living Member Record



Shared Living Member Record

Member Name: _____

Address: _____

MaineCare #: _____ **Date of Birth:** _____ **Date of Current PCP:** _____

Diagnosis:

Medical History:

Social History:

Is more than one (1) Member receiving services within this Shared Living arrangement?

Yes _____ No _____

If yes, is there evidence to support that DHHS has approved this arrangement?

Yes _____ No _____

Evidence of DHHS approval must be kept in each Member record.

Only one (1) member may receive services in any one Shared Living arrangement at the same time, unless a relationship existed prior to the service arrangement and the arrangement is approved by DHHS. In such cases, no more than two (2) members may be served in any Shared Living arrangement concurrently.

Appendix C: Shared Living Background Check Statement



Shared Living Background Check Statement

Date: _____

Name of Contractor: _____ Date of Contract: _____

Name of Member living in the Home: _____

Complete the following to include date checks were completed on everyone 18 years or older.

Name of all Individuals Living in the Home and Individuals who Provide Transportation.	Lives in the Home	Provides Transportation to the Member	Date Of Birth	Date of Adult Protective Check	Date of Initial Criminal Background Check	Date of Criminal Background Check following Initial Check

All information listed above will be updated on an annual basis. Any changes in household members or legal status of household members and/or those providing transportation prior to the annual date will be immediately reported to the Administering Agency.



Appendix D: Shared Living Home Visits/Phone Contact Log

Shared Living Home Visits / Phone Contact Log

Assess compliance with local health and safety codes, appropriate documentation requirements (progress notes and medication administration reports) and general requirements for an appropriate home environment.

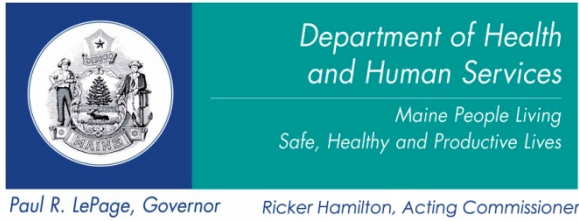
Provider Name: _____

Agency must do a Home Visit every other month with phone contact during the month that the home is not visited. The member must be present for *at least 2 visits per year*.

Annotate date of Home Visit / Phone Contact

Date of Home Visit (include year):		Date of Phone Contact:	Staff Initial:
January_____	____Member present	January _____	_____
February_____	____Member present	February _____	_____
March_____	____Member present	March _____	_____
April_____	____Member present	April _____	_____
May_____	____Member present	May_____	_____
June_____	____Member present	June _____	_____
July_____	____Member present	July _____	_____
August_____	____Member present	August _____	_____
September_____	____Member present	September _____	_____
October_____	____Member present	October _____	_____
November_____	____Member present	November _____	_____
December_____	____Member present	December _____	_____

Appendix E: Shared Living Provider Questionnaire



Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax: (207) 287-3005
TTY Users: Dial 711 (Maine Relay)

Shared Living Provider Questionnaire

Contractor Information and Qualification Questions:

Business Name (may be your personal name):		
Address:		
Years at current address:	Prior address:	
Phone #:	Cell phone #:	
Email Address:		
Names of other adults (over 18) living in the home:		
How did you learn about being a Home Provider or Respite Provider?		
<input type="checkbox"/> Newspaper/Advertisement Neighbor	<input type="checkbox"/> Agency contact	<input type="checkbox"/> Word of Mouth/Relative or
<input type="checkbox"/> Other Source (please specify):		

1. Do you understand that you and the other adults living in your home will be subject to multiple types of background checks before completing this process?
() Yes () No
2. Are you a legal resident of Maine or the United States? () Yes () No
3. Do you have a valid Maine Driver's License? () Yes () No
4. Do you have an automobile and insurance for the automobile? () Yes () No

5. Have you ever been investigated for abuse/neglect to children or other individuals?
() Yes () No (If yes, explain below on this page)
6. Have you ever had a license or certification, to operate a residential care facility denied or placed on conditional status? () Yes () No (If yes, explain below on this page)
7. Are you currently, or have you ever, been a home provider?
() Yes () No
If yes, what agency(s) have you contracted with? (If yes, explain below on this page)
8. Have you, or anyone in the household, been convicted of any crime?
() Yes () No (If yes, explain below on this page)
9. Has anyone in the household ever been the subject of an investigation by a State agency involving the rights, abuse or exploitation of someone in their care/custody? () Yes () No (If yes, explain below on this page)
10. Are you on the Medicare Exclusion list with the Office of the Inspector General?
() Yes () No (If yes, explain below on this page)

Shared Living Provider Questionnaire

Personal References: (Other than family members. Do not include work relationships)

- | | |
|---------------|--------------------|
| 1) Name _____ | Phone # _____ |
| Address _____ | Relationship _____ |
| 2) Name _____ | Phone # _____ |
| Address _____ | Relationship _____ |
| 3) Name _____ | Phone # _____ |
| Address _____ | Relationship _____ |

May OADS or a contracting agency contact the above references? () Yes () No

Contractor Living Situation, Home Environment and Physical Plant

Do you own your home () or rent ()? (Check one)

Do you have Home Owners / Renters Insurance? () Yes () No

Do you see any changes in your current living situation in the next year?

() Yes () No

Do you understand that you may be required to update your home according to local housing codes in order to be eligible for this program? () Yes () No

Experience, Educational and Training History

Do you have a High School Diploma or a GED? () Yes () No

Name of High School where Diploma/GED was obtained: _____

Are you certified as a CRMA / DSP/ BHP / CNA / PSS / First Aid / CPR (circle all that apply).

Please list other educational experiences, trainings and certifications:

What prompted you to pursue becoming a residential provider for a person with disabilities?

Shared Living Provider Questionnaire

Professional History

Most Recent Work: (please list at least 3, Homemaker is acceptable to list)

- a) Business/Company Name: _____
Address: _____
Phone: _____
Supervisor: _____
Dates of service: _____
Position: _____
Reason for Leaving: _____
- b) Business/Company Name: _____
Address: _____
Phone: _____
Supervisor: _____
Dates of service: _____
Position: _____
Reason for Leaving: _____
- c) Business/Company Name: _____
Address: _____
Phone: _____
Supervisor: _____
Dates of service: _____
Position: _____
Reason for Leaving: _____

May DHHS-OADS or a contracting agency contact the above individuals or entities for references regarding your ability to care for people? () Yes () No

Have you received a copy of the Shared Living Handbook? () Yes () No

Please describe your experience with people with disabilities or other human services below:

Shared Living Provider Questionnaire

PLEASE NOTE! In order to be considered as an independent contractor to provide MaineCare services, it will be necessary to answer some very personal questions regarding yourself and members of your household.

The process for engaging as a Shared Living Home Provider consists of, at a minimum, the following steps:

- ◆ Obtain and review the Shared Living Option Handbook issued by the State.
- ◆ Complete the Shared Living Questionnaire.
- ◆ Submit this questionnaire to any (and every) Shared Living Administrative Oversight Agency. A list can be found on the DHHS-OADS website, providers are listed by counties. http://www.maine.gov/dhhs/OACPDS/DS/resource_directory/index.shtml
- ◆ As a Shared Living Home Provider you must meet the following basic requirements of MaineCare, the Shared Living program and the Section 21 Waiver program:
 - Background checks for you and those that live with you over the age of 17.
 - Meet with each agency you may hope to contract with.
 - Have a home inspection performed by each agency.
 - Training requirements must meet State requirements and be within certain time frames depending on the training, which are:
 - Shared Living Medication course or CRMA
 - Direct Support Professional (DSP)
 - Other trainings as required by the individual's team.

If you are qualified as a Shared Living Home Provider, additional questions will be asked of you to assist the individual, their family, their team members, case worker and the Administrative Oversight Agency in making the best possible decision/match in order to provide quality supports for each individual. When a match is made, the Administrative Oversight Agency and you will enter into a formal contract for you to provide Shared Living services as an independent contractor.

Thank you for your honest and candid responses.

Signature: _____ **Date:** _____

Appendix F: Shared Living Home Inspection Checklist



Shared Living Home Inspection Checklist

Name: _____

Address: _____

Reviewer: _____

Date: _____

Additional Docs Used in this Review: Local Housing Codes

Yard:

- a. What condition is the yard/lawn/area surrounding the house in?
- b. Is the yard clear of debris, trash and clutter?
- c. What supplies are on hand to deal with ice and snow removal and where are they stored (i.e. shovel, salt, etc)?
- d. What supplies are on hand to deal with spring/summer/fall lawn maintenance and where are they stored (i.e. lawn mower, rake, etc)?
- e. What problems do you notice?
- f. How will you address the problems you identified? (what, who, when)

Exterior of the House:**Interior of the House:**

- a. Is the driveway and walkways in good condition and clear of debris, trash and clutter?
- a. Are all areas well-lit?
- b. Where is the trash receptacle stored?
- b. Are walkways, stairways, and exits free of clutter/obstructions?
- c. Are outdoor entrances well-lit?
- c. Are all walking surfaces free of slip, trip, and fall hazards?
- d. Are stairs and/or ramps leading into the home sturdy and are handrails in place?
- d. Is flooring in good condition?
- e. Is there any peeling paint, broken siding or trim?
- e. Are furnishings in good condition?
- f. In two-story homes are fire escapes in place and in good condition?
- f. Is the client bedroom of reasonable size, include windows, closet space, a bed, chair, lamp and dresser?
- g. What problems do you notice?
- g. Are there any noticeable odors?
- h. How will you address the problems you identified? (what, who, when)
- h. Is the temperature reasonable?
- i. Do windows, doors and screens allow for reasonable ventilation and insulation?
- j. Are hard wired smoke detectors located on each level of the home?
- k. Are carbon monoxide detectors plugged in (outside of kitchen area) and in working order?
- l. Is it easy for the client to exit the home in a reasonable and safe time in case of emergency?
- m. Are all electrical appliances and cords in good condition?
- n. Are any extension cords or power strips being used and are they in good condition?
- o. Are outlets located within 3 feet of water sources?

- p. Please note the location of the electrical circuit breaker box:
- q. Are all circuits accurately labeled and easy to read?
- r. What type of heating source is used?
- s. Check the hot/cold water temperature.
- t. Please note the location of the emergency oil burner switch if applicable:
- u. Are windows of reasonable size for people to get out of and EMS personnel to get into?
- v. Does the home have a fire extinguisher? Where is it located?
- w. What kinds of physical plant modifications are in place to best meet the needs of people supported:
- x. What problems do you notice?
- y. How will you address the problems you identified? (what, who, when) N/A

Pet records are on file and up-to-date (rabies shots)? Yes / No / Not applicable

Comments:

Additional Comments/Follow-up:

Would I want to live here?

What follow-up is necessary to ensure this home is safe for the client living there?

_____	_____	_____/_____/____
Reviewer's Signature	Printed Name	Date of Review
_____	_____	_____/_____/____
Reviewer's Supervisor Signature	Printed Name	Date of Review

Revised September 2016/BC/PCU

Appendix G: Shared Living Home Visit Tool



Shared Living Home Visit Review Tool

The Shared Living Home Visit Review Tool must be completed twice a year. Both the Administrative Oversight Agency and the Case Manager must each complete the tool at separate times during the year; ideally six months apart.

Completed by: Administrative Oversight Agency ☐ Case Manager ☐

Consumer Name:		(Last, First M)		EIS Number	
Consumer Home Address:		Street		City	
				Zip	
Shared Living Home Provider Name			Administrative Agency Name		
Case Manager /Agency Reviewer Name			Reviewer's Supervisor Name and Affiliation		

Date of Home Visit: ____/____/____

Date of Last Home Visit: ____/____/____

1. Reason for Home Visit:

☐ Scheduled visit

☐ Unscheduled visit

☐ Change in residency

Date of placement: ____/____/____

☐ Reportable Event Follow-up

Date of reportable event: ____/____/____

☐ Other: ____

*If the Case Manager is completing the tool due to a change in residency, the home visit must be conducted and the tool completed within the first 2 weeks of placement. The consumer must be present.

2. Is the consumer present at the time of the home visit? ☐ No ☐ Yes (The consumer must be present for at least two of the CM home visits and two of the Administrative Oversight Agency visits per year).

3. Date of last contact with consumer: ____/____/____

4. Guardianship Status: ☐ No ☐ Yes, private guardian ☐ Yes, public guardianship

5. Medication: ☐ Yes, takes prescription medication
☐ Yes, takes non-prescription medication
☐ No, does not take medication (go to question 7)

6. If taking medication, level of support needed for medication administration.

- ☐ Needs full assistance
☐ Needs some level of assistance
☐ Able to self-administer medication*

* Documentation from the medical provider verifying approval for the consumer to self-administer medication is required. Provider verification must be in the consumer's record.

7. Is the Provider certified as a CRMA, CNA-M, or RN? Y ____ N ____

8. Individual reports and documents reviewed in preparation for the visit and/or during the visit:

Written daily progress notes current to within 24 hours (dated & signed) Y ____ N ____

Reportable Events and Agency Incident Reports in file (**may be kept in Agency file**) Y ____ N ____ N/A ____

Permission from Guardian for medical treatment is updated annually Y ____ N ____ N/A ____

Informed Consent contact logs are current Y ____ N ____ N/A ____

Medication tracking sheets (MAR) are current Y ____ N ____ N/A ____

Medical visit forms Y ____ N ____ N/A ____

Annual Physical Form on file Y ____ N ____ Date of last annual physical ____/____/____

Dental visits Y ____ N ____ Date of last dental appt. ____/____/____

Fire Drills Reviewed Y ____ N ____

Medicaid Attendance and/or Respite Need/Use Reviewed Y ____ N ____

Date of last Person Centered Plan: ____/____/____ Date Person Centered Plan was reviewed: ____/____/____

Unmet Needs Identified Y ____ N ____ N/A ____

If yes, Unmet Needs Identified as: _____

Comments: _____

Shared Living Home Visit Review Tool

II. Consumer Status: Consumer must be present for at least two of the Case Manager home visits and two of the Administrative Oversight Agency visits per year. Report all pertinent observations.

I. Physical Site: Indicate areas that have been assessed during the home visit. Additionally, if the area warrants follow-up, mark the appropriate column. Identify the concern/need in the comment section to discuss and plan for remediation.

Observations	Assessed	Additional Follow-Up	Guidelines (In addition to MaineCare requirements, the following prompts may be used as points to consider while assessing for health, safety, compliance and good practice)
▪ Cleanliness			<input type="checkbox"/> Home is clean (dirt, trash, unusual odors etc.). Note any recent issues with pest control.
▪ Odors			<input type="checkbox"/> Temperature in the home is appropriate (consider how the consumer and home provider are dressed).
▪ Temperature/home			<input type="checkbox"/> Water temperature is appropriate (hot/cold water temperature).
▪ Temperature/water			<input type="checkbox"/> Personal hygiene is addressed appropriately. Consider specific arrangements for and needs of the consumer such as necessary personal care items (soap, towels, deodorant, sanitation, etc.).
▪ Personal Hygiene			<input type="checkbox"/> Dietary needs are addressed appropriately. How and where food is stored. Consider specific arrangements for and needs of the consumer such as mealtime, etc.
▪ Dietary Needs			
Comments: Note details of concerns or issues to review for follow-up. <i>Include all steps taken for follow-up on page 7 of tool.</i>			
▪ Maintenance of home (exterior & interior)			<input type="checkbox"/> Home is in good repair (working appliances, paint & furniture in good condition, no broken windows, doors etc.).
▪ Fire Precautions			<input type="checkbox"/> Interior and exterior of the home is free of potential hazards of falls, bodily harm, etc.
▪ Environmental Modification			<input type="checkbox"/> Considerations to consumer or situation posing risk to consumer (elopement, abuse). Note anything posing risk/harm to consumer's health or safety.
▪ Adaptive Equipment			<input type="checkbox"/> Adequate space and lighting.
▪ Access/Mobility (private/common areas)			<input type="checkbox"/> Fire safety includes escape plans, fire extinguishers and smoke alarms. Fire extinguishers and smoke alarms are in good working order and the expiration date valid.
			<input type="checkbox"/> The prescribed or necessary equipment and/or modification are present, used properly and in good repair (including handrails, ramps, wheelchair, and communication device). Note if they are approved & do not unduly restrict consumer.
			<input type="checkbox"/> Consumer has the ability to move safely throughout the home; in/out during an emergency.
Comments: Note details of concerns or issues to review for follow-up. <i>Include all steps taken for follow-up on page 7 of tool.</i>			
▪ Personal Rights			<input type="checkbox"/> Appropriate interaction with home provider (respectful, attentive, responsive to consumer's needs).
▪ Choice			<input type="checkbox"/> Observations of consumer's opportunity for connections to community life including work and personal support networks. Consumer is able to express choice in decisions (including budgeting, wardrobe, food, activity, and visitation).
▪ Money, personal belongings			<input type="checkbox"/> Any undue restrictions to consumer's rights, including privacy, mobility, access to money, food, and personal belongings.
Comments: Note details of concerns or issues to review for follow-up. <i>Include all steps taken for follow-up on page 7 of tool.</i>			

III. Consumer Interview: Review domain areas with the consumer, using the prompts to help assess the consumer's overall satisfaction. Efforts should be made to talk with the consumer in areas including health, residence, work/day program, satisfaction with services and supports, quality of life etc. Include comments around assessment for safety, unmet needs, satisfaction etc. Indicate if the domain area was assessed, noting consumer's satisfaction or dissatisfaction. If the consumer has expressed dissatisfaction in any of the domains, the CM will document and follow-up. The Case Manager will check areas in which to follow up.

- ☐ The consumer was not present at the time of visit.
☐ The consumer chose not to participate in the interview.
☐ The consumer's ability to communicate was not sufficient for Case Manager to assess domain areas by interview.
☐ Provider or *other*: _____ was present during the interview for assistance, or safety.

Domain Area	Comments	Assessment <i>If follow-up is selected, include all steps taken for follow-up on page 7 of tool.</i>
General Health/Wellbeing <i>How have you been feeling? Have you been to the doctor, dentist? Any change to medications?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Home <i>How are things at home? Do you like living here? Do you feel safe?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Home Provider <i>Do you get along with your home provider? Do you feel you are treated fairly and respected?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Work/ Day Program <i>Do you like where you work/go during the day? Would you like to have a [different] job or other place to go? Do you feel safe there?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Work/ Day Program Staff <i>Do you get along with your work/day program staff? Do you feel you are treated fairly and respected?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Inclusion <i>Do you have things you like to do outside the house, like shopping, going out to eat, or someplace fun? Does the home provider help you get out into the community if you want to?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Relationships <i>Do you have someone you can talk to about personal things? Do you have help to plan to see friends/family when possible?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed
Planning/Services <i>Do you get the services you need? If you want to change something, do you have someone to talk to about it? Are there things that you want to talk about at PCP?</i>		<input type="checkbox"/> General satisfaction <input type="checkbox"/> Expressed dissatisfaction <input type="checkbox"/> Follow-up <input type="checkbox"/> Not assessed

Shared Living Home Visit Review Tool

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IV. Residential Record: Indicate areas that have been assessed during the home visit. Additionally, if the area warrants follow-up, mark the appropriate column. Identify the concern/need in the comment section to discuss and plan for response.			
Record Components	Assessed	Additional Follow Up	Guidelines <i>(In addition to MaineCare requirements, the following prompts may be used as points to consider while assessing for health, safety and good practice)</i>
<input type="checkbox"/> Record Maintenance			<input type="checkbox"/> Record is in order and documents can be located. Documentation reflects provider is following written protocols, MaineCare requirements and best practices. <input type="checkbox"/> The most recent plan is contained in the record. Indication that the guardian is participating in planning (at the minimum signed off on the plan). The plan is individualized for the consumer. The plan identifies all services, unmet needs etc. <input type="checkbox"/> Notes document progress toward goals outlined in the PCP. <input type="checkbox"/> Notes document level of services provided according to the PCP. <input type="checkbox"/> All needs are identified and addressed appropriately. <input type="checkbox"/> Supporting documentation of current status, his/her goals, authorized services etc. Documentation reflects efforts to address that the consumer is involved in community life, is in contact with unpaid supports and participates in decision making etc. <input type="checkbox"/> Documentation supports that the Provider is in compliance with Behavior Plans.
<input type="checkbox"/> Current, approved PCP			
<input type="checkbox"/> Routine documentation of progress notes			
<input type="checkbox"/> Notes are meaningful, reflecting services			
<input type="checkbox"/> Services/Supports			
<input type="checkbox"/> Unmet needs			
<input type="checkbox"/> Behavior Plans			
Comments: Note details of concerns or issues to review for follow-up. <i>Include all steps taken for follow-up on page 7 of tool.</i>			
<input type="checkbox"/> Current medical exams (physical, dental, vision)			<input type="checkbox"/> Documentation reflects at least an annual physical exam within the last year, timely dental and other exams. Recommendations are clearly noted & addressed. <input type="checkbox"/> If the consumer is under guardianship, the documentation clearly notes the guardian was contacted prior to the consumer's appointment/treatment. Provider tracks documentation of consent. <input type="checkbox"/> Documentation reflects that Physician recommendations are being implemented and followed.
<input type="checkbox"/> Physician recommendations			
<input type="checkbox"/> Prior consent for treatment			
Comments: Note details of concerns or issues to review for follow-up. <i>Include all steps taken for follow-up on page 7 of tool.</i>			
<input type="checkbox"/> Medication tracking system			<input type="checkbox"/> Medications are stored and tracked appropriately. MAR is used and up to date with current medication regime. Administration policies are in place. <input type="checkbox"/> Corresponding doctor's order to prescription on file. <input type="checkbox"/> The provider is following reportable event procedure for missed and/or refused dosages. <input type="checkbox"/> If the consumer is under guardianship, the documentation clearly notes that the guardian was contacted prior to the changes in medications. Provider tracks documentation of consent.
<input type="checkbox"/> Prior consent re:changes to medication regime			

Comments: Note details of concerns or issues to review for follow-up. *Include all steps taken for follow-up on page 7 of tool.*

Shared Living Home Visit Review Tool

V. Supervision: All Home Visit Review tools are to be reviewed with the assigned reviewer's supervisor (when applicable). Reviewer (Administrative Oversight Agency and Case Manager) and supervisor will maintain copies of the tool. Following review of findings, the reviewer and their supervisor may discuss reasonable steps to address concerns. **Any person identified as the 'Responsible Person' will be notified, and at minimum, receive a copy of page 5 of the Home Visit Review tool.** Action steps will be documented in the EIS Action Note. DHHS will be made aware of ongoing concerns, action steps and resolutions. The PCP team will meet and plan whenever there are notable concerns. Note: The term 'supervisor' pertains to the Case Manager Supervisor.

10. Following the home visit, are there any issues, concerns or needs that warrant follow-up?

Y ____ N ____ (If yes, please specify in the table listed below).

11. Has a Reportable Event been submitted based on the findings of this review? Y ____ N ____

12. Was the Case Management Record reviewed? Y ____ N ____ N/A ____

If yes, ____ Hard Copy Record ____ EIS Electronic Record

VI. Other Related Documents: To be completed by the Administrative Oversight Agency ONLY.

Document/Certificate	Found in Record	Not Found in Record	Date Completed
Shared Living QA Checklist			
Shared Living Member Record			
Shared Living Background Check Statement			
Shared Living Home Visit / Phone Contact Log			
Shared Living Provider Questionnaire			
Shared Living Home Visit Tool (Completed by Agency)			
Shared Living Home Visit Tool (Completed by CM)			
Personal Support Services Agreement (signed & renewed yearly) Optional			
Adult Protective Check (to include provider and everyone living in the home or providing support)			
Criminal Background Check- initial (to include provider and everyone living in the home or providing support)			
Criminal Background Check - at least every 2 years after initial (to include provider and everyone living in the home or providing support)			
Medication Administration Training (CNA-M, CRMA, or RN)			

Medication Administration Training (8 hour)			
Reportable Events Training			
DSP Training			

Shared Living Home Visit Review Tool

Issue/Concern	Action	Person Responsible for Follow-Up	Date Responsible Person was Notified	Date Action Note Entered in EIS by CM

Please attach separate sheet if additional space is needed

Coordinator/Reviewer Comments:

A copy of this review has been received by: (Check all that apply)

☐ Case Manager ☐ Case Manager Supervisor ☐ Administrative Agency ☐ SL Provider

CM Signature: _____

Date: ____/____/____

CM Supervisor Signature: _____

Date: ____/____/____

Administrative Agency Signature: _____

Date: ____/____/____

Shared Living Home Visit Tool / Revised September 2016 / BC / PCU



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