

# 6

## USING SHARED SUPPORTS

- 6.1 Benefits of Sharing Supports
- 6.2 General Requirements for Sharing Supports
- 6.3 Requirements when Sharing Supports in Casual/Everyday Situations (Non-Roommate)
- 6.4 Requirements for Sharing Supports Among Roommates
- 6.5 NOW Protocol for Support Coordination and Sharing IFS Supports
- 6.6 Roles and Responsibilities of the IFS Provider with Service Delivery of Shared Supports
- 6.7 Roles and Responsibilities of the Participant when Sharing Supports
- 6.8 When Not to Share Supports
- 6.9 Using Intermittent Supports
- 6.10 Attachments
  - 6.10.1 Shared Supports Brochure
  - 6.10.2 HIPAA 404P
  - 6.10.3 Documentation for Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW)

# USING SHARED SUPPORTS

---

Current NOW policy and procedures allow up to three participants who may or may not live together to share Individual and Family Supports.

Participants may share when the circumstances of the sharing are agreed to by each party and when the health and welfare can be assured for each participant.

Participants are required to share supports in the same setting, at the same time, while receiving supports from the same direct support person. A setting may include the home of one of the participants or a community setting.

A few examples of ways to share supports are listed below:

- weekend activities/hobbies/church/movies/sporting events
- morning/evenings (before/after work/day program)
- living with one or two persons (housemate)

Persons who do not live together may use intermittent supports, which involve a single direct support staff moving between residences to support each participant independently. Intermittent supports are not “shared,” but rather are an individual (one-to-one) service.

## 6.1 BENEFITS OF SHARING SUPPORTS

- A. Sharing supports provides opportunities for a person to get to know others, expand one's social support network, and become better integrated into one's community.
  - 1. Opportunities are available for a person to gain independence in day-to-day skills and increase self-confidence in his/her own abilities.
  - 2. Sharing supports (and expenses) by having one or two housemates allows people to share their monthly living expenses, including rent, utilities, and food costs. This may result in improved housing options and having additional funds for recreation, leisure, and personal activities.
  - 3. Sharing supports may lead to learning opportunities through exposure to other people, customs, and ways of life.
  - 4. Even when sharing, people have opportunities for non-shared or one-to-one hours.
  - 5. Sharing supports can lead to friendships and reduce isolation.
  - 6. Relationships developed through sharing supports challenge individuals to try new things and grow.
- B. Shared supports are included in all living independently guidelines (*Attachment 5.10.2*). Sharing supports for participants living with family can have similar benefits and extend the total hours of services available.
- C. OCDD has a brochure available about sharing supports. (See *Attachment 6.10.1*.)

## 6.2 GENERAL REQUIREMENTS FOR SHARING SUPPORTS

- A. Participants sharing supports are required to have the same IFS provider.
- B. Both support plans must include authorized units for shared supports (two persons or three persons). The IFS provider bills for all participants simultaneously using the appropriate shared supports coding. The billing submission is required to match among participants served by the IFS provider.

### Rate Example\*:

1 person and 1 staff	\$4.00 per 15 minutes for one-to-one staffing
2 persons and 1 staff	\$2.88 per 15 minutes person 1 <u>\$2.88 per 15 minutes person 2</u>
TOTAL	\$5.76 per 15 minutes for providing shared supports

\*Rates are subject to change. Refer to the NOW Rate Code Sheet available on the OCDD web site for the most current rates.

- C. Both support plans must include documentation that shared supports are appropriate service utilization.
- D. The staff person who provides shared support services is required to be present with the participants at all times in order to bill for the service delivery.
  - 1. "Present" indicates proximity in a shared space, while allowing for independent movement and utilization of the environment.

2. In the case of home delivery of shared supports, the IFS staff does not have to be in the same room with all participants, but may move freely between indoor and outdoor spaces related to the home to assist persons in choice activities. Staff must be available to respond readily to support needs.
  3. In the case of a community-based event, IFS staff may maintain proximity with visual and auditory contact, offering hands-on assistance when appropriate. By maintaining proximity, staff must be capable of providing prompt assistance and of quickly responding to support needs. For example, if two persons go to the park, staff may sit on a bench with one person, while maintaining visual/auditory contact with the other person who is playing fetch with his dog. Any break in contact, for example for toileting, must be brief.
    - a. Determining length/type of brief breaks in contact and the physical distance from the staff support is done on a case-by-case basis, taking into account the acuity level of each person, the particular community location, and the specific factors within the environment that may impact the health and safety of the persons supported.
- E. Participants sharing supports are required to be present within the same residence, house, or apartment.
1. Participants are not required to live together to share supports. However, in-home supports may not be shared between people who live in distinct residences when the persons are in their own respective homes. Participants are required to be in one residence together to share supports.
  2. Persons living next door to each other may not share supports when each is in his/her own home, including persons who live in separate apartments within one complex. (See Section 6.9 for discussion of Intermittent Supports.)
- F. IFS Shared supports may be provided across settings so long as they are not billed during the same days and hours as the following other supports: Day Habilitation, Supported Employment, Employment Related Training, Transportation for Habilitative Services, Professional Consultation,

Transitional Professional Support Services, Center-Based Respite, Skilled Nursing Services, Day-Night Individualized and Family Supports or Community Integration Development. (See Louisiana Medicaid Program Chapter 32 Section 32.10.3 and 32.10.3.1 for complete details.)

### 6.3 REQUIREMENTS WHEN SHARING SUPPORTS IN CASUAL/ EVERYDAY SITUATIONS (NON-ROOMMATE)

- A. Support teams must discuss the appropriateness of shared supports for the participant. Teams must specifically address casual/everyday situations that may occur in the typical week, taking into account the following five items.
1. **Activities of Daily Living (ADL)** support requirements during mealtimes and toileting. Does the person require hands-on, eyes-on at all times? If so, they will not be able to share a single staff with another person who also requires this level of care. Consider the length of time: Are there amounts of time where sharing is okay and then when sharing may not be okay? For example, a person with significant ADL support needs may be able to share supports for two hours, but sharing for six hours may put the person at risk.
  2. **Medical support needs** that may act as an exclusion to sharing with particular persons or during particular times, including medication administration, positioning and changing schedules, etc.
  3. **Behavioral support needs** that may act as an exclusion to sharing with particular persons or during particular times.
  4. **Personal preferences and interests** as identified in Discovery and throughout plan implementation. Participants should be supported to share when taking part in activities based on their own personal preferences and interests. These interests must be listed in the support plan. Any situations where shared supports should not occur should be clearly documented in the plan according to Section 6.3, B (below).
  5. **Emergency situations** and the type of intervention and assistance that may be required in such situations. Teams should assume a reasonable, prudent level of risk based upon a community standard.

B. Information relevant to sharing supports must be clearly documented in the support plan Section III.C, "Current Community Supports or Other Agency Involvement." For example, the plan may include the following information to assist with shared supports service implementation:

1. The person becomes frightened and agitated by crowds, so he/she should not attend events where this may be an issue.
2. The participant requires constant hands-on support for mealtimes and is at high risk for choking, thus he/she should not share mealtime staff supports in the community with other persons who also need this level of support.

(Note: Sharing when eating out is probably best done with a person who is independent with dining and has no food-related behavioral support needs that may necessitate interruption.)

B. Each participant must agree to inclusion of shared support hours in his/her support plan. This agreement is indicated by the participant's signature on the final version of the support plan and any revisions.

C. No signed agreement is required between service participants for casual/everyday sharing. The names of participants do not have to be listed in the support plan. Participants must utilize the same IFS provider. This means that a participant is free to share supports, within plan guidelines, with any individual also using the same IFS provider's services.

D. Participants are responsible for making their preferences related to specific persons and specific activities known to their IFS Provider.

F. IFS providers must implement support plan elements as specified in the plan. This includes making accommodations to offer shared supports based upon personal preferences and interests, including with whom the person shares and preferences for certain types of activities. A person's preferences and interests, including who they wish to spend time with and how they wish to spend their time, may change

during the plan year. Thus, if new preferences/interests are identified that are not listed in the support plan, the IFS provider may provide opportunities and activities that reflect these new preferences/interests. All service delivery must be consistent with goals and strategies in the support plan and with risk mitigation requirements. Changes in activities, preferences, and interests should be discussed with the support coordinator at the monthly call and quarterly meetings. The annual Personal Outcomes Assessment should also take any changes into account and incorporate the newly identified interests and preferences into the next annual plan or sooner if indicated.

- G. Any significant change in information must be communicated to the support team immediately for discussion and revision of sharing criteria. Sharing criteria should be discussed at each quarterly meeting.
  
- H. Both the participant and IFS provider should carefully evaluate any financial impact that sharing supports may have. Some activities such as dining out, going to the movies, or going shopping, if done every week, may put a strain on a fixed income. Thus, planning for free or low-cost activities that utilize community spaces and community events should occur. Going to church events, the park, free concerts, or the library may be good alternatives. Learning activities may also be low cost (learning to do own laundry, cook meals, etc.).

## **6.4 REQUIREMENTS FOR SHARING SUPPORTS AMONG ROOMMATES**

- A. Finding a person or persons to share supports within one's home is based upon the choice and preferences of the participants involved. However, both support coordination agencies and IFS provider agencies are expected to assist participants with the process of selecting a roommate. Appropriately matching people who are compatible takes time and thought. If it is done well at the outset, it will reduce the likelihood that frequent, time-consuming revisions will have to be made later in plans.
- B. A participant may already have an idea with whom he/she may like to live. If at all possible, persons completing the NOW offer activities (Section 2) are encouraged to choose the same support coordination agency as their prospective roommate. This will facilitate information sharing in the planning phase.
- C. Participants must choose an IFS agency. Persons sharing supports must use the same IFS agency.
- D. If the participant knows who he/she would like to live with, that preference should be indicated to the support coordinator during Discovery.
  - 1. For those participants who have requested to be roommates, but currently use different IFS provider agencies, the participants involved must negotiate between themselves and come to an agreement on which IFS provider agency they will use. They may choose one of the agencies currently being used by one of the (potential) roommates, or they may choose a new agency. The support coordinator(s) involved will assist participants to exercise freedom of choice, but no support coordinator, OCDD affiliate, or provider staff may suggest or encourage participants to choose a particular IFS provider agency.
- E. If the participant does not know who he/she would like to live with, the support coordinator notifies the chosen IFS provider and requests assistance.

1. The chosen IFS agency gets Discovery information from the support coordinator to evaluate the support needs and preferences of the person.
  2. The chosen IFS agency suggests persons served/other incoming persons who may have similar interests.
  3. The chosen IFS agency arranges formal and informal meetings, including meeting with families and/or in the person's homes for possible roommates.
  4. The participant completes the meetings and provides information on his/her preferences to an IFS agency representative participating in his/her planning.
  5. The IFS agency representative gathers information relevant to sharing supports according to the indicated preferences.
- F. If the person who is being considered as roommate does not utilize the same support coordination agency, the IFS provider agency explains the process and requests that both persons complete an information release (HIPAA 404P) (See *Attachment 6.10.2.*) for the opposite support coordinators representing the potential roommate situation. These releases are required so that support coordinators representing the two participants may openly discuss risks and benefits to sharing supports as roommates. When completing the HIPAA 404P form, the IFS provider should note the expiration date as one year from the "Request Date" (top section, first line of form). A new HIPAA 404P form is required each year for persons using different support coordination agencies. No information release is required if the participants share the same support coordination agency.
- G. The IFS provider agency representative (able to make decisions about agency capability) and support coordinators assigned to the individuals must hold a discussion **without the individuals present** regarding the IFS provider agency offering services to the proposed pair. The discussion must include consideration of risks and benefits. In accordance with DHH HIPAA policies, this discussion occurs among the IFS provider and support coordinator(s) post-Discovery and is done in confidence to protect sensitive information about participants that may not be appropriate for release to the entire support team or to other participants. The

Support Coordinator facilitates discussion of risks, benefits, and plan structure associated with a participant's sharing supports with one or more specific individuals as roommates. The focus of the discussion is on whether the IFS provider can reasonably meet the support requirements and assure health and safety. The following are areas covered in this discussion.

1. *Activities of Daily Living:*

- a. Source: SIS/LA PLUS, current team (if coming from ICF or community home), interview with person and family, previous or current staff.
- b. Discuss: Primary mode of mobility. Level of assistance needed (verbal prompting, modeling, hands-on) to complete everyday activities of daily living - transferring, toileting, eating, bathing, dressing, grooming. Can the person independently complete an ADL task and know the appropriate time in which to do so (e.g., washing hands after going to rest room)? How quickly does the person learn a new task?

2. *Medical:*

- a. Source: SIS/LA PLUS, current team (if coming from ICF or community home), current physician, interview with person and family, previous or current staff.
- b. Discuss: Types and amount of physical assistance and/or equipment needed. Types of nutritional assistance needed. Known conditions or illnesses which result in departures from planned schedules or events. Known conditions or illnesses which require use of additional safety precautions. Medication administration including dosage time(s) and side effects. Incident reports related to medical issues.

3. *Behavioral/psychiatric:*

- a. Source: SIS/LA PLUS, current team, current psychologist, psychiatrist or therapist records, police reports (history of arrests), interview with person and family, previous or current staff, incident reports related from current/previous provider.
- b. Discuss: Frequency, intensity, and duration of behavioral and/or psychiatric issues. Axis I and II diagnoses. Predictable and progressive behavioral patterns. Needed behavioral interventions.

4. *Personal preferences:*

- a. Source: Interview with person and family, staff, current team, LA PLUS

- b. Discuss: Are there close friends or existing roommates who may wish to share supports? What type of people does he/she get along well with? Does he/she enjoy spending lots of time with others, or does he/she prefer to spend most time alone? What types of activities does he/she enjoy doing with others?

5. *Similar routines:*

- a. Source: Interview with person and family, staff, current team.
- b. Discuss: Does this person have a consistent morning and/or evening routine? Is this routine similar to one or more persons being considered? Are there income considerations - sufficient funding for the planned living situation or activities? Are there transportation considerations, including availability of accessible transportation?

6. *Common interests:*

- a. Source: Interview with person and family, staff, current team, results of Personal Outcomes Assessment, LA PLUS
- b. Discuss: Will the two or three participants most likely maintain shared supports for a consistent period of time? Do they have a relationship, or is there indication that one is likely to develop? Do they have clearly indicated common interests or a common goal? Have certain local activities, hobbies, or classes been identified which appeal to all participants sharing?

7. *Consistency in decisions:*

- c. Source: Interview with person and family, staff.
- d. Discuss: Is the person unpredictable? Does he/she often change his/her mind about planned activities at the last minute? How will this impact participants sharing supports with him/her? What will the team do to encourage the participant to indicate changes in preferences in an appropriate and timely manner?

H. To move forward with planning, the discussion must result in a recommendation from the IFS provider and support coordinator(s) that the roommate match may be accommodated by the IFS provider and is appropriate within service requirements for health and safety assurance. If not appropriate, then the discussion should move to any alternate(s) proposed by the participant. If there are no alternate(s) proposed, the support coordinator and IFS provider must complete action at Section

6.4, I. (below) and assist the participant to resume facilitated meetings and continue the selection process.

- I. The respective support coordinator(s) communicates the outcome of the discussion with the participants involved. All communication must respect minimum necessary information and federal HIPAA privacy standards. No protected health information or other privacy-protected information may be shared. The participants indicate their final preference regarding who is to be their roommate. The support coordinator and team must work to resolve outstanding barriers and issues related to the proposed living circumstance, removing barriers where possible while ultimately preserving health and safety of participants involved.
  1. The participant will choose with whom he/she will live. Neither the support coordinator(s) nor the provider may mandate roommate choice.
  2. The IFS provider may state that the agency is unable to accommodate the roommate request. In this circumstance, the support coordinator(s) provide assistance to the participant(s) to locate another IFS provider that is capable of accommodating the roommate request. The support coordinator is obligated to assist the participant to address barriers to service access/delivery and must exert effort to do so.
  3. Competent individuals of age have the responsibility to choose with whom they live. In the waiver service, participants are subject to the judgment of the support team and OCDD Regional Waiver Office regarding health and safety assurances. If a participant makes choices in opposition to required waiver assurances, then that participant risks disenrollment and discharge from the waiver service.
  4. The OCDD maintains administrative authority to approve or deny support plans based upon health and safety assurances. Corrective action requests are made, with timelines to complete interventions. OCDD Regional Waiver Offices, OCDD Regional Offices/ Human Services Districts & Authorities, and the OCDD Central Office are responsible for participating in interventions, including assisting the participant to find ways to address barriers and identify other persons with whom to share supports. If interventions fail, the OCDD Regional Waiver Office

may take steps to disenroll the participant from the waiver service (See Section 10.1 Disenrollment, Decertification, and Discharge Procedures.)

- J. If the team, inclusive of the participants' consent, reaches consensus, and roommates are identified, then participants who will live together as roommates must be named in Section III.B of the CPOC, "Current Living Situation: Information."
  
- K.. The outcomes of the risk/benefit discussion must be documented in Section III.B of the support plan, "Current Living Situation: Information" and in Section III.C of the support plan, "Current Community Supports or Other Agency Involvement."
  - 1. Documentation must comply with minimum necessary information and HIPAA privacy standards for protection of sensitive health information. For example, a plan may specify "Universal precautions are required," but may not state "Stacy's roommate Mary has hepatitis, so staff must use universal precautions."
  
- L. Participants who live together as roommates and who agree to share supports must sign the Documentation for Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW) (Attachment 6.10.3).
  - 1. The Documentation of Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW) form provides release of information so that each participant's name(s) may be used in the support plan, progress notes, provider service plan, etc. of other individuals with whom one shares.
    - a. The support coordinator must explain participant rights according to HIPAA and protected health information (PHI). Participants may choose to reveal PHI to their roommates, but PHI will not be discussed in the roommate's team meetings or documented in the roommate's support plan.
  
    - b. A participant's roommate does not have access to his/her support plan unless the participant provides permission. A participant may provide permission for a roommate to receive a copy of the support plan by

completing the HIPAA 404P form (*Attachment 6.10.2*). He/She must check the “OTHER” box and specify “support plan” in the space provided.

2. The Documentation of Authorization (*Attachment 6.10.3*) explains that participants have a right to refuse or discontinue shared supports with their roommate(s). This right to refusal is conditional based on the following:
  - a. Notification of the other participant(s) and support coordinator must be made 30 days prior to the requested effective date. This ensures adequate time to develop short and long-range planning for all participants impacted by the change.
  - b. If a participant is at imminent risk, the shared situation may be discontinued immediately. All applicable reporting requirements must be followed.
  - c. Not all requests for discontinuation may be granted in the timeframe requested, due to complications with legal agreements (marriage, lease agreements, judicial placements/orders), housing arrangements, or other health and safety concerns that would jeopardize waiver eligibility. The participant should be informed of any complications and assisted by his support coordinator and IFS provider to develop an appropriate and timely resolution. Persons who vacate the premises prior to resolving legal obligations may be subject to liability as a result of these obligations.
  
- M. If family members of competent individuals of age voice objections regarding the roommate choice or plan elements for in-home supports, the support team should acknowledge appropriate concerns and ensure that any valid concerns are adequately addressed in the support plan.
  1. Teams review the roommate risk/benefit discussion. If needed, the team should hold further team discussion to insure that all reasonable risks and valid concerns have been addressed appropriately. The support coordinator documents the required information in the support plan, making change updates (if plan not yet approved) or revisions as needed.

2. Plan elements and strategies must respect the competent individual's rights and the rights of the roommate, while meeting the programmatic requirements and assurances of the waiver program.
  
3. Examples of family objections:
  - a. Anne has a history of changing her mind frequently. She has never had a roommate before and may not fully understand the commitment she is making, instead thinking that she can leave when she feels like it.
    - i. *Strategy to address:* Involve Anne and her new roommate in choosing their apartment, selecting furnishings and decorations together, and moving in at the same time. (Responsible: IFS Provider and family) Provide ongoing education and reinforce points with Anne about the responsibilities of having a roommate. (Responsible: IFS Provider and family) Speak with Anne monthly about her roommate and what is working/not working. Ask her if she wants to continue living with her roommate. (Responsible: Support Coordinator)
  
  - b. The family takes Frank on a one week vacation in the spring and home for the major holidays- Thanksgiving, Christmas, Easter, Fourth of July, Mother's and Father's day, and his birthday. We don't see this noted in his support plan or schedule. We are assuming that taking Frank home for a few days might interfere with his roommate's schedule for shared supports. Does this need to be addressed in Frank's plan and also considered by his roommate's team?
    - i. *Strategy to address:* Update or revise Frank's support plan to include the planned natural support holidays. Firm up the exact dates and duration of the natural supports to finalize alternate schedule days for Frank. (Responsible: Support Coordinator) Speak with his roommate's team about Frank's anticipated holidays and the need for his roommate to utilize other sharing options, natural/community supports, or one-to-one hours, as appropriate. (Responsible: IFS Provider)

- N. Plans for participants sharing supports among roommates are submitted at the same time (together) to the OCDD Regional Waiver Office. Each support coordinator (if different among roommates) is responsible for following the applicable timelines and process for submission of plans, whether the plan is an initial, annual, or revision. Support coordinators have a responsibility to maintain open communication with the other support coordinator involved to align their timelines and ensure that plans are submitted together.
- O. Plans require review and prior approval by the same OCDD Regional Waiver Office staff.
- P. In order to receive approval, plans must include:
1. Signed Documentation for Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW) (*Attachment 6.10.3*). This form must accompany all plans involving roommates, regardless of whether the plan is an initial, annual, or revision;
  2. Listing of all names of roommates in Section III.B of the CPOC, "Current Living Situation: Information" and documentation of discussion of risks and benefits in the same section (Plans must match up between participants.); and
  3. Copies of budget sheets of all participants with whom the person may share as a roommate (Budget sheets and typical weekly schedules must match up between participants in terms of overnight shared hours, early morning, and late evening.).
- Q. **Special instruction for those plans involving roommates during the 2009-2010 implementation year:** If one roommate's annual date is earlier than the other's and a roommate's plan is in the old CPOC format, the plan in the old format will require an addition/revision to Section III.B to comply with the plan review/approval requirements. Section III.B must be updated by documenting the outcome of the roommate risk/benefit discussion and the name of the participant's roommate(s). The typical weekly schedule, alternate schedule(s), and budget sheet must be updated/revised as appropriate.
- R. Even if roommates have the same support coordinator, joint team meetings are not recommended due to confidentiality concerns. At all times, confidentiality protections must be observed by both the support coordinator(s) and IFS provider agency.

## **6.5 NOW PROTOCOL FOR SUPPORT COORDINATION AND SHARING**

### **IFS SUPPORTS**

- A. It is recommended that participants sharing supports use the same support coordination agency if possible. This is not a requirement.
- B. When the individuals have a common agency, OCDD encourages the agency administration to assess the appropriateness of a common support coordinator to maximize collaboration and coordination of supports.
- C. When the individuals have different support coordination agencies or different support coordinators within the same agency, the expectation is that the support coordinators collaborate and coordinate services, including meetings, as appropriate and necessary.
- D. The role of support coordinator includes completing assessments in the Discovery phase that assist in determining the appropriateness of shared supports and in planning for sharing opportunities. Assessments include:
  - 1. SIS/LA PLUS,
  - 2. Discovery Phase,
  - 3. Initial planning for support needs (frequency and intensity),
  - 4. Day activities planning,
  - 5. Risk assessment, and
  - 6. Setting the minimum adequate staff supports for each individual.

- E. The support coordinator is the primary responsible party for identifying interests and preferred activities, routines, and preferences regarding shared supports (during Discovery) and documenting these in the support plan for implementation by the IFS provider.
- F. The support coordinator is responsible for completing a risk assessment that takes into account shared supports. First, the determination must be made whether the participant may share supports at all, then the following:
  - 1. Identify circumstances in which the participant can share supports,
  - 2. Identify certain risk factors which may make the participant's sharing supports difficult in given situations,
  - 3. Contextualize 1 and 2 above for team discussion according to instructions for team discussion of casual/everyday sharing (Section 6.3) and sharing with a roommate (Section 6.4), and
  - 4. Facilitate discussion of risk assessment results and other assessment/Discovery information with the participant's team.
- G. The support coordinator must focus the team on development of creative solutions and options that are consistent with preferences and support needs. This includes leading team discussion in creative ways of addressing preferences for use of IFS hours and mitigating risk (e.g., use of intermittent supports, assistive technology, equipment, or environmental modifications).
- H. The support coordinator must assure the availability of ongoing opportunities (through the IFS provider) for making new friends and exploring new casual sharing partners or roommates, as desired.
- I. The support coordinator works to maximize collaboration among support teams for persons considering/sharing supports.
- J. The support coordinator must adhere to HIPAA and confidentiality requirements, and facilitate team members following established requirements.
- K. Support coordinators are responsible for appropriate plan documentation and plan revision for shared supports prior authorization.
  - 1. All shared supports hours are included in the budget sheet and require prior approval.
  - 2. People who agree to share supports in casual settings have plan documentation as described in Section 6.3.
  - 3. People who agree to share supports as roommates complete all steps described in Section 6.4.

**6.6 ROLES AND RESPONSIBILITIES OF THE IFS PROVIDER WITH SERVICE DELIVERY OF SHARED SUPPORTS**

- A. NOW protocol does not require persons sharing supports to have the same support coordinator or support coordination agency. The commonality is the IFS provider. Thus a fair amount of responsibility lies with the IFS provider to assist with the initial and ongoing matching of participants who wish to share supports.
  
  - B. The IFS provider must offer opportunities for persons supported by the agency to meet each other. This facilitates matching participants to share supports in casual/everyday situations and as roommates. Formal and informal meetings hosted by IFS providers are for: (1) people coming into NOW and needing help locating persons to share supports with and/or (2) people already using NOW who want to explore sharing options.
  
  - C. IFS providers assist participants to use shared supports with person(s) of choice as specified in the support plan.
  
  - D. IFS providers should anticipate changes in casual/everyday sharing configurations, as participants' needs and preferences change. People may develop new friendships and relationships. Thus, the IFS provider must equip staff to effectively support multiple persons and changing configurations of sharing partners in home and community settings.
  
  - E. IFS providers must implement a process by which participants supported by their agency may make shared supports changes in a uniform manner.
- 4. Items covered in the process may include: roommate change, apartment/home change, staff changes, staff preferences, alternatives to be attempted before resorting to changing shared supports and schedules, etc.
  
  - 5. The agency must be prepared to respond to questions and complaints about their process.

- F. IFS providers must implement a continuing education program to keep participants informed of shared supports options.
  - 1. The IFS provider must be able to provide answers to questions about changing roommates, changing schedules, emergencies, etc. within the scope of the IFS provider's agency. Also, people should learn from other participants who have tried different configurations of shared supports (e.g., sharing daytime hours with one person and evening/night supports with a roommate).
  - 2. IFS providers must share general information about shared supports provided by OCDD.
  
- G. IFS providers discuss at the initial planning meeting and following planning meetings the outcomes of facilitated meetings, discussions with the participant regarding preferences, and formal requests made by the participant. The IFS provider agency completes steps in the process discussed in Section 6.4 for assistance in choosing a roommate and completing planning for roommates.
  
- H. IFS providers assist participants to track utilization of flexible hours and alternate schedule hours as described in Section 5.

## 1.7 ROLES AND RESPONSIBILITIES OF THE PARTICIPANT WHEN SHARING SUPPORTS

- A. NOW participants assume the following roles and responsibilities when sharing supports:
1. Collaborate with one's IFS provider to meet other waiver participants and establish compatible sharing partner(s).
  2. Provide ongoing feedback to his/her support coordinator and IFS provider about preferences with regard to participants with whom to share supports, as well as how he/she would prefer to share time with such person(s).
  3. Agree to adhere to his/her typical weekly schedule.
  4. Agree to terms of use of alternate schedule(s).
  5. Make preferences known regarding choice of flexible hours use.
  6. Agree to his/her responsibilities and timelines in regards to requesting changes to the typical weekly schedule (using flexible hours) as established in NOW policy, support coordination policy, and IFS agency policy.
  7. Complete HIPAA/confidentiality release (Form 404P) for discussion of personal information in the support coordinator/IFS team meeting on roommates.
  8. Sign Documentation for Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW) (Attachment 6.10.3) with any roommate(s) listed in the approved support plan.

## 6.8 WHEN NOT TO SHARE SUPPORTS

- A. There are some situations that are not conducive to sharing supports. The support coordinator must carefully assess the risks of sharing before proceeding.
  
- B. The following list provides suggestions for situations in which sharing supports may exceed a reasonable level of risk. Individual cases that meet criteria below can be proposed as an exception through the Regional Waiver Office to the GPSORC for approval of shared supports.
  - 1. An individual who has been a sexual offender.
  
  - 2. An individual with high intensity aggressive episodes that have resulted in injury or were life-threatening (particularly if directed towards a roommate) in the past.
  
  - 3. An individual with a diagnosis of paranoid schizophrenia, anxiety disorder, or autism who exhibits a strong avoidance of social contact or has a history of significant altercations or injury to roommates.
  
  - 4. A person who has been a victim with a person who has a history of victimizing others.
  
  - 5. An individual with a significant wandering/elopement history that necessitate staff search and chase for extended periods of time (unless there is another mechanism for locating the missing roommate).
  
  - 6. An individual with a Borderline Personality Disorder diagnosis with significant history of false accusations or difficulty getting along with roommates.

7. An individual with a highly infectious medical condition with someone else who requires extensive supports as well.
  8. Other situations and/or conditions which may preclude sharing supports.
- C. If a participant is unable to share supports when his/her recommended IFS hours include shared supports, the support team requests an exception with justification. The support coordinator prepares and submits a justification that is unique to the participant and directly tied to needs that distinguish the participant from others in their level membership.
1. Status is reviewed at least quarterly or more frequently with a significant change in the participant's circumstances.
  2. Sections 5.7 to 5.9 provide more information about justifying the need for additional IFS hours.

## 6.9 USING INTERMITTENT SUPPORTS

- A. Participants sharing supports at home are required to be present within the same residence, house, or apartment. For people who do not have a roommate, sharing supports overnight and at early morning and late hours within the Resource Allocation System may be challenging. In these cases, intermittent supports may be programmatically appropriate.
- B. Intermittent supports are non-continuous paid supports delivered in appropriate time increments, ranging from 15 minutes to an hour. The direct support worker is not physically present for a continuous period of time, but rather comes in and out of the home or community setting in prescribed time increments.
- C. Support teams must discuss risks and benefits associated with using intermittent supports and record the discussion outcome in the support plan (CPOC Section III.B). Teams should focus on supporting participants to be as independent as possible, while also assuring health and safety. Reasonable risk is an expected part of utilizing intermittent supports. Technology, natural supports (such as neighbors), or creative alternatives to mitigating risk may be utilized.
- D. Support plans (CPOC Sections VI and IX) and billing are required to reflect appropriate use of intermittent supports.
- E. In the event of nearness of residences (apartments in the same complex), supports delivered in home may be intermittent coupled with shared instances when persons do things together, like watch TV or share a meal. The following example provides a scenario of intermittent supports coupled with shared supports:

### **Intermittent Supports Coupled with Shared Supports Example:**

Sally and Ann live next door to each other. Sally and Ann use the same IFS provider and receive intermittent supports in the morning to get ready for

work. The staff person visits Sally at 6:30 AM to wake her up and prompt her to brush her teeth and dress. The staff person prepares breakfast and leaves it on the table for Sally. At 7:00 AM, the staff person visits Ann to do the same. At 7:30 AM, the staff person checks back with Sally to ensure that she is ready to go to work. At 7:45 AM, the staff person checks with Ann to make sure she is ready to go to work. Sally and Ann leave together with their staff at 8:00 AM to go to the lobby of their apartment building and wait for the bus, which usually comes between 8:15 AM and 8:30 AM.

### Scheduling Intermittent and Shared Supports

	Sally	Ann
6:30 AM	S5125 U1	--
6:45 AM	S5125 U1	--
7:00 AM	--	S5125 U1
7:15 AM	--	S5125 U1
7:30 AM	S5125 U1	--
7:45 AM	--	S5125 U1
8:00 AM	S5125 U1, UN	S5125 U1, UN
8:15 AM	S5125 U1, UN	S5125 U1, UN

6.10.1 Shared Supports Brochure

LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS | Public Information Series

# Sharing Supports in Waiver Services



## Choices in Community Living

Office for Citizens with Developmental Disabilities  
628 North Fourth Street, P.O. Box 3117  
Baton Rouge, LA 70821-3117

Phone: 1-866-783-5553  
Fax: (225) 342-8823  
Email: [Ocdinfo@dhh.la.gov](mailto:Ocdinfo@dhh.la.gov)  
Web site: [www.ocdd.dhh.louisiana.gov](http://www.ocdd.dhh.louisiana.gov)

### Facts about Shared Supports

*Sharing supports is a choice!* As a waiver recipient, you may choose to share supports in a way that meets your needs and preferences.

*Sharing supports doesn't always mean having a roommate.* You may have the same routine or interests as a friend and want to share staffing and may be even transportation supports for specific activities/times.

- Traveling together cuts down on transportation costs.
- Creative staffing options are available. For example, if neighbors plan to watch football each Saturday in the fall, they can share a single staff in that home during the games. At night, each person goes home with their own staff support.

*Everyone sharing supports must have the same Individual and Family Support Provider.*

Shared Supports are available in the *New Opportunities Waiver (NOW) in the Individual and Family Support service only.* Up to three people may share supports within a single home or during specific activities/times.

The Residential Options Waiver (ROW) is a new waiver coming out in late 2009. *ROW offers shared supports in a variety of residential settings.* Ask your local community service office for more information about ROW's shared supports options.



**LOUISIANA**  
Department of  
**HEALTH and**  
**HOSPITALS**

*Office for Citizens with  
Developmental Disabilities*

This public document was published for a total cost of \$372.85. 7,500 copies of this public document were published in this first printing. This document was produced by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, Communications Section, 648 North Fourth Street, Baton Rouge, LA 70821-3117. It was printed in accordance with standards for printing by state agencies established pursuant to R.S. 43:31.

### Sharing supports works for us!

Wayne shared an apartment with two friends for 4 years. After his friends moved closer to their families, Wayne looked for another roommate. His friend from his old community home, also named Wayne, was considering waiver services. Wayne and Wayne, along with their families, met to talk about living together. Although they have 20 years' difference in age and don't share a common routine, they have enjoyed living together for the past 7 months. Wayne is retired and stays home with staffing all day. His roommate works. They share staffing in the evenings and nights and enjoy a quiet and relaxed night life. Sharing expenses allows them to do many activities on the weekends. They often go places independently due to preferences.



Georgia moved into her own apartment 4 years ago. But one year later, she decided to move into a much larger apartment with a neighbor and friend, Florence. They share living expenses and evening/night supports. The ladies each chose staff for daytime supports. Georgia says, "I picked the people I wanted, and the lady, she picked who she wanted. So that made it a loveable place to live!" Georgia works in the afternoons, while Florence works earlier in the day. Georgia has decorated her home, making it "beautiful." Georgia says, "I love it a lot."

Brenda and Angelique were friends while living in an ICF/DD. They have lived for almost 3 years in a house with a yard, a dream of Angelique's. The house is in a nice neighborhood near family. Sharing expenses helped, but they wanted more flexible finances. After talking to their provider, they decided to invite Sheila to live with them. Each has her own bedroom, but they enjoy decorating and spending time with each other in the common areas, like the living room and kitchen. Two staff support them during the day, and one at night. Brenda and Angelique work in different places, while Sheila attends a habilitation program during the week.

## 6.10.1 Shared Supports Brochure

For more information visit: [www.ocdd.dhh.louisiana.gov](http://www.ocdd.dhh.louisiana.gov) or call 1-866-783-5553

### Benefits when Sharing Supports

#### Companionship

*Friendships help keep people emotionally and physically healthy.*

- Having a friend to talk to
- Not being lonely
- Having a friend to do fun things with, like going shopping or to the movies
- Knowing someone who cares about you is at home waiting for you



*Relationships challenge people to try new things and grow.*

- Learning new things with someone
  - Sharing ideas and interests with someone
- Sustaining a healthy partnership leads to relationship skills building and making more friends.*
- Having a friend to go with to an event or new group and help break the ice with others
  - Learning how to communicate thoughts, feelings, and wants with peers
  - Building self-esteem and confidence
  - Enjoying events with peers while the group is accompanied by fewer paid staff

#### Safety

*Extra help in time of need may include calling for help in emergencies*

- Reducing vulnerability to crime by being in a pair or group

*Links to others may offer additional back-up supports.*

- Accessing the family and friends of your roommate who may assist in time of need
- Enrolling neighbors to participate in emergency training and offer help in time of need

#### Standard of Living

*Sharing expenses means more flexibility.*

- Living in a nicer apartment or home with two incomes contributing to expenses
- Having more money left over after living expenses for fun, including shopping, travel, vacation, and other choice activities.

*Sharing expenses may be a step toward more independence.*

- Learning how to budget and manage money while having another income to assist with costs
- Building credit for the future
- Having more money left over after living expenses to save toward purchase of your own home or desired items to furnish an apartment.



#### Your Routine & Privacy

Sharing supports does not mean that you have to do things with your roommate all the time. You may have family, friends, or natural supports that you wish to do things with independent of your roommate. Waiver services allow for alternate schedules and flexibility.

You have a right to privacy and confidentiality of your support plan and medical information. Your roommate will only know things about you that you or your family choose to talk about.

You may also choose to end the shared supports if they do not work out for you or your roommate. This will involve changes to your Individual Support Plan and may also involve other changes, such as a move. Talk to your support coordinator about this.

#### Talking to your Support Coordinator & Provider about Shared Supports

Tell your support coordinator and provider that you are interested in sharing supports with another person. Talk about the kind of person (people) you might like to share with.

Talk with your support coordinator and provider about the benefits and potential risks for you in a shared supports situation. Talk about things that may be good for you, as well as things that may not be good.

Let your support coordinator and provider know if you think you might like a roommate or if you think you would like to share supports for some specific times and activities. If you would prefer to share only for specific times and activities, tell them details about how you would like the shared supports to work.

If after talking about it, you think you want to pursue shared supports, request that your provider help you to explore interest with other people who use your provider.

#### Finding the right Person to Share Supports with

- Consider friends whom you see often and share some common interests.
- Explore the interest of neighbors already living in your apartment complex or subdivision.
- Consider people that you see frequently at similar community events or who belong to the same clubs or organizations.
- Request that your provider talk to other people using their agency and find out if someone else is interested in sharing supports and/or being roommates.
- If you are moving from an ICF/DD, explore interest in sharing supports and/or being roommates with other people who are moving.
- Remember that you can also share supports for specific activities/times, even if you do not have a roommate.
- As your needs and interests change, you can always make the decision to stop sharing supports or to share with a different person.

6.10.2 HIPAA 404P

<b>Authorization to Release or Obtain Health Information (including paper, oral and electronic information)</b>	
Name:	Request Date:
Mailing Address:	Date of Birth:
City/State/Zip:	Medicaid ID # or Social Security #:
<b>I authorize:</b>	
Name: _____	
Mailing Address: _____	
City, State, Zip Code: _____	
Relationship: _____	Telephone Number: _____
<input type="checkbox"/> <b>TO RELEASE Information TO</b> <b>OR</b> <input type="checkbox"/> <b>TO OBTAIN Information FROM</b> <i>(Place an "X" in the box that indicates if the information is being released OR requested.)</i>	
Name: _____	
Mailing Address: _____	
City, State, Zip Code: _____	
Relationship: _____	Telephone Number: _____
<p>The <b>Purpose of this Authorization</b> is indicated in the box(es) below. <i>(Place an "X" in the box(es) that apply.)</i></p> <input type="checkbox"/> Further Medical Care <input type="checkbox"/> Personal <input type="checkbox"/> Legal Investigation or Action <input type="checkbox"/> Changing Physicians <input type="checkbox"/> Research related treatment <input type="checkbox"/> Creating health information for disclosure to a third party. <b>I authorize the release of the following protected health information.</b> <i>(Place an "X" in the box(es) that apply to the information you want released or you want to obtain.)</i>	
<input type="checkbox"/> Entire Record <input type="checkbox"/> Medical History, Examination, Reports <input type="checkbox"/> Surgical Reports <input type="checkbox"/> Treatment or Tests <input type="checkbox"/> Prescriptions <input type="checkbox"/> Immunizations <input type="checkbox"/> Hospital Records including Reports <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> X-ray Reports <input type="checkbox"/> MR/DD Records <input type="checkbox"/> Other: _____	
<p><b>In compliance with state and/or federal laws which require special permission to release otherwise privileged information, please release the following records.</b></p> <input type="checkbox"/> Alcoholism <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> HIV (AIDS) <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Genetics <input type="checkbox"/> Psychotherapy Notes <input type="checkbox"/> Other _____	
<p>This authorization shall expire on _____ (date or event) and is needed for the period beginning _____ and ending _____.</p> <p>I understand that if I do not specify an expiration date, this authorization will expire six (6) months from the date on which it was signed. I acknowledge that I have read both pages 1 and 2 of this form.</p>	
<b>For Agency Use When Requesting Records</b>	
<i>I am authorized to receive this disclosure. Documentation on the above Personal Representative has been obtained.</i>	
Signature and Title of Agency Representative	Date

## 6.10.2 HIPAA 404P

### Important Information about Authorization

We may need your authorization to use, disclose or obtain your health information for some of our services.

You do not have to sign this form. If you agree to sign this authorization to release or obtain information, you will be given a signed copy of the form.

A separate signed authorization form is required for the use and disclosure of health information for:

- ✓ Psychotherapy notes
- ✓ Employment-related determinations by an employer
- ✓ Research purposes unrelated to your treatment

When required by law or policy, we may only obtain, use and disclose your health information if the required written authorization includes all the required elements of a valid authorization.

An authorization is voluntary. You will not be required to sign an authorization as a condition of receiving treatment services or payment for health care services. If your authorization is required by law or policy, we will use and disclose your health information as you have authorized on the signed authorization form.

You may be required to sign an authorization before receiving research-related treatment.

You may be required to sign an authorization form for the purpose of creating protected health information for disclosure to a third party. *Example:* In a juvenile court proceeding where a parent is required to obtain a psychological evaluation on their minor child by DHH, the parent may be required to sign an authorization to release the evaluation report (but not the psychotherapy notes) to DHH.

You may cancel an authorization in writing at any time. We can not take back any uses or disclosures already made before an authorization was cancelled.

Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by our privacy policies.

**6.10.3 Documentation for Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW)**

---

**DOCUMENTATION FOR AUTHORIZATION OF SHARED STAFF AND  
RELEASE OF INFORMATION FOR NEW OPPORTUNITIES WAIVER  
(NOW)**

*This form must be completed for roommates sharing supports in the NOW.*

We the undersigned participants of the New Opportunities Waiver (NOW) hereby agree to utilize shared supports as identified on our support plans:

<b>SERVICE</b>	<b>PROVIDER AGENCY</b>
Individualized and Family Support-Day	
Individualized and Family Support- Night	
Community Integration Development	
Skilled Nursing Services	

We further understand that we have the right to refuse this service and discontinue our shared support at any time, but if we wish to do so, we must notify the other participant(s) with whom services are being shared, and our Support Coordinator, in writing within 30 days.

We understand that if there is an imminent risk situation, that this agreement may be discontinued immediately with the assistance of our Support Coordinator.

We give permission for our names to be used in the support plan, progress notes, provider service plan, etc. of the other individuals with whom we will share. These individuals are named in our support plans and on the Participant Signature Page.

We understand that permission to release this information may be canceled at any time in writing, but the cancellation will have no effect on information that has already been released.

**NOTE TO SUPPORT COORDINATORS:**

This signed authorization must accompany submission of each individual's support plan documentation, including the budget page, to the OCDD Regional Waiver Office.

Support plans for persons who share NOW services must be reviewed at the same time by OCDD Regional Waiver Office personnel. Thus, support plans and plan revisions for all persons sharing must be submitted concurrently.

March 23, 2009

DRAFT

**6.10.3 Documentation for Authorization of Shared Staff and Release of Information for New Opportunities Waiver (NOW)**

**DOCUMENTATION FOR AUTHORIZATION OF SHARED STAFF AND  
RELEASE OF INFORMATION FOR NEW OPPORTUNITIES WAIVER  
(NOW)**

**PARTICIPANT SIGNATURE PAGE**

Page \_\_\_\_ of \_\_\_\_

NOW Participant's Name (Print):	DOB:
---------------------------------	------

\_\_\_\_\_  
Signature of NOW Participant or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Support Coordinator

\_\_\_\_\_  
Date

Support Coordination Agency: \_\_\_\_\_

NOW Participant's Name (Print):	DOB:
---------------------------------	------

\_\_\_\_\_  
Signature of NOW Participant or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Support Coordinator

\_\_\_\_\_  
Date

Support Coordination Agency: \_\_\_\_\_

NOW Participant's Name (Print):	DOB:
---------------------------------	------

\_\_\_\_\_  
Signature of NOW Participant or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Support Coordinator

\_\_\_\_\_  
Date

Support Coordination Agency: \_\_\_\_\_

March 23, 2009

DRAFT

