

Supported Living (Level 1 – T2033, Level 2 T2033 HI, Level 3 – T2033 TF)

Supported Living provides a flexible partnership that enables a person/s to live in their own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the person/s. The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the individual/s, budget management, attending appointments, and interpersonal and social skills building to enable the individual to live in a home in the community. Training activities, supervision, and assistance may be provided to allow the person to participate in home life or community activities. Other activities include assistance with monitoring health status and physical condition, and assistance with transferring, ambulation and use of special mobility devices. Transportation is an inclusive component of Supported Living to achieve goals and objectives related to these activities with the exception of transportation to and from medical services covered through the Medicaid State Plan.

This service is distinct from Residential Supports in that it provides for a variety of living arrangements for individuals who choose to live in their own home versus the home of a provider. A person's own home is defined as the place the person lives and in which the person has all of the ownership or tenancy rights afforded under the law. This home must have a separate address from any other residence located on the same property. Persons living in a Supported Living arrangement shall choose who lives with him/her, are involved in the selection of direct care staff, and participate in the development of roles and responsibilities of staff. Persons receiving Supported Living have the right to manage personal funds as specified in the Individual Support Plan. A formal roommate agreement, separate from the landlord lease agreement, is established and signed by individuals whose name is on the lease.

The provider of Supported Living services shall not:

- a. Own the person/s' home or have any authority to require the person/s to move if the person/s changes service providers.
- b. Own, be owned by, or be affiliated with any entity that leases or rents a place of residence to a person if such entity requires, as a condition of renting or leasing, the person to move if the Supported Living provider changes.

The Supported Living provider shall be responsible for providing an individualized level of supports determined during the assessment process, including risk assessment, and identified and approved in the Individual Support Plan (ISP) and have 24 hour per day availability, including back-up and relief staff and in the case of emergency or crisis. Some persons receiving Supported Living services may be able to have unsupervised periods of time based on the assessment process. In these situations a specific plan for addressing health and safety needs must be included in the ISP and the Supported Living provider must have staffing available in the case of emergency or crisis. Requirements for the person/s safety in the absence of a staff person shall be addressed and may include use of tele care options. When assessed to be appropriate Assistive Technology elements may be utilized in lieu of direct care staff.

To ensure the intent of the definition to support persons to live in a home of their own and achieve independence, Supported Living shall not be provided in a home where a person lives with family members unless such family members are a person receiving Supported Living, a spouse, or a minor child. Family member is defined as a parent, grandparents, siblings, grandchildren, and other extended family members. In addition, it also includes step-parents, non-minor step-children and step-siblings and non-minor adoptive relationships. All persons receiving Supported Living services who live in the same household must be on the lease unless the person is a live-in caregiver.

Reimbursement for Supported Living shall not include payment for services provided by the spouse of a person or to family members as defined in this service definition or legal guardian. The Supported Living provider and provider staff shall not be a member of the person's immediate family as defined in this service definition and reimbursement shall not include payment for Supported Living provided by such persons.

A Supported Living home must have no more than three (3) residents including any live-in caregiver providing supports per SL2011-202/HB509. A live-in caregiver is defined as an individual unrelated to the person and who provides services in the person's home through the Supported Living provider agency and is not on the lease.

The provider must develop an individualized staffing plan and schedule. The staffing plan is based on the person/s preference and on the assessment and ISP process, including risk assessment. The plan must ensure staffing is adequate to protect the health and safety of the person and to carry out all activities required to meet the outcomes and goals identified in the ISP. The plan must address staff coverage for back-up and relief staff.

Reimbursement for Supported Living shall not be made for room and board with the exception of a reasonable portion that is attributed to a live-in caregiver who is unrelated to the person and who provides services in the person's home. Reimbursement shall not include the cost of maintenance of the dwelling. Residential expenses, e.g. phone, cable, food, rent) shall be apportioned between the residents of the home, and when applicable, the live-in caregiver. Rates for Supported Living include payments of relief and back-up staff.

Homes leased under Section 8 Housing are licensed and inspected by the local housing agency and must meet the housing quality standards per 24CFR 882-109.

Staffing Plan for Supported Living Services

The provider must develop an individualized staffing plan and schedule. The staffing plan is based on the person/s preference and on the assessment and ISP process, including risk assessment. The plan must ensure staffing is adequate to protect the health and safety of the person and to carry out all activities required to meet the outcomes and goals identified in the ISP. The plan must address staff coverage for back-up and relief staff.

Supported Living levels are determined by SIS Level. The results of a SIS and the SNM Base Budget are guidelines that do not constitute a binding limit that may not be exceeded on the amount of services that may be requested or authorized in a Plan of Care

Level One: Level A and B

Level one is intended to serve persons who require minimal support to perform the activities of daily living and to remain safe and healthy. Staffing is based on the preferences and the assessed needs of the person but does not require staff to be in the home or awake at night.

Level Two: Levels C and D

Level two is intended to serve person/s that requires moderate support to perform the activities of daily living and to remain safe and healthy. Staffing is based on the preferences and the assessed needs of the person/s but the live-in caregiver or staff must be onsite but not awake at night or appropriate technology may be used to ensure supervision.

Level Three: Levels E, F, and G

Level three (3) is intended to serve a beneficiary who requires consistent onsite access to staff to provide assistance with most or all activities of daily living including basic self-care tasks such as eating, dressing, bathing and toileting as well as more complex activities of daily living. The beneficiary requires continuous supervision including awake overnight staff in order to remain safe and healthy. Person/s receiving Level Three supports include arrangements in which a person/s is living in his/her own home with overnight and awake staff as identified in the ISP.

Special Needs Adjustment

A special adjustment is available for Levels 1-3. The adjustment does not change the Level designated for the person, but adjusts the Level to meet one or more of the following circumstances:

- a. The individual is in circumstances that are time limited but that require support at a higher level than described by the Level and the current rate does not cover the cost. For example, the person has a serious injury or illness or behavioral or mental health crisis requiring additional support on a temporary basis. A special adjustment may be approved for up to 90 days and may be extended for an additional 90 days.
- b. The person needs a roommate and requires a special adjustment until one move in. A special adjustment may be approved for up to 90 days and may be extended for an additional 90 days.
- c. The person is transitioning from a higher level of care setting, i.e. inpatient hospital, ICF/IID, and a rate adjustment is needed to ensure success during the transition process.
- d. Persons who require a continued Special Needs Adjustment due to medical or behavioral health issues may be reassessed for appropriateness of Level.

This service is not available at the same time of day as Community Networking, Day Supports, Supported Employment or one of the State Plan Medicaid services that works directly with the person.

Exclusions

- a. Supported Living shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIFD) or residential group homes licensed under 10A NCAC 27G .5600
- b. Supported Living shall not be covered for persons under age 18 since the home must be under the control and responsibility of the residents.
- c. Person/s who receives Supported Living may not receive: Community Living and Supports, Respite, or State Plan Personal Care Services.
- d. Person/s receiving Supported Living may only receive Home Modifications if the home is owned by the person. If the home is rented only Home Modifications that are portable and can be removed once the person/s no longer lease the residence may be used. All requirements under the Fair Housing Act at 42 U.S.C. §§ 3601 – 3619 must be met by the landlord.
- e. This service is not available at the same time of day as Community Networking, Day Supports, Supported Employment or one of the State Plan Medicaid services that works directly with the person.
- f. Relatives who own provider agencies may not provide Supportive Living services to family members. Other staff employed by the provider agency may provide services to the individual.

Limits on amount, frequency, or duration

The amount of Supported Living is subject to the Limits on Sets of Services.

Service Delivery
Method

- Provider Directed
- Individual/Family Directed

Specify whether the

- Legally Responsible Person

service may be provided by (check all that apply):	<input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian
Provider Type	
Provider Agencies	
License	
NC G.S. 122 C	
Certification	
NC G.S. 122 C	
Other Standard	
<p>Staff or live-in caregiver are</p> <ol style="list-style-type: none"> a. Are at least 18 years of age b. If providing transportation, have a valid North Carolina driver's license or other valid driver's license and a safe driving record and has an acceptable level of automobile liability insurance c. Criminal background check present no health and safety risk to beneficiary d. Not listed in the North Carolina Health Care Abuse Registry e. Qualified in CPR and First Aid f. Staff that work with beneficiaries must be qualified in the customized needs of the beneficiary as described in the ISP. g. High school diploma or high school equivalency (GED). h. Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. 	
Professional Competency	
By 11/1/2018, Support Professionals have competency in the following areas:	
<ol style="list-style-type: none"> a. Communication - The Support Professional builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication. b. Person-Centered Practices - The Support Professional uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals. c. Evaluation and Observation - The Support Professional closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services. d. Crisis Prevention and Intervention - The Support Professional identifies risk and behaviors that can lead to a crisis, and uses effective strategies to prevent or intervene in the crisis in collaboration with others. e. Professionalism and Ethics - The Support Professional works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights. f. Health and Wellness - The Support Professional plays a vital role in helping individuals' to achieve and maintain good physical and emotional health essential to their well-being. g. Community Inclusion and Networking - The Support Professional helps individuals to be a part of the community through valued roles and relationships, and assists individuals with major transitions that occur in community life. h. Cultural Competency - The Support Professional respects cultural differences, and provides services and supports that fit with an individual's preferences. i. Education, Training and Self-Development - The Support Professional obtains and maintains 	

necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Provider Qualifications:

Provider Agencies in PIHP network.

State Nursing Board regulations must be followed for tasks that present health and safety risks to the person/s as directed by the PIHP Medical Director or Assistant Medical Director

Supported Living providers:

- a. Assist in finding a home that meets the individual's needs
- b. Assist in managing living in one's own home
- c. Help develop community involvement and relationships that promote full citizenship
- d. Coordinate education and assistance related to finances, healthcare, and other needs
- e. Assist with day-to-day planning and problem solving
- f. Train and support people who assist the individual
- g. Provide 24-hour flexibility in responding to the needs of an individual, including emergency situations